P.O. Box 280503 Harrisburg PA 17128-0503 <b>2016</b> A Check your label for accuracy. If incorrect, do not use the label. Complete Part A. Your Social Security Number Spouse's Social Security Number Deceased, in the oval						fill	se 1. Iar	ll in only o ection. n filing for	FICIAL USE ONL ne oval in each a rebate as a: y Owner – See	
PLEASE WRITE Last Name	E IN YOUR SOCIAL SEC		BER(S) ABO t Name	OVE			MI	$\bigcirc$	instruct R. Renter	ions - See instructio Renter – See
First Line of Address Second Line of Address								l ar	n (a): A. Claimar B. Claimar with a s older w same he	s of Dec. 31, 20 nt age 65 or old nt under age 65 pouse age 65 c ho resided in th ousehold
City or Post Office	NAL.	Country	State	ZIP Cod		triat Code			50 to 64 D. Perman	or widower, age ently disabled 18 to 64
Spouse's First Name	MI Spouse's Birthdate		← REQ	UIRED →	School Dis	Inci Code		3.	Filing o deceder	n behalf of a nt
<ul><li>C TOTAL INCOME</li><li>4. Social Security, SSI a</li></ul>	E received by you and								Dollars	Cents
5. Railroad Retirement	Tier 1 Benefits (Total be	nefits \$		divideo	d by 2)		5.			
6. Total Benefits from Pe	Tier 1 Benefits (Total be ension, Annuity, IRA Dis	nefits \$ stributions, V	′eterans' D	divideo	d by 2) d Railroad	Retireme	5. nt 6.			
<ol> <li>6. Total Benefits from Period</li> <li>Tier 2</li> <li>7. Interest and Dividend</li> <li>8. Gain or Loss on the S</li> </ol>	Tier 1 Benefits (Total be ension, Annuity, IRA Dis I Income Sale or Exchange of Pro	nefits \$ stributions, V	éterans' D	divideo	d by 2) d Railroad		5. nt 6. 7. 8.			
<ol> <li>6. Total Benefits from Period</li> <li>Tier 2</li></ol>	Tier 1 Benefits (Total be ension, Annuity, IRA Dis I Income Sale or Exchange of Pro Loss	nefits \$ stributions, V	éterans' D If a lc If a lc If a lc	divideo disability an disability an diss, fill in th diss, fill in th	d by 2) d Railroad  is oval is oval	LOSS LOSS LOSS LOSS	5. nt 6. 7. 8. 9. 10.			
<ol> <li>6. Total Benefits from Period.</li> <li>7. Interest and Dividend</li> <li>8. Gain or Loss on the S</li> <li>9. Net Rental Income or</li> <li>10. Net Business Income her Income.</li> <li>11a. Salaries, wages, bonuses,</li> <li>11b. Gambling and Lottery wind</li> </ol>	Tier 1 Benefits (Total be ension, Annuity, IRA Dis I Income Sale or Exchange of Pro Loss or Loss	nefits \$ stributions, V operty nd trust income innings, prize v	/eterans' D            If a lc            If a lc            If a lc            If a lc               If a lc	divided lisability an 	d by 2) d Railroad 	Loss Loss Loss Loss	5. nt 6. 7. 8. 9.			
<ol> <li>6. Total Benefits from Per Tier 2</li></ol>	Tier 1 Benefits (Total be ension, Annuity, IRA Dis I Income	nefits \$ stributions, V	éterans' D	divided lisability an oss, fill in th oss, fill in th oss, fill in th l the value	d by 2) d Railroad 	Retireme	5. nt 7. 8. 9. 10. 11a.			
<ol> <li>Total Benefits from Per Tier 2</li></ol>	Tier 1 Benefits (Total be ension, Annuity, IRA Dis I Income	nefits \$ stributions, V	feterans' D	divided lisability an oss, fill in th oss, fill in th oss, fill in th l the value	d by 2) d Railroad is oval is oval	Retireme	5. nt 6. 7. 8. 9. 10. 11a. 11b. 11c.			

1605010055

PA-1000

, III

**IMPORTANT:** You must submit proof of the income you reported – See the instructions on Pages 6 and 7.





## PA-1000 2016

Your Social Security Number

Your Name:

