Property Tax/Rent Rebate Program



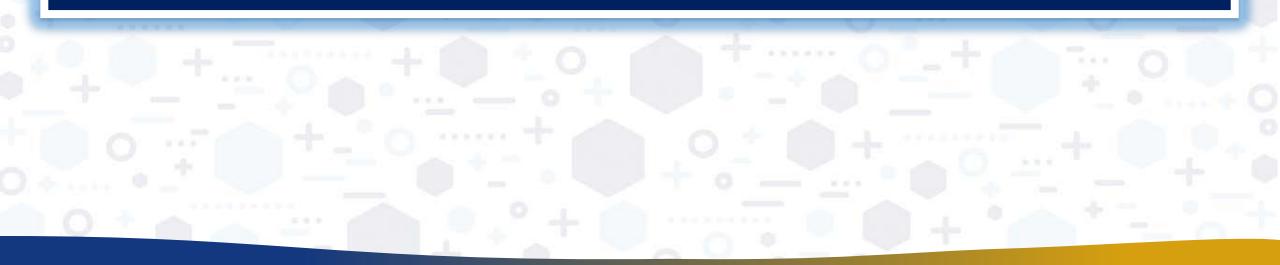
www.revenue.pa.gov

Agenda

- What's New
- How to Help your Constituents
- Program Overview
- Filing a PA-1000
- Helpful Tips To Avoid Delays
- Checking Rebate Status
- Denied Applications
- Resources



What's New



Coming Soon for 2023 Claim Year

- House Bill 1100, signed August 2023
- Maximum Eligibility Income increased to \$45,000
- Maximum Standard Rebate increased to \$1,000
- Future years will see increase based on annual inflation



Rebates for eligible seniors, widows, widowers and people with disabilities.

New Eligibility Table

INCOME	MAX REBATE	
\$0 - \$8000	\$ 1,000	
\$8,001 - \$15,000	\$ 770	
\$15,001 - \$18,000	\$ 460	
\$18,001 - \$45,000	\$ 380	

Supplemental Rebates for 2023

• No changes to supplemental income eligibility under new law

Property owners with \$30,000 or less of total income that either: Live in Philadelphia, Pittsburgh, or Scranton -OR-Have a high tax burden (taxes are 15% or more of their total income)

No Action needed on the application. The supplemental rebate is automatically calculated

Supplemental Rebate Table

Income	Standard Rebate	Supplement (Kicker)	Total Max Rebate
\$0 - \$8,000	\$1,000	\$500	\$1,500
\$8,001 - \$15,000	\$770	\$385	\$1,155
\$15,001 - \$18,000	\$460	\$230	\$690
\$18,001 - \$30,000	\$380	\$190	\$570

Spanish Instructions

PA-1000 Instructions in Spanish (online only)

Spanish Filing

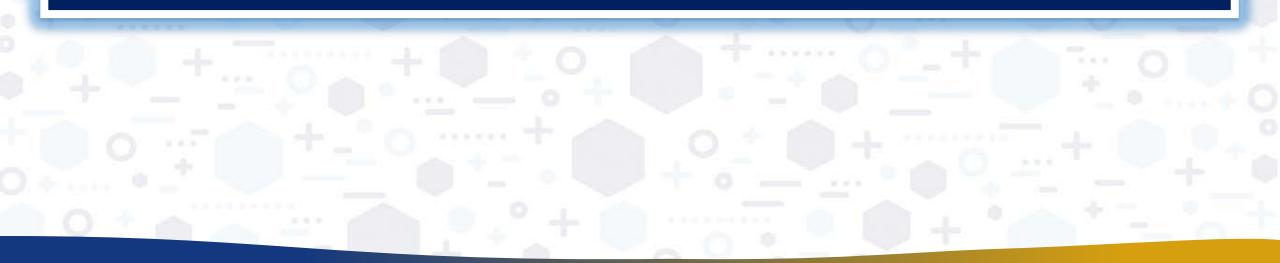
PA-1000 will be available in Spanish via myPATH January 2024



Reembolsos para personas mayores, viudos, viudas y personas con discapacidades elegibles.

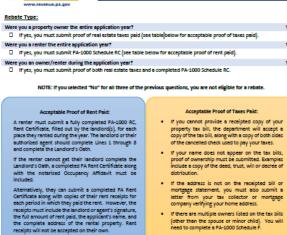


How to Help Your Constituents



Proof Document Checklist

R pennsylvania	PTRR Proof Document Checklist
www.revenue.pa.gov	
First Time Filer:	
Were you or your spouse 65 years or older on December 3:	
If yes, you must submit proof of age (see table below	1 1 97
Were you a widow/widower and 50-64 years old by Decem If yes, you must submit proof of age (see table below	
 If yes, you must submit proof of age (see table below If yes, you must submit a copy of your spouse's death 	
Were you permanently disabled and 18-64 years old by De	cember 31 of the application year? Y
If yes, you must submit proof of age (see table below	
 If yes, you must submit proof of permanent disability "If you were denied Social Security disability, you do r 	
NOTE: If you selected "No" for all three of the above qu	estions, you are not eligible for a rebate.
Are your completing an application for Property Tax/Rent I	Rebate due a decedent? Y
A copy of the death certificate must also be inclu	ded with the application.
A copy of the death certificate must also be inclu Acceptable Proof of Age:	ded with the application. Acceptable Proof of Permanent Disability:
	Acceptable Proof of Permanent Disability:
Acceptable Proof of Age:	Acceptable Proof of Permanent Disability: • For Social Security disability, SSI permanent and total disability, Railroad Referement permanent and total
Acceptable Proof of Age: • Birth Certificate • Biue Cross or Biue Shield 63 Special Card	Acceptable Proof of Permanent Disability: • For Social Security disability, S31 permanent and total disability, or Biast Lung disability, provide a copy of
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record	Acceptable Proof of Permanent Disability: • For Social Security disability, S3I permanent and total disability, are liads. Lung disability, provide a copy of your award letter.
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card	Acceptable Proof of Permanent Disability: • For Social Security disability, S31 permanent and total disability, or Biast Lung disability, provide a copy of
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record	Acceptable Proof of Permanent Disability: • For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, or Black Lung disability, provide a copy of your award letter. • For Veterans Administration disability, provide a
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card	Acceptable Proof of Permanent Disability: For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability, Britoda Retirement permanent and total disability, Britoda Retirement permanent and total disability, Railroad Retirement and total disability, Railroad Retirement and total disability, Retirement and total you are stated retirement and total Permanent and total and total For Pederal Civil Service disability, provide a letter
Acceptable Proof of Age: • Birth Certificate • Blue Cross or Blue Shield 63 Special Card • Church Baptismal Record • Driver's License of PA Identification Card • Hospital Birth Record	Acceptable Proof of Permanent Disability: • For Social Security disability, S3 permanent and total disability, a Bialova Retirement permanent and total disability, or Bialox Lung disability, provide a copy of your award letter. • For Veterans Administration disability, provide a total the trom the Veterans Administration stating that you are 100 percent disabiled. • For Pederal Civil Service sisability, provide a letter from Civil Service sitaling that you are 100 percent of Civil Service sitaling that you are 100 percent
Acceptable Proof of Age: Bitch Certificate Biue Cross or Biue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown)	Acceptable Proof of Permanent Disability: • For Social Security disability. S3 permanent and total disability, aniroad Retirement permanent and total disability, or Black Lung disability, provide a copy of your award letter. • For Vetersma Administration disability, provide a letter from the Vetersma Administration stating that you are 100 percent disabled. • For Federal Civil Service sizability, provide a letter disabled.
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown)	Acceptable Proof of Permanent Disability: • For Social Security disability, S3 permanent and total disability, a Bialova Retirement permanent and total disability, or Bialox Lung disability, provide a copy of your award letter. • For Veterans Administration disability, provide a total the trom the Veterans Administration stating that you are 100 percent disabiled. • For Pederal Civil Service sisability, provide a letter from Civil Service sitaling that you are 100 percent of Civil Service sitaling that you are 100 percent
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Dickbarge Paper (if age shown) Mediare Card PACE/PACENET Card	Acceptable Proof of Permanent Disability: • For Social Security disability, S3 permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability, or Biack Lung disability, provide a copy of your award letter. • For Veterans Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disabilet. • For Pederal Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disabled. • If you do not qualify under any of the disability programs mentioned above, did not apply for Social Security benefits, or do not have a letter from the
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Drivers License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card	Acceptable Proof of Permanent Disability: For Social Security disability, S3 permanent and total disability, arbitade Retirement permanent and total disability, arbitade Lung disability, provide a copy of your award letter. For Veterana Administration disability, provide a tetter from the Veterana Administration stating that you are 100 percent disabiled. For Pederal Civil Service disability, provide a letter from the Veterana Administration stating that you are 100 percent disabiled. For Pederal Civil Service disability, provide a letter from the Veterana Administration or to dia percent disabiled. If you on equality under any of the disability programs mentioned above, did not apply for Social Security benefits, or do not have a letter from the Veterana Administration or Civil Service
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Dickbarge Paper (if age shown) Mediare Card PACE/PACENET Card	Acceptable Proof of Permanent Disability: For Social Security disability, S3 permanent and total disability, are liads lung disability, provide a topy of your award letter. For Veterans Administration disability, provide a term to the liads of the second
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Dickbarge Paper (if age shown) Mediare Card PACE/PACENET Card	Acceptable Proof of Permanent Disability: • For Social Security disability, SSI permanent and total disability, an Black Lung disability, provide a copy of your award letter. • For Veterana Administration disability, provide a letter from the Veterana Administration stating that you are 100 percent disability, provide a letter from Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disabled. • If you do not quality under any of the disability genum serviced shove, did not apply for Social Security benefits, or do not have a letter from the Veterana Administration or Civil Service Administration, you must submit a Physicians Statement of Permanent Disability (PA-1000 PS), enclosed in the P-1000 booldit. (PA-1000 pr),
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Dickbarge Paper (if age shown) Mediare Card PACE/PACENET Card	Acceptable Proof of Permanent Disability: For Social Security disability, S3 permanent and total disability, are liads lung disability, provide a topy of your award letter. For Veterans Administration disability, provide a term to the liads of the second
Acceptable Proof of Age: Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Dickbarge Paper (if age shown) Mediare Card PACE/PACENET Card	Acceptable Proof of Permanent Disability: For Social Security disability, S3 permanent and total disability, ashiroad Retirement permanent and total disability, are liable tung disability, provide a copy of your award letter. For Veterana Administration disability, provide a letter from the Veterana Administration stating that you are 100 percent disabled. For Federal Chill Service disability, provide a letter from the Veterana Administration stating that you are 100 percent disabled. For Federal Chill Service disability, provide a letter from the Veterana Administration or Chill Service disabled. If you do not quality under any of the disability Security benefits, or do not have a letter from the Veterana Administration or Chill Service Administration you must submit a Physician's Statement of Permanent Disability percentent, and your must describe your disability as permanent, and your



