



	Harrisburg PA 17128-050		9		OFFIC	IAL USE ONLY
Check yo	ur label for accuracy. If i	ncorrect, do not use	the label. Complete Section I.	If Spouse is	II Fill in only one	oval in each
Your Social Se	ecurity Number	Spouse's S	Spouse's Social Security Number		section. 1. I am filing for a r	ahata as ar
				in the oval.	P. Property C	
					instruction	
PLE	R. Renter – S	ee instruction				
Last Name	MI	B. Owner/Rer				
					instruction	-
First Line of A	ddress				2. I Certify that as o I am (a):	f Dec. 31, 202
					A. Claimant a	ige 65 or olde
					B. Claimant u	
Second Line o	fAddress					use age 65 or resided in the
					same hous	
City or Post O	ffice		State ZIP Code		C. Widow or v	widower, age
, , , , , , , , , , , , , , , , , , ,				* CODES	50 to 64	fly disabled
				REQUIRED	and age 18	
Spouse's First	Name	MI Cour	nty Code School District Code	Country Code		
		*	*		3.	
Claimant's Dirt		Dirthdata	Deutines Talanhana Number		Filing on b decedent	ehalf of a
Claimant's Birt	ndate Spouses	s Birthdate	Daytime Telephone Number		uooduoni	
ΙΙΙ ΤΟΤΑΙ	INCOME received	by you and your	spouse during 2023		Dollars	Cents
				-		
4. Social Seci	urity, SSI and SSP Inco	ome (Total benefits	s \$divided by	2) 4.		
5 Railroad R	etirement Tier 1 Renefi	ts (Total benefits \$	divided by 2)	5.		
0. 10. 10. 10.	Strement ner i Denen			,		
			ns and Railroad Retirement Tier	· 0.		
			e veterans' payments.)			
7. Interest and	d Dividend Income					
				LOSS 8.		
8. Gain or Los	ss on the Sale or Exch	ange of Property.	If a loss, fill in this ova	II		
0 Not Dontol	Incomo or Loco		If a loss fill in this ave	LOSS 9.		
9. Net Rental	Income of Loss		If a loss, fill in this ova	LOSS		
10 Net Busine	ss Income or Loss		If a loss, fill in this ova			
her Income.						
1a. Salaries, w	ages, bonuses, commi	ssions, and estate	and trust income.	11a		
1b. Gambling a	and Lottery winnings, ir	cluding PA Lottery	winnings, prize winnings and th	ne value		
of other priz	zes			11b.		
		denericat f		A A -		
			ensation and workers' compensation		·	
•	()					
1e. Gross amount of loss of time insurance benefits and disability insurance benefits, and life insurance benefits, except the first \$5,000 of total death benefit payments						
	11f. Gifts of cash or property totaling more than \$300, except gifts between					
	1 1 9 0			11f.		
0			int	0		
			tem Benefits enter \$9,948 or \$1			
			unts from Lines 4 through 11g a			
			ations. Enter this amount on Lin			

IMPORTANT: You must submit proof of the income you reported - See the instructions on Pages 7 to 9.





PA-1000 2023 03-23 (FI)

Your Social Security Number

Your Name:

PROPERTY OWNERS ONLY 14. Total 2023 property tax. Submit copies of receipted tax bills. 15. Property Tax Rebate. Enter the maximum standard rebate amount from Table A for your income level here: () Compare this amount to line 14 and enter the lesser amount to the right. 15. Property Tax Rebate. Enter the maximum standard rebate amount from Table A for your income level here: () RENTERS ONLY 16. Total 2023 rent paid. Submit PA Rent Certificate										
amount from Table A for your income level here: () enter the lesser amount to the right. 15. RENTERS ONLY										
17. Multiply Line 16 by 20 percent (0.20)										
18. Rent Rebate. Enter the maximum rebate amount from Table B for your income level here: () Compare this amount to line 17 and enter the lesser amount to the right.										
OWNER – RENTER ONLY										
19. Property Tax/Rent Rebate. Enter the maximum rebate amount from Table A for your income level here: Compare this amount to the sum of Lines 15 and 18 and enter the lesser amount to the right. 19.										
DIRECT DEPOSIT. Banking rules do not permit direct deposits to bank accounts outside the U.S. If your bank account is outside the U.S., do not complete the direct deposit Lines 20, 21 and 22. The department will mail you a paper check. If your rebate will be going to a bank account within the U.S., you have the option to have your rebate directly deposited. If you want the department to directly deposit your rebate into your checking or savings account, complete Lines 20, 21 and 22.										
20. Place an X in one box to authorize the Department of Revenue to directly deposit your rebate into your: Checking 20. Savings										
21. Routing number. Enter in boxes to the right. 21.										
22. Account number. Enter in boxes to the right 22.										
TABLE A - OWNERS ONLY TABLE B - RENTERS ONLY	3LE B - RENTERS ONLY									
23. INCOME LEVEL Maximum Standard Rebate Rebate Rebate										
Enter the amount from Line 13 of the claim form on this line and circle \$ 0 to \$ 8,000 \$1,000 \$ 0 to \$ 8,000 \$1,000										
the corresponding Maximum Rebate \$8,001 to \$15,000 \$770 \$8,001 to \$15,000 \$770 amount for your income level. \$15,000 \$15,000 \$770 \$15,000 \$160 \$160 \$160 \$160 \$160 \$160 \$160 \$										
amount for your income level. \$15,001 to \$18,000 \$460 \$15,001 to \$18,000 \$460 Owners use Table A and Renters use Table B. \$15,001 to \$18,000 \$380 \$18,001 to \$45,000 \$380										
An excessive claim with intent to defraud is a misdemeanor punishable by a maximum fine of \$1,000, and/or imprisonment for up to one year upon conviction. The claimant is also subject to a penalty of 25 percent of the entire amount claimed.										

CLAIMANT OATH: I declare that this claim is true, correct and complete to the best of my knowledge and belief, and this is the only claim filed by members of my household. I authorize the PA Department of Revenue access to my federal and state Personal Income Tax records, my PACE records, my Social Security Administration records and/or my Department of Human Services records. This access is for verifying the truth, correctness and completeness of the information reported in this claim.

Claimant's Signature	Date	Witnesses' Signatures: If the claimant cannot sign, but only makes a man			
		1.			
Spouse's Signature	Date				
		2.			
PREPARER: I declare that I prepared this return, and the knowledge and belief, true, correct and complete.	Name of claimant's power of attorney or nearest relative. Please print.				
Preparer's Signature, if other than the claimant	Date	Telephone number of claimant's power of atte	orney or nea	rest relative.	
Preparer's Name. Please print.	Home address of claimant's power of attorney or nearest relative. Please print.				
Preparer's telephone number		City or Post Office	State	ZIP Code	

Claim filing deadline – June 30, 2024 You can call 1-888-728-2937 after June 1 to verify the status of your claim.



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