PROPERTY OWNERS ONLY						
13. Total 2016 property tax. Submit copie	·			13.		
<ol> <li>Property Tax Rebate. Enter the maxir amount from Table A for your income RENTERS ONLY</li> </ol>	ompare this amount to ter the lesser amount		14.			
15. Total 2016 rent paid. Submit PA Rent	Certificate and/or rent red	ceipts		15.		
16. Multiply Line 15 by 20 percent (0.20)				16.		
17. Rent Rebate. Enter the maximum reb from Table B for your income level he		npare this amount to lir er the lesser amount to		17.		
OWNER – RENTER ONLY 18. Property Tax/Rent Rebate. Enter the rebate amount from Table A for your i level here: ()	ncome Line	npare this amount to th s 14 and 17 and enter ount to the right.	18.			
<b>DIRECT DEPOSIT.</b> Banking rules do not complete the direct deposit Lines account within the U.S., you have the option into your checking or savings account, co	19, 20 and 21. The departr on to have your rebate direc	nent will mail you a pa tly deposited. If you wa	per check. If	your rebate	will be going to	a ban
19. Place an X in one box to authorize th	e Department of Revenue	to directly deposit your	rebate		Checking	
into your:				19.	Savings	
20. Routing number. Enter in boxes to the	e right.		20.			
21. Account number. Enter in boxes to the	e right 21.					
	TABLE A - OW	NERS ONLY	TAB	LE B - REN	NTERS ONLY	
22 Enter the amount from Line 12 of	INCOME LEVEL			LEVEL	Maximur Rebate	
the claim form on this line and circle the corresponding Maximum Rebate	\$ 0 to \$ 8,000			to \$ 8,000 to \$15,000		
amount for your income level. Owners use Table A and Renters	\$ 8,001 to \$15,000 \$15,001 to \$18,000		φ 0,001	ιο φ13,000	φ300	
use Table B.	\$18,001 to \$35,000					
D An excessive claim with intent to defra upon conviction. The claimant is also s				d/or imprisor	nment for up to o	one yea
apon controlion ine claimant is also a	ubject to a penalty of 25 per	cent of the entire amou	it olailloal			
CLAIMANT OATH: I declare that this claim members of my household. I authorize the PA E Social Security Administration records and/o completeness of the information reported in th	is true, correct and complet lepartment of Revenue acces r my Department of Human is claim.	e to the best of my know s to my federal and state Services records. This	rledge and be Personal Inco access is for	me Tax record verifying the	ds, my PACE reco e truth, correctne	ords, m ess an
CLAIMANT OATH: I declare that this claim members of my household. I authorize the PA I Social Security Administration records and/o <u>completeness of the information reported in th</u> Claimant's Signature	is true, correct and complet epartment of Revenue acces r my Department of Human	e to the best of my know s to my federal and state	rledge and be Personal Inco access is for	me Tax record verifying the	ds, my PACE reco e truth, correctne	ords, m ess an
CLAIMANT OATH: I declare that this claim members of my household. I authorize the PA E Social Security Administration records and/o completeness of the information reported in th	is true, correct and complet lepartment of Revenue acces r my Department of Human is claim.	e to the best of my know s to my federal and state Services records. This Witnesses' Signature: 1.	rledge and be Personal Inco access is for	me Tax record verifying the	ds, my PACE reco e truth, correctne	ords, m ess an
CLAIMANT OATH: I declare that this claim members of my household. I authorize the PA D Social Security Administration records and/o completeness of the information reported in th Claimant's Signature	is true, correct and complet lepartment of Revenue acces r my Department of Human is claim. Date Date	e to the best of my know s to my federal and state Services records. This Witnesses' Signature	Vedge and be Personal Inco access is for s: If the claima	me Tax record verifying the nt cannot sign	ds, my PACE reco e truth, correctne , but only makes a	a mark
CLAIMANT OATH: I declare that this claim members of my household. I authorize the PA D Social Security Administration records and/o completeness of the information reported in th Claimant's Signature Spouse's Signature PREPARER: I declare that I prepared this return	is true, correct and complet lepartment of Revenue acces r my Department of Human is claim. Date Date and that it is to the best of my o.	e to the best of my know s to my federal and state Services records. This Witnesses' Signature 1.	Vedge and be Personal Inco access is for s: If the claima ver of attorney	me Tax record verifying the nt cannot sign	ds, my PACE reco e truth, correctne , but only makes a ative. Please print	a mark
CLAIMANT OATH: I declare that this claim members of my household. I authorize the PA D Social Security Administration records and/o completeness of the information reported in th Claimant's Signature Spouse's Signature PREPARER: I declare that I prepared this return knowledge and belief, true, correct and complete	is true, correct and complet lepartment of Revenue acces r my Department of Human is claim. Date Date and that it is to the best of my o.	e to the best of my know s to my federal and state Services records. This Witnesses' Signature 1. 2. Name of claimant's pow	Vedge and be Personal Inco access is for s: If the claima ver of attorney laimant's powe	me Tax record verifying the int cannot sign or nearest rel er of attorney o	ds, my PACE reco e truth, correctne , but only makes a ative. Please print or nearest relative.	a mark
CLAIMANT OATH: I declare that this claim members of my household. I authorize the PA D Social Security Administration records and/o completeness of the information reported in th Claimant's Signature Spouse's Signature PREPARER: I declare that I prepared this return knowledge and belief, true, correct and complete Preparer's Signature, if other than the claima	is true, correct and complet lepartment of Revenue acces r my Department of Human is claim. Date Date and that it is to the best of my o.	e to the best of my know s to my federal and state Services records. This Witnesses' Signature: 1. 2. Name of claimant's pow Telephone number of c	Vedge and be Personal Inco access is for s: If the claima ver of attorney laimant's powe	me Tax record verifying the int cannot sign or nearest rel er of attorney o	ds, my PACE reco e truth, correctne , but only makes a ative. Please print or nearest relative. rest relative. Please	a mark



1605110053