IMPORTANT: Required documents must submitted with the application. If you are filing electronically myPATH will accept the following file types: pdf, jpeg, jpg, png, gif, and tiff. If your documents are not able to be electronically uploaded, you will have to file a paper application.



pennsylvania

WRITMENT OF REVENUE

File online with ease-Scan here to learn how!

PTRR Proof Document Checklist

Y N

Y N

Y N

2024-01

pennsylvania PTRR Proof Document Checklist www.revenue.pa.gov For your convenience, the following questions pertaining to income are organized in the order that the income should be reported on the PA-1000 application. Did you receive any of the following income during the application year? Social Security, SSI, and/or SSP If yes and you are using a PA address, you are not required to submit proof of this income If yes and you are not using a PA address, you must submit a copy of your SSA-1099 Railroad Retirement Tier 1 Benefits If yes, you must submit a copy of your RRB-1099 Pension, an Annuity, or an IRA Distribution If yes, you must submit a copy of your 1099-R

Y N

Y N

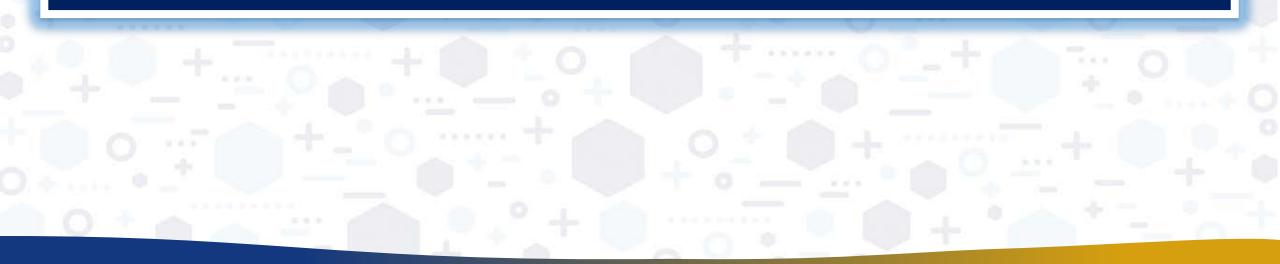
Y N

-	ir yes, you must submit a copy or your 1035-k		
Railn	oad Retirement Tier 2 benefits	Y	
	If yes, you must submit a copy of your RRB-1099		
Inter	est income	Y	1
	If yes, you must submit a copy of your 1099-INT or a copy of your PA-40		
Divid	lend income	Y	
	If yes, you must submit a copy of your 1099-DIV or a copy of your PA-40		
Gain	(or a Loss) on the Sale or Exchange of Property	Y	
	If yes, you must submit a copy of your PA-40 Schedule D or a copy of your RK-1		
incor	me (or a Loss) from Rent, Royalty, Patents, or Copyrights	Y	
	If yes, you must submit a copy of your PA-40 Schedule E or a copy of your RK-1		
incor	me (or a Loss) from Business or Farming	Y	1
	If yes, you must submit a copy of your PA-40 Schedule C, PA-40 Schedule F, or a copy of your RK-1		
Wag	es, salaries, bonuses, and/or commissions	Y	
	If yes, you must submit a copy of your W-2 or a copy of your PA-40		
incor	me from an Estate or Trust	Y	
	If yes, you must submit a copy of your RK-1 or a copy of your PA-40 and Schedule J		
Gami	bling/Lottery winnings (including PA Lottery winnings, prize winnings, and the value of other prizes)	Y	
	If yes, you must submit a copy of your W-2G, Win/Loss statement, PA-40 or other statements verifying the income/cash value of the income received		
inher	ritance, alimony, and/or spousal support	Y	1
	If yes, you must submit proof of the income received		
Cash	Public Assistance during the entire application year?	Y	
	If yes, you are not eligible to claim a rebate		
Cash	Public Assistance during part of the application year?	Y	
	If yes, you must submit copies of your Department of Human Services cash assistance statements		
Uner	nployment compensation	Y	1
	If yes, you must submit a copy of your UC-1099-G		
Worl	kers' compensation	Y	
	If yes, you must submit proof of the income received		
insur	ance Benefits - Loss of Time, Disability, and/or Life (may exclude the first \$5,000 of death benefit payments)	Y	
	If yes, you must submit proof of the income received		
Sene	fit Payments from the Federal Civil Service Retirement System that are included in your eligibility income?	Y	
٥	If yes, you must submit a copy of your 1099-R and you should report the amount listed in the PA-1000 instruction booklet.		
	RTANT: If the customer does not have supporting documentation to verify income received, an explanation should he application.	be sub	mit
		20	024

2024-01



Program Overview





Eligibility



Type of Filer: Categories











Proof Documents



Proof Documents: Age

- PA Driver's License or Identification Card
- Birth Certificates
- Passport
- PACE/PACENET Card
- Medicare Card



Proof Documents: Widow or Widower

 Spouse's death certificate (verifying applicant was married to decedent at time of death)



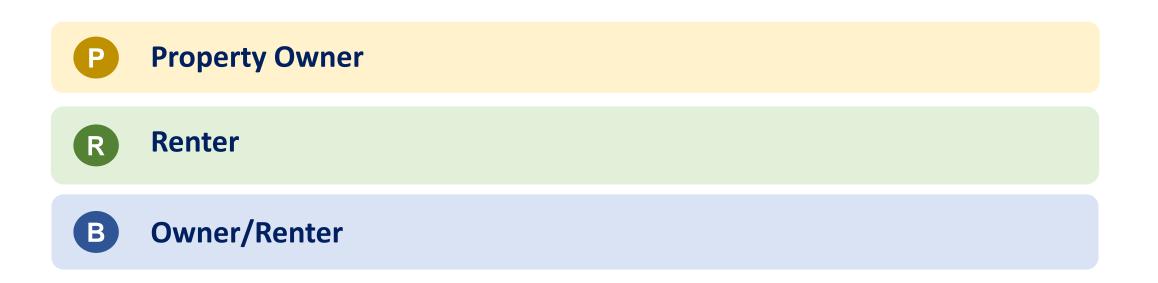
Proof Documents: Disability

- Social Security (SS) disability award letter
- Supplemental Security Income (SSI) disability award letter
- Railroad Retirement (RR) permanent and total disability award letter
- Black Lung disability award letter
- Veterans Administration (VA) award letter must state 100% disabled
- Federal Civil Service disability award letter must state 100% disabled
- Physician Statement

NOTE: If applicant is denied through Social Security Administration, they are not eligible for the program.

Rebate Status

Type of Filer: Rebate Status



Definition: Property Owner



Applicant owned the home

• Must have deed, will or life estate

Applicant occupied the home

• Rebates are for primary residence only

Taxes must have been paid for application year

• Taxes do not have to be paid by the applicant personally

Definition: Renter



Rented and occupied:

- home, apartment
- nursing home
- boarding home
- similar residence in PA

Applicant has a true landlord/tenant relationship

• Not eligible if property is tax-exempt

Cash public assistance (Schedule D)

• Not eligible for a rebate for the month(s) assistance was received or if received for entire year

Definition: Owner/Renter



Owned, occupied and paid taxes for part of year. Paid rent for other portion of the year.

Complete the schedule A

Mobile homes (owns home, rents lot or vice versa)

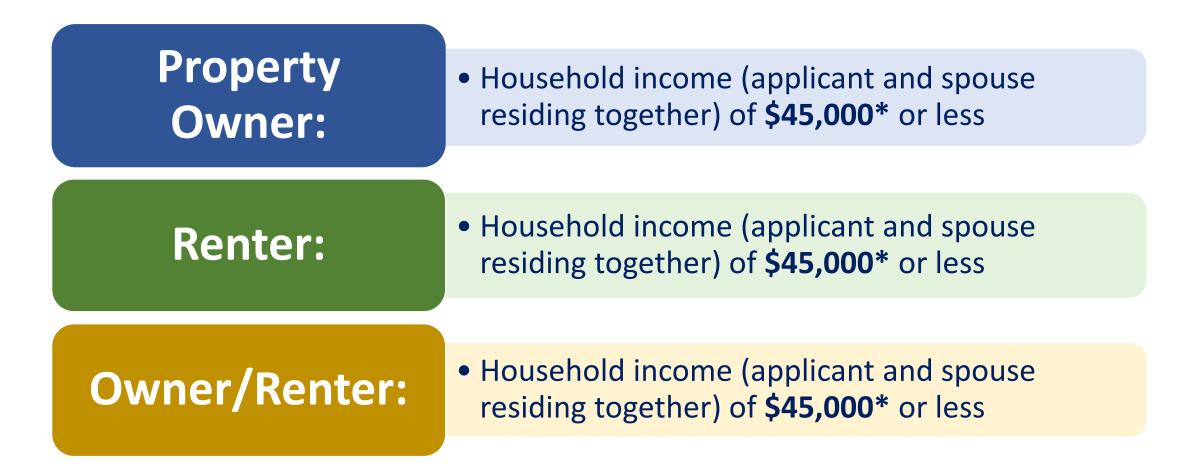
Submit receipted tax bills, and a completed rent certificate



Income



Qualifications: Income



* Applicants can exclude half of Social Security or Railroad Retirement Tier 1 income and take a deduction for Civil Service Retirement System income.



Deceased Applicants



Who May File: Deceased Applicants

Surviving Spouse

- Applicant's death certificate
- Sign as surviving spouse
- If eligible to file, should file as applicant (mark deceased spouse oval)

Estate

(court appointed executor/executrix)

- If there's a will: Short Certificate
- If no will: Decree of Distribution

Personal Representative

• Receipted copy of funeral bills

NOTE: rebate cannot exceed the amount paid in funeral expenses

PO BOX 280508 HARRISBURD PA 17128-0508	E DUE THE DECEDENT	Decedent's Social Security Number	1
DECEDENT INFORMATION	Date of Death		
	STATION STATION		
CATION SUBMITTER INFO	RMATION		
SECTION II APPEIDAT			-
Name		State 28 ⁵ Code	_
Street Address			
City care ovalit			5
I am filing this application as (aslect only one oval): I am filing this application as (aslect only one oval): The surviving spouse. (Attach a capy of the decedent's esta The personal representative of the decedent's esta	nt's death certificate.)	or court order showing your appointment	
I am filing this application as (see 1 The surviving spouse. (Attach a copy of the deceder The personal representative of the decedent's entire The personal representative of the decedent with The personal representative of the decedent with the decedent's death certificate and a receipted copy encedent is death certificate and a receipted copy	in (Amach a copy of a short certificant	is no will. (Attach a copy of	struct.
The personal representative of the decedent's estimate The personal representative of the decedent why The personal representative of the decedent why decedent's death certificate and a receipted copy are equal to or greater than the amount of the ref compared check, a credit cardhank statement	the probated or	where there is haid for funeral expenses	4 10 10
The personal representative of the decedent why The personal representative of the decedent why ecodent's death certificate and a receipted copy are equal to or greater than the ansatul of the ret canceled check, a credit carboant statement rete or retationship to the decedent.	ere a will has NOT series bill and proof	eval you orrent include the front and back	rises.
The personal representative of the one proceipted copy	of the claimed. Acceptable proof of	personally paid for the furniture notar	(.beg)
 The period of s death certificate and a mount of the ref. 	sale being countent showing yo	Actavit below and have your signation	
are equal to or greater shan the card/bank statement	s, or other . Sign the ar		
Carson to the Obcesse			
State your relationship to		mined by	me and is.
ACCIDAVIT		ed on this claim has been example to t	the laws of
SECTION III AFFIDAVIT Complete Section III only if Oval 3 is selected in Section II. Complete Section III only if Oval 3 is selected in Section II.	which that the information provide	s claim will be disburged	
Complete Section III only if Over 3 is due the decedent and	nies that I receive as a result		
State your relationship to the deceaser. SECTION III AFFIDAVIT Complete Section III only if Oral 3 to selected in Section II i an making a request for movies due the deceasers and to the best of my knowledge, true and correct. Any motion the Commonwealth of Pennsylvania.	A STATE OF A	TER PRINTING	
I am making a received on the second to the best of my knowledge, true and the Commonwealth of Pennsylvania.	PLEASE SIGN AP	COLUMN THIS CLAIM)	
the Collector	ISIONATURE OF PERSO	N FILING THE	
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NOTARIZATION NOTARIZATION	day d		
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Subscribed and sworn before me this	IN FASE SIGN	AFTER PRINTING	
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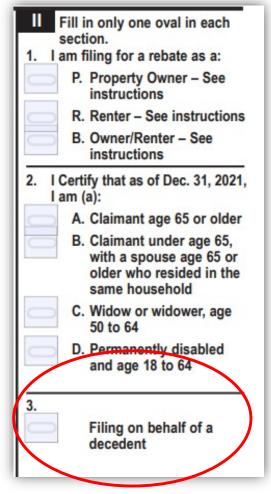
Filing on Behalf of a Decedent

- Must have lived at least one day of application year
- May apply for taxes **OR** rent paid during the time period the application was alive and occupied the property
- DEX-41
- Schedule A & G

Properly Indicating Decedent Status

Check your label for accuracy. If				If Spouse is
Your Social Security Number	Spouse	's Social Security N	Number	Deceased, fill in the oval.
PLEASE WRITE IN YOUR S Last Name	OCIAL SECURIT	Y NUMBER(S) ABC First Name)VE	
First Line of Address				
Second Line of Address				
City or Post Office		State	ZIP Code	+ CODES
				RECONCE
Spouse's First Name	MI C	ounty Code Schoo	ol District Code	Country Code

Section II





Filing a PA-1000



Program Overview

DUE DATE:

June 30th or December 31st

ONE PER HOUSEHOLD:

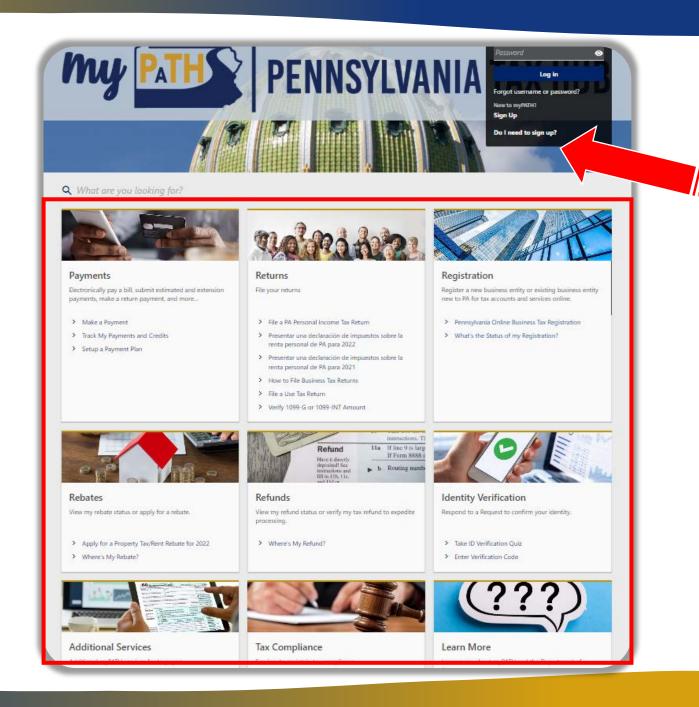
If more than one person qualifies for the rebate, file under the one with the least income



Electronic Filing







Apply for a Property Tax/Rent Rebate

- No log in required
- Apply for a rebate for current period



Rebates

View my rebate status or apply for a rebate.

- > Apply for a Property Tax/Rent Rebate for 2022
- > Where's My Rebate?

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Property Tax/Rent Rebate Application

Property Tax/Rent Rebate Application

Introduction

Before we begin, you should know ...

Filing your Pennsylvania Property Tax/Rent Rebate (PA-1000) in myPATH is free.

Pennsylvanians age 65 and older; widows and widowers age 50 and older; and people with disabilities age 18 and older may be eligible for a Property Tax/Rent Rebate if they meet certain eligibility requirements.

If applicable, please have these potentially required documents nearby and available to be electronically uploaded with your application:

- Proof of age
- · Proof of disability
- Proof of death
- Proof of income
- Proof of taxes paid
- Proof of rent paid
- DEX-41

Accepted file types include pdf, jpeg, jpg, png, gif, tiff, rtf, and heic. If your attachments are not able to be electronically uploaded with your application, you will have to file a paper application.

You may navigate between steps with the navigational buttons below the application and also by selecting a specific step from the navigation bar above the application.

Cancel

Application Questions

- Answer required questions
 - Applicant's date of birth
 - Owner and/or renter
- Questions are intuitive

Questions

Required	
s the claimant an own	er and/or a renter? *
Required	,
the claimant a first ti	me filer? *
Yes	No
s the claim being filed	by a preparer?
Yes	No
las the claimant owne	d and lived in more th
Yes	No
las the claimant used	their home for purpo
Yes	No
las the claimant receiv	/ed cash public assista
Yes	No
	n behalf of a deceden
s the claimant filing or	

Yes No

Application Questions Owner over 65 (example)

Question	Answer
First time filer?	Yes
Filed by a preparer?	Yes
Filed by the applicant's POA?	Νο
More than one home?	Νο
Home used for other purposes?	Νο
Filing on behalf of a decedent?	Νο
Additional name on deed or lease?	No

Application Questions

- First time filer
- Filed by a preparer

Questions

What is the claimant's date of birth?

09-Nov-1950	6	
Is the claimant an own	er and/or a renter?	
Owner		~
Is the claimant a first ti	me filer?	
Yes	No	
Is the claim being filed	by a preparer?	
Yes	No	
Is this being filed by th	e claimant's POA?	
Is this being filed by th Yes	e claimant's POA? No	
Yes	No	than one home this year?
Yes	No	than one home this year?
Yes Has the claimant owne Yes	No d and lived in more No	than one home this year?
Yes Has the claimant owne Yes	No d and lived in more No	
Yes Has the claimant owne Yes Has the claimant used	No ed and lived in more No their home for purpo	oses other than their personal resid

deed or lease other than their spouse or minor children?

Yes No

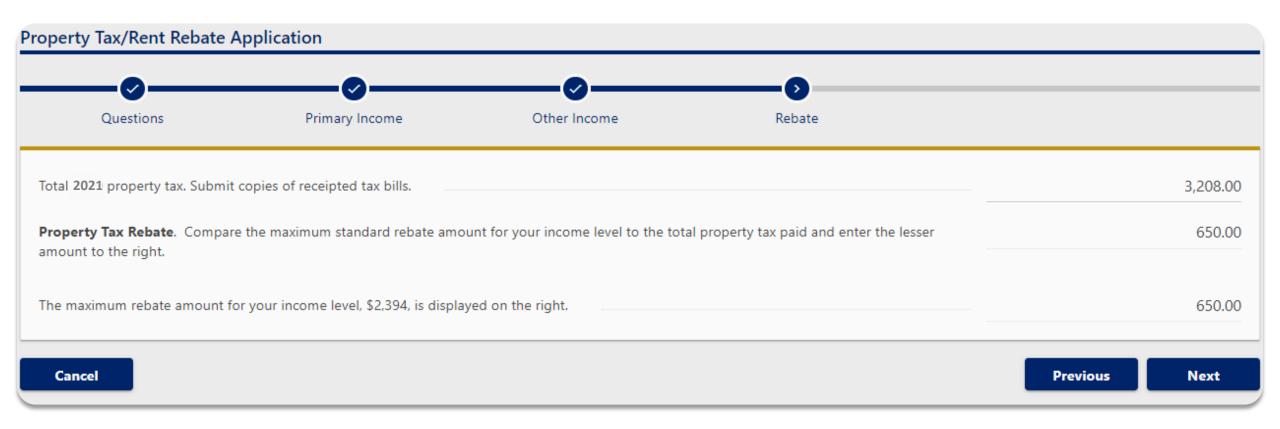
Primary Income

Primary Income received by you and your spouse	
Social Security (SSA) income. Enter Box 5 of your SSA-1099 Benefits statement	4,788.00
Social Security Disability (SSI) income.	0.00
State Supplementary Payment (SSP) income.	0.00
Railroad Retirement Tier 1 Benefits.	0.00
Total Benefits from Pension, Annuity, IRA Distributions and Railroad Retirement Tier 2 (Do not include federal veterans' disability payments or state verterans' payments)	0.00
Salaries, wages, bonuses, commissions, and estate and trust income	0.00
Interest and dividend Income	0.00
Gain or loss on the sale or exchange of property	0.00
Net rental income or loss	0.00
Net business income or loss	0.00

Other Income

Other Income received by you and your spouse	
Gambling and Lottery winnings, including PA Lottery winnings, prize winnings and the value of other prizes	0.00
Cash public assistance/relief. Unemployment compensation and workers' compensation, except Section 306(c) benefits	0.00
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	0.00
Value of inheritances, alimony, and spousal support	0.00
Gifts of cash or property totaling more than \$300, except gifts between members of a household	0.00
Miscellaneous income and annualized income amount	0.00
Claimants with Federal Civil Service Retirement System Benefits enter \$9,514 or \$19,028 if both you and your spouse received CSRS benefits.	0.00
Total Income	2,394.00

Rebate



Claimant Social Security Number ***-**-0000	Spouse's Social Security Number	If Primary is Deceased, check the box	If Spouse is Deceased, check the box
Last Name HOMEOWNER	First Name SANDRA	Middle Initial	Claimant's Birthdate 01-Apr-1937
Spouse's First Name	Spouse's Last Name	Middle Initial	Spouse's Birthdate
Phone Country Phone Type USA × Cell Phone ×	Daytime Phone Number (717) 000-0000		
_{Email} email@email.com	Spouse's Email		
Address * Required			
Verify Address			
County as of Dec. 31st DAUPHIN × × × × × × × × × × × × ×			
Would you like your rebate to be direct deposited? Yes No			

Verify Address

ddress Search	0
Verified	Select this address
393 WALNUT ST HARRISBURG PA 17128-2005	
As Entered	Select this address
B 393 WALNUT ST HARRISBURG PA 17128	
	Cancel Save

- Select the correct address if multiple results
- Select Save to continue

Direct Deposit

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. 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 the direct deposit lines.

Select the type of bank a deposit your rebate	account in which you	authorize the Department of Revenue to directly	Routing Number - WELLS FARGO BANK	
Checking	Savings		053101561	
Account Number			Confirm Account Number	
00000000			00000000	

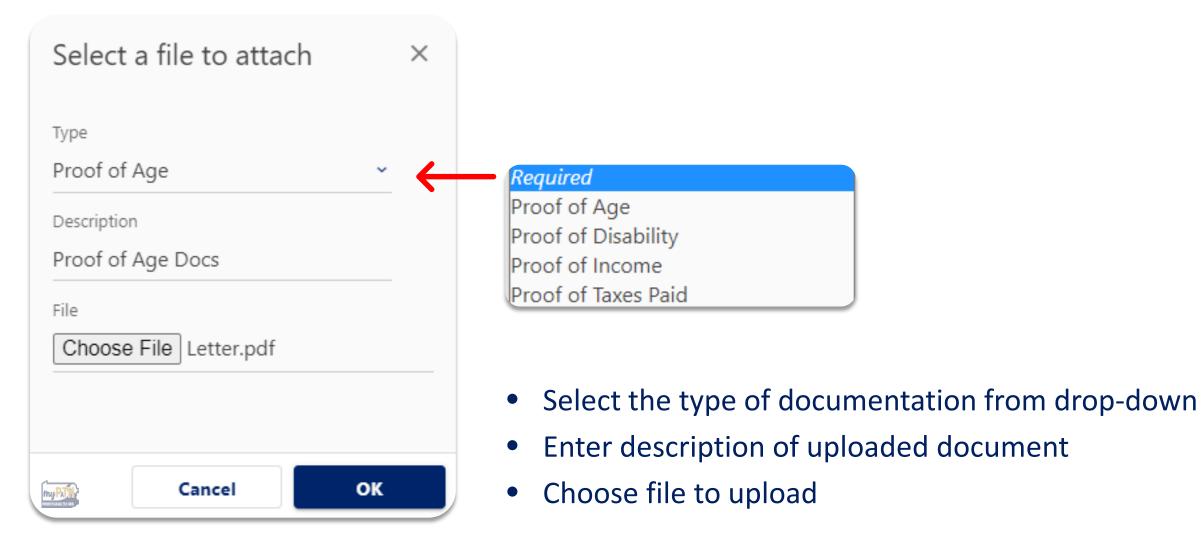
- Select account type: Checking or Savings
- Bank name automatically populates when routing number is entered
- Enter and confirm the account number

Attachments

Attach required documentation (pdf,jp Proof of Age Proof of Disability Proof of Income Proof of Taxes paid	eg,jpg,png,gif,tiff,	rtf):		
Attachments				Add
Туре	Name	Description	Size	
There are no attachments.				

- myPATH advises which types of documentation are required for the applicant
- Select Add to upload documents
- Acceptable file types pdf, jpeg, jpg, png, gif, tiff, rtf

Add Attachments



Attachments

Attach required documentation (pdf,jpeg,jpg,png,gif,tiff,rtf):

- Proof of Age
- Proof of Disability
- Proof of Income
- Proof of Taxes paid

Attachments				Add
Туре	Name	Description	Size	
Proof of Age	Letter.pdf	Proof of Age Docs	138 Remove	
Cancel			Previous Next	t

- Can add multiple attachments
- Select **Remove** if file uploaded in error

Applicant Oath

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 filled 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.

PREPARER: I declare that I prepared this return, and that it is to the best of my knowledge and belief, true, correct and complete

Preparer's Name.

DISTRICT 106

Preparer's telephone number

(717) 534-1323

- Enter the District Office Number under the preparers name
- Enter the phone number for your office

Summary



Duplicate Claim Message

	O	©	O	©	0
6	Personal Information	Attachments	Review	Claimant Oath	Summary
~					
	A-1000 has already been filed under thi ough Friday between 8:00 A.M. and 5:00		his is an error, please contact the	Customer Experience Center at 717-42	25-2495 Ext 72841 Monday
un	ough Fhuay between 0.00 A.M. and 5.00	/ Г.М.			
					ок
					ОК
Expected Reba	ate : \$650.00				ОК

- Determine if your customer already filed
- If they did not contact the legislative office for assistance.

Summary

×

OK

Cancel

Confirmation

By submitting this form, you agree to the following statement: I declare under penalty of perjury that all of the information I have provided on this transaction is true, correct and complete. I acknowledge that false statements on this transaction are punishable pursuant to 18 PA. C.S.A. A§ 4904 (unsworn falsification to authorities).

Confirmation

By submitting this form, you agree to the following statement: I declare under penalty and perjury that all of the information I have provided on this transaction is true, correct and complete. I acknowledge that false statements on this transaction are punishable pursuant to 18 PA. C.S.A. A§ 4904 (unsworn falsification to authorities).

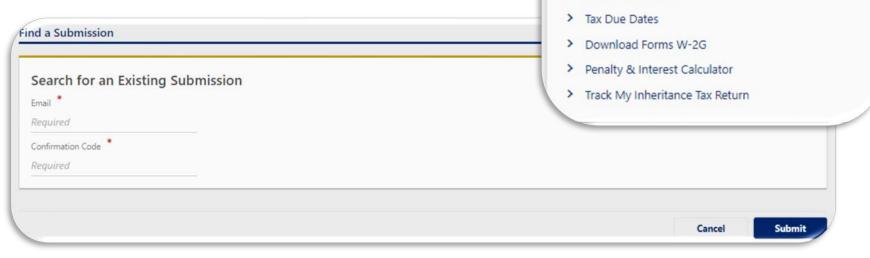
Confirmation

< Home	
Confirmation	
We have received your 2	022 Property Tax/Rent Rebate Application.
You may view your subm	nission by returning to myPATH and navigating to Find a Submission and use your email jochriseme@pa.gov and confirmation code kbfr4j.
Customer Name:	TAXPAYER, ANDY
Filing Period:	31-Dec-2022
Submission Type:	2022 Property Tax/Rent Rebate Application
Confirmation Code:	kbfr4j
Email Address:	jochriseme@pa.gov
Submitted Date:	12/15/2023
Requested Rebate Amo	unt: \$650.00
Rebates are typically not	issued until after July 1st.
Printable V	'iew
ок	

Obtaining a Copy of Electronic Application

Step 1: Select Find a Submission on the Additional Services Panel in myPATH

Step 2: Enter the email used to file the claim and enter the confirmation code received upon completion





Additional Services

Respond to a Letter

> Find a Submission

Additional myPATH services for taxpayers

Obtaining a Copy of Electronic Application

Step 3: Select the "Print" hyperlink on the summary screen for a copy of the claim

022 Property Tax/Ren pplication	t Rebate	Submitted Confirmation # 0-000-072-959 Submitted 03-Nov-2023 14:32:17	Delete Print
022 Property Tax/Rent Rel	pate Application		
Summary			
Summary	OE. JOHN		
Summary Summary Claimant Name : D	OE, JOHN chriseme@pa.gov		
Summary Summary Claimant Name : D Email : jo		RG PA 17102-2345	

DEPARTMENT OF REVENLE HARDOWNET IN 1312N-2818	Application	Submitted 03-Nov-2023 Confirmation # 0-000-072-959		
axpayer				
ame: DOE, JOHN				
ddress: 1706 PENN ST HARR	ISBURG PA 17102-2345			
hone Number: (717)-772-9209				
mail: jochriseme@pa.gov				
ate of Birth: 11/9/1950			8	31-Dec-2022
laimant SSN: ***-**-6789			Energy	03-Nov-2023
ummary			mation #	0-000-072-959
Filing Rebale as:		Property Owner		
I Certify that as of 31-Dec-202	2 Lama:	Claimant age 65 or older		
Filing on behalf of a decedent		Claimant age to or older No		
Social Security, SSI and SSP		No \$7,500.00		\$0.00
Railroad Retirement Tier 1 Be		\$0.00		\$7,500.00
	multy IRA Distributions and Railroad	30.00		
etirement Tier 2 (Not including	federal veterans" disability payments or state			\$1,000.00
eterans' payments):		\$0.00		\$650.00
Interest and Dividend Income		\$0.00		
Loss or Gain on Sale or Exch	ange of Property	\$0.00		\$0.00
Net Rental Income or Loss:		\$0.00		\$0.00
0. Net Business Income or Los	8	\$0.00		\$0.00
ther Income:				
	commissions, and estate and trust income:	\$0.00		\$0.00
 Gambling and Lottery winn to value of other prizes: 	ings, including PA Lottery winnings, prize winn	nings and \$0.00		80.00
 Value of inheritances, alimatic structures and the second structure of the second structure s	my and smusal summet	\$0.00		
	ef. Unemployment compensation and workers			1.8
ompensation, except Section 3	06(c) benefits:	\$0.00		Dauphin
	e insurance benefits and disability insurance fits, except the first \$5,000 of total death	\$0.00		Harrisburg City
1f. Gifts of cash or property tot	aling more than \$300, except gifts between	\$0.00		
embers of a household		-		
1g. Miscellaneous income and	annualized income amount	\$0.00		

Amended Applications

- No option on the form to amend
- Amend by submitting another application
- Do not submit another application just to update the direct deposit information
- You cannot amend an application via myPATH a paper application must be submitted



Benefits of Electronic Filing

- Instant confirmation
- Error reducing automatic calculators
- Mandatory file upload of supporting documents
- No issues with handwriting
- No invalid addresses
- No need to keep paper files
- Avoid delays in processing
- Ensure processing of last-minute submission
- Complete appropriate schedules
- Additional checks for direct deposit information





Paper Filing





Paper Forms

Booklets are automatically sent to previous filers

Download Forms:

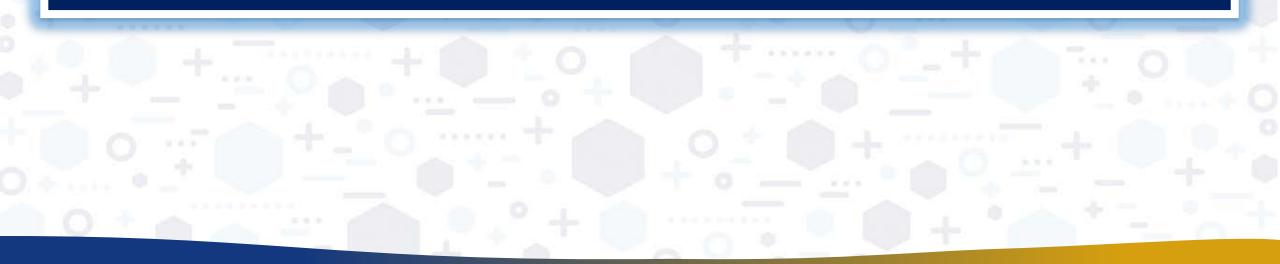
revenue.pa.gov

Order Forms By Phone: 1-888-PATAXES (1-888-728-2937)

Mail To: PA Department of Revenue Property Tax/Rent Rebate Program P.O. Box 280503 Harrisburg, PA 17128-0503



Tips to Avoid Processing Delays



Common Reminders

- All applications must be signed
- Clear handwriting
- All lines must be completed on both pages
- Do not send original documents

-	PA-1000 Property Tax or Rent Rebate Claim 05-22 (FI) PA Department of Revenue P.O. Box 280503 Harrisburg PA 117128-0503 2022		OFFICIAL USE ONLY
START →	Check your label for accuracy. If incorrect, do not use the label. Complete Section I. If Spouse Your Social Security Number Spouse's Social Security Number Decease	l, fill	Fill in only one oval in each section. 1. I am filing for a rebate as a: P. Property Owner – See instructions
	PLEASE WRITE IN YOUR SOCIAL SECURITY NUMBER(S) ABOVE Last Name First Name	MI	R. Renter – See instructions B. Owner/Renter – See instructions
	First Line of Address		2. I Certify that as of Dec. 31, 2022, I am (a): A. Claimant age 65 or older
	Second Line of Address		B. Claimant under age 65, with a spouse age 65 or older who resided in the same household
		DDES QUIRED	C. Widow or widower, age 50 to 64 D. Permanently disabled
	Spouse's First Name MI County Code School District Code Country C	ode	and age 18 to 64 3. Filing on behalf of a decedent
	Claimant's Biruidate MM00YY Spouse's Biruidate MM00YY Dayume Telephone Number		 Dollars Cents
	TOTAL INCOME received by you and your spouse during 2022 Social Security, SSI and SSP Income (Total benefits \$divided by 2)		
	 Railroad Retirement Tier 1 Benefits (Total benefits \$ divided by 2) 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		
	8. Gain or Loss on the Sale or Exchange of Property If a loss, fill in this oval.	88 8.	
	9. Net Rental Income or Loss If a loss, fill in this oval	9.	
	10. Net Business Income or Loss	2 10. 11a	
	Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income. Salaries, wages, bonuses, commissions, and estate and trust income.	11b.	
	C Value of inheritances, alimony and spousal support. Cash public assistance/relief. Unemployment compensation and workers' compensation, except Section 306(c) benefits.		
1	Except Section sole() benefits. 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.		
	 Gifts of cash or property totaling more than \$300, except gifts between members of a household. 	11f.	
1	1g. Miscellaneous income and annualized income amount.	11g.	
	 Claimants with Federal Civil Service Retirement System Benefits enter \$9,514 or \$19,028. See the instructions. 	12.	
	 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 Pao	es 7 to 9

Property Taxes

May Apply For

- Actual Taxes Paid
 - County
 - School District
 - City/Borough/Township



May Not Apply For

- Nuisance taxes
- Penalty and Interest

If tax bills list any names other than that of the applicant or spouse, or the following words directly follow the applicant's name on the bills, proof of ownership (deed or trust agreement) is required:

> Et Vir (and husband) Et Ux (and wife) Et Al or Et Alia (and others) Trust

	PA-1000 RC (EX) MOD 05-22 (FI) 2022						
Na	PA Department of Revenue				Social Securit	v Number	OFFICIAL USE ON
Nai					Social Securit	y Norriber	
lf fi	You may make provide proof of the rent you paid.	photocopies of this t I. If you rented at mo			s, you must sub	mit proof	for each addres
_	PA	RENT CERTIFIC	ATE				
Ce	r landlord must provide all the information on Lines 1 thro tificate. If your landlord, or your landlord's authorized age the Rental Occupancy Affidavit below. Your Rental Occup	ent, does not sign th	nis PA Re	nt Certific			
1.	Street address of the residence for which the claimant paid rent				al unit is (fill in the		
	City, State, ZIP Code				artment in a Hous artment Building	e	Mobile Home I Nursing Home
2	Owner's business name or landlord's name (last, first, middle initi	ial) if an individual			arding Home		Private Home
2	comice o coorrecto name or ramatoro s marrie (rast, inst, middle into	iony in an individual		M	bile Home		Assisted Living
	Landlord's Address				rsonal Care Home	e	
\vdash	City, State, ZIP Code			В	inunig Name:		
L				D	omiciliary Care	E	Foster Care
	Landlord's EIN (if applicable) and daytime telephone number				liary or Foster Care o you must submit a co		
	YOU MUST COMPLETE ALL LINES. IF NONE, ENTER	t "O".		Dollars	Cents		ation of Item 4.
8.	by a governmental agency?	4.)	ct and cor	nt resided	in 2022.	nowledg	
	I made, or was required to make, a payment in lie The property in which the claimant resided in 202 Other names, excluding the spouse or minor child Please sign and date after Landlord!* Signa	22 was tax exempt. dren, appear on the printing.	lease.				Dato MMD
	The property in which the claimant resided in 202 Other names, excluding the spouse or minor chilo <u>x</u> Please sign and date after Landlord's Signa	22 was tax exempt. dren, appear on the printing. ature					Date MMD
la	The property in which the claimant resided in 202 Other names, excluding the spouse or minor chilo <u>x</u> Please sign and date after Landlord's Signa	22 was tax exempt. dren, appear on the printing. ature CUPANCY AFFID.	AVIT	ain the Ian	dlord's signature	on the f	
la	The property in which the claimant resided in 202 Other names, excluding the spouse or minor child X Please sign and date after Landlord's Signa OCC n, or am filing on behalf of, the claimant named above. I ce	22 was tax exempt. dren, appear on the printing. ature CUPANCY AFFID.	AVIT	ain the Ian	dlord's signature	e on the F	
I al for Aff abo	The property in which the claimant resided in 202 Other names, excluding the spouse or minor chilo Please sign and date after Landlord's Signa OCC on, or am filing on behalf of, the claimant named above. I ce the following reason(s): davit: I certify that I am, or am filing on behalf of, the claim ve. I also affirm all the information on the above PA Rent Occupancy Affidavit is true, correct and complete to the b	22 was tax exempt. dren, appear on the printing. ature CUPANCY AFFID ertify that I was unat that named Certificate Sub	AVIT ble to obta	nd sworn I	dlord's signature	on the I	PA Rent Certific
I al for	The property in which the claimant resided in 202 Other names, excluding the spouse or minor child X Please sign and date after Landlord's Signa OCC n, or am filing on behalf of, the claimant named above. I ce the following reason(s): davit: I certify that I am, or am filing on behalf of, the claim we I also affirm all the information on the above PA Rent Occupancy Affidavit is true, correct and complete to the te wledge, information and belief.	22 was tax exempt. dren, appear on the printing. ature CUPANCY AFFID ertify that I was unat that named Certificate Sub	AVIT ole to obta tarize: oscribed a	nd sworn l day of	before me this		PA Rent Certific
I al for	The property in which the claimant resided in 202 Other names, excluding the spouse or minor chilo Please sign and date after Landlord's Signa OCC on, or am filing on behalf of, the claimant named above. I ce the following reason(s): davit: I certify that I am, or am filing on behalf of, the claim ve. I also affirm all the information on the above PA Rent Occupancy Affidavit is true, correct and complete to the b	22 was tax exempt. dren, appear on the printing. ature CUPANCY AFFID ertify that I was unat that named Certificate Sub	AVIT ole to obta tarize: oscribed a	nd sworn I day of ture of Nota		sign after	PA Rent Certific

PA-1000 Rent Certificate (RC)

- All renters <u>must</u> submit a fully completed Rent Certificate for each place the they rented
- If unable to obtain a signature, the following can be provided:
 - Rent Certificate along with a completed and notarized Occupancy Affidavit stating the reason the landlord's signature could not be obtained

Changes in Rent Paid Throughout the Year

- Calculate the entire rent paid during the year and divide it by the number of months they lived at the property and enter the amount on Lines #4 #8
 - Or
- Complete a separate PA-1000 RC form for each period

	YOU MUST COMPLETE ALL LINES. IF NONE, ENTER "0".	Dollars	Cents	Explanation of Item 4.
4.	What was the amount of rent per month? (Include only the amount charged for rental. Do not include security deposits or amounts paid for food, medicine, medical care			Jan - June = 300 Per Month
	or personal care.) If your rental amounts changed during the year, please explain in the space provided		350.00	July - Dec = 400 Per Month
5.	How much of the monthly rental amount was paid or subsidized by a governmental agency?			Total Rent = \$4200/12
6.	Total monthly amount of rent paid. (Subtract Line 5 from Line 4.)6.		350.00	Total Per Month = \$350
7.	Number of months unit was occupied by the claimant in 2022. (If less than 12 months, please explain in the space provided.)	12		Explanation of Item 7.
8.	What was the total rent paid in 2022 by the claimant? (Multiply Line 6 by Line 7.) Enter the amount here and on Line 16 of the claim form			
	or the appropriate line(s) of Schedules D, E or F		4,200.00	

TIP: The same method of calculation can be used for subsidies reported on Line #5

Include a Copy of the Lease

If there is insufficient evidence of a landlord tenant relationship, the applicant may be asked to provide a copy of their lease agreement

If the applicant is unable to provide a copy of a lease, they may provide a notarized statement from their landlord and a copy of a utility bill

NOTE: It is the burden of the applicant to demonstrate a true landlord/tenant relationship. Failure to do so when asked may result in a denied application.

Housing Authority

If unable to obtain a signature, they can provide a letter or statement from a housing authority that must contain the following information:

- Name and address of the applicant
- Name, address, building name, federal tax identification number and telephone number of the authority
- The amount and date of each payment
- A statement that the authority was required to pay property taxes or make payments in lieu thereof; and
- A signature of the representative of the authority

pennsylvania DEPARTMENT OF REVENUE HARRISBURG PA 17128-2005

Page 1 of 1

REV aL072 3

- թյուլի հեղիներին հեղի հեղիներին հեղիներին հեղիներին

111 Main St

ABC HOUSING AUTHORITY Somewhere, PA 77777

Date Issued	02/13/2023
Letter ID	L000000000
FEIN	<u>**-****1234</u>
Housing ID	1001234
Period Ending	10/26/2022

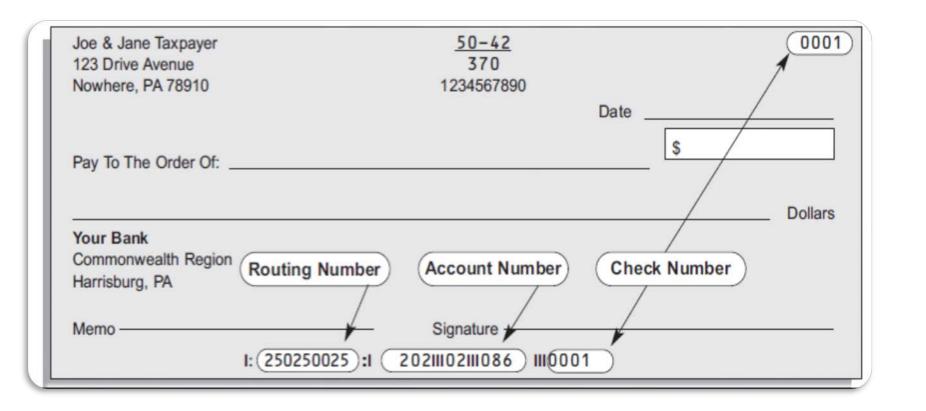
Property Tax/Rent Rebate Status Denial Notice

The Pennsylvania Department of Revenue has conducted an exempt property review of your organization.

Why you are receiving this notice If you have any questions regarding this notice, please contact the department using the information provided.	Your tax exempt facility failed to remit payment in lieu of taxes for 2022. As a result, the residents of your facility no longer qualify for the Property Tax/Rent Rebate program and are not eligible to receive rent rebates from the department.
Property Tax/Rent Rebate Division ra-rvbitptrrtxstat@pa.gov	Payment in lieu of taxes are mandated by Section 401.51, Title 61, of the PA Code. Residents of a facility which fails to remit payment in lieu of taxes are not eligible to claim a rebate from the department.
What you need to do	Please inform the residents of your facility of their inability to receive a rebate. Any rebate claims submitted to the department will be denied.
	If you wish to regain eligibility of your residents to claim rent rebates, please contact the department using the information provided.

Housing **Authority** Compliance

Direct Deposit



- Faster
- Easier
- More secure

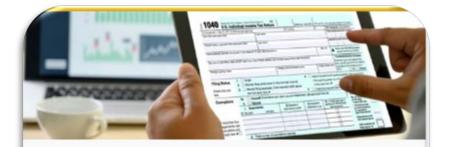
Additional Services Panel

Respond to a Letter:

- Submit documents
- Request for Information Letter ID
- Description of requested information

Find a Submission:

- Payments, returns, applications
- Email address & Confirmation Code



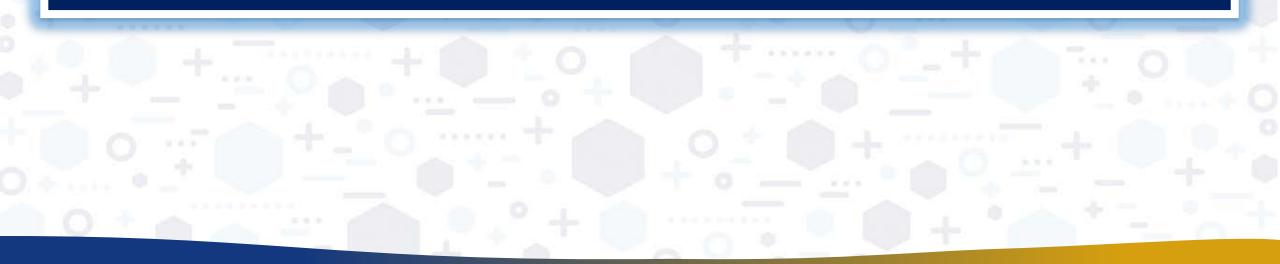
Additional Services

Additional myPATH services for taxpayers

- > Respond to a Letter
- > Find a Submission
- > Tax Due Dates
- > Download Forms W-2G
- > Penalty & Interest Calculator
- > Track My Inheritance Tax Return



Checking Rebate Status



Find Rebate Status Online

Where's My Rebate?:

- Current and previous rebate status
- Application year, date of birth, & SSN required



Rebates

View my rebate status or apply for a rebate.

> Apply for a Property Tax/Rent Rebate for 2021

> Where's My Rebate?

Claim year		Date of birth *	Social Security Number *	
2020	*	Required	Required	

Check Rebate Status by Phone

1-888-PA TAXES (728-2937)

- Current and previous rebate status
- Application year, date of birth, & SSN required



Automatic Updates

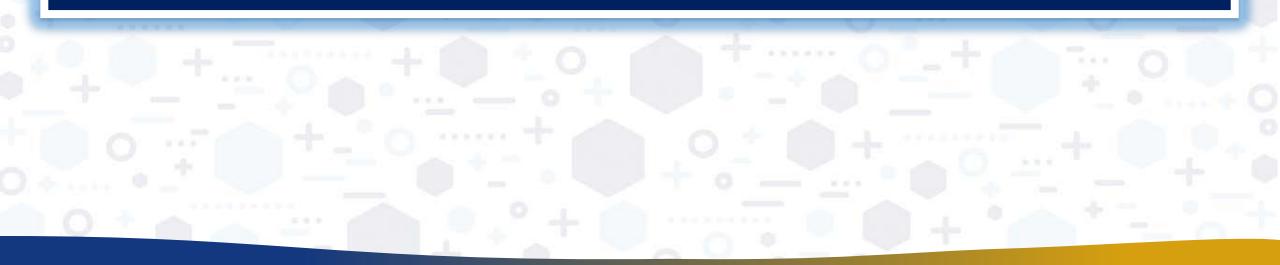
Automated Phone Calls

- First call when application is received
- Second call when application is approved for payment





Status of Rebate



No Claim On File

< Home				
Where's My PA Prop	erty Tax/Rent Rebate?			
Claim year 2022	~	Date of birth 17-Mar-1950		Social Security Number ***-**-1111
· · · · · · · · · · · · · · · · · · ·		ds. If you filed electronically, please allo he date you mailed your application to	-	e time you submitted your application to check the status. If you mailed
				Search

Application Received

< Home Where's My PA Pro	operty Tax/Rent Rebate?			
Claim year 2022	<u>×</u>	Date of birth 05-Jan-1957		Social Security Number
	r Property Tax/Rent Rebate app are typically not issued until July		for us to process your appli	cation. If additional information is needed you will receive a letter with
				Search

Correspondence Requested

year		Date of birth	Social Security Number
	~	20-Aug-1961	 ***-**-1700

Claim Processed (Approved)

	Date of birth		Social Security Number
~	20-Jan-1933	Ē	***-**-9175
~	20-Jan-1933		***-**-9175

Notice of Adjustment

