PA-1000 Property Tax or Rent Rebate Claim 04-24 (FI) PA Department of Revenue

Your Social Security Number

Last Name

First Line of Address

Second Line of Address

City or Post Office

PENNSYLVANIA LOTTERY 2024

Spouse's Social Security Number

First Name

State

ZIP Code

Check your label for accuracy. If incorrect, do not use the label. Complete Section I.

PLEASE WRITE IN YOUR SOCIAL SECURITY NUMBER(S) ABOVE

PA Department of Revenue P.O. Box 280503 Harrisburg PA 17128-0503

If Spouse is Deceased, fill in the oval.

If Spouse is Pill in only one oval in each section.

1. I am filing for a rebate as a:

P. Property Owner – See instructions

MI

* CODES REQUIRED

	 B. Owner/Renter – See instructions
2.	I Certify that as of Dec. 31, 2024,

R. Renter - See instructions

I	am (a):
	A. Claimant age 65 or older
	B. Claimant under age 65, with a spouse age 65 or older who resided in the

		Same nousenou	
(C.	Widow or widower, a	age
		50 to 61	

D.	Permanently disabled
	and age 18 to 64

Sp	ouse's First Name MI County Code School District Code Country Cod	e _		
Cl	aimant's Birthdate Spouse's Birthdate Daytime Telephone Number	3.	Filing on b	ehalf of a
			Dollars	Cents
I	TOTAL INCOME received by you and your spouse during 2024			
4.	Social Security, SSI, and SSP Income (Total benefits \$ divided by 2)	4.		
5.	Railroad Retirement Tier 1 Benefits (Total benefits \$ divided by 2)	5.		
6.	Total Benefits from Pension, Annuity, IRA Distributions, and Railroad Retirement Tier 2 (Do not include federal veterans' disability payments or state veterans' payments.)	6.		
7.	Interest and Dividend Income	7.		
8.	Gain or Loss on the Sale or Exchange of Property	8.		
9.	Net Rental Income or Loss	9.		
	Net Business Income or Loss	10.		
11a.	Salaries, wages, bonuses, commissions, and estate and trust income.	11a.		
11b.	Gambling and Lottery winnings, including PA Lottery winnings, prize winnings, and the value of other prizes	11b.		
11c.	Value of inheritances, alimony, and spousal support.	11c.		
	Cash public assistance/relief. Unemployment compensation and workers' compensation, except Section 306(c) benefits.	11d.		
11e.	Gross amount of loss of time insurance benefits, disability insurance benefits, and life insurance benefits, except the first \$5,000 of total death benefit payments.	11e.		
11f.	Gifts of cash or property totaling more than \$300, except gifts between members of a household.	11f.		
11a.	Miscellaneous income and annualized income amount.	11g.		
_	Claimants with Federal Civil Service Retirement System Benefits enter \$10,951 or \$21,902. See the instructions.	12.		
13.	TOTAL INCOME. Add only the positive income amounts from Lines 4 through 11g and subtract the amount on Line 12. See Page 3 for income limitations. Enter this amount on Line 23	13.		
	IMPORTANT: You must submit proof of the income you reported – See the instructions on	Pages	7 to 9.	

PA-1000 2024 04-24 (FI)

	Your Social Security Nu	mber												
				Your Name:										
DDODEDT	V OWNERS ONLY													
	Y OWNERS ONLY 24 property tax. Submit co _l	pies of re	ceipted	tax bills.					. 14					
15. Property Tax Rebate. Enter the maximum standard rebate amount from Table A for your income level here: ()						nis amount to esser amount								
RENTERS 16. Total 202	ONLY 24 rent paid. Submit PA Re	ent Certif	icate						. 16					
17. Multiply Line 16 by 20 percent (0.20)					mpare this	ppare this amount to line 17 and								
	RENTER ONLY	nere. (/	ı eii	ter the less	ser amount to	ıne	rigiit.	18					
rebate a	y Tax/Rent Rebate. Enter mount from Table A for you re: ()			Lir		amount to the 18 and enter right.			. 19					
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	X in one box to authorize								. 20			eckir		
											Sa	vings	5	
21. Routing	number. Enter in boxes to	the right.						21.						
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22. Account	number. Enter in boxes to	the right.		22.										
22. Account	number. Enter in boxes to	the right.		22. BLE A - O\	VNERS C	ONLY		ΤΔ	BLE	B - R	ENTE	RS (ONLY	
23.			TAE		Maxim	DNLY num Standard Rebate		TA			ENTE	M	ONLY laximum Rebate	
23. Enter th	e amount from Line 13 of n form on this line and circ	Ile \$	TAE NCOME	BLE A - O\ E LEVEL to \$ 8,27	Maxim 0	num Standard Rebate \$1,000	\$	INCO	VIE LE	VEL \$ 8,2	70	M	laximum Rebate \$1,000	
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Claim filing deadline – June 30, 2025 You can call 1-888-728-2937 after June 1 to verify the status of your claim.



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