

PA SCHEDULE F/G

1705610051

Multiple Owner or Lessor Prorations/
Income Annualization

PA-1000 F/G 03-17 (FI)
PA Department of Revenue

2017

OFFICIAL USE ONLY

Name as shown on PA-1000

Social Security Number

You may make photocopies of this form as needed.

Owner/Renter SCHEDULE F. If your deed or lease shows additional names (other than your spouse or minor children) during 2017, complete this schedule. You must list all owners and renters. If your deed or lease shows more than three names, make copies of this schedule or make your own schedule.

Claimant's name	Address, if different than claim form	Age		
Name	Address, if different than claim form	Age	Relationship	Social Security No.
Name	Address, if different than claim form	Age	Relationship	Social Security No.

- Total property taxes or rent paid on your residence in 2017. Enter the amount of your total property taxes paid or total rent paid from Line 8 of Schedule RC, or, if you completed Schedule A, B, D or E, enter the result from that schedule.
- Eligible claimant percentage. Divide the number of owners or renters that qualify as claimants by the total number of persons listed on the deed or lease.
- Eligible property taxes or rent paid. Multiply the amount on Line 1 by the percentage on Line 2, and enter the result:
 - If an owner, enter the amount on Line 13 of your claim form
 - If a renter, enter the amount on Line 15 of your claim form

1. \$

2. . or %

3. \$

Owner/Renter SCHEDULE G. Annualized income calculation for owners and renters.

- Enter the date of death of the claimant: Month ____ / Day ____ / 2017
- Number of days the claimant lived during the claim year.
- Add the positive amounts from Lines 4 through 11f of your claim form plus any amount for Line 11g before the calculation of the annualized income amount and enter the result here.
- Enter the result of dividing the days in the claim year (365 or 366) by Line 2. Round to two decimal places.
- Multiply Line 3 times Line 4.
- Subtract Line 3 from Line 5 and enter the result here and include in Line 11g of the claim form.

2.

3. \$

4.

5. \$

6. \$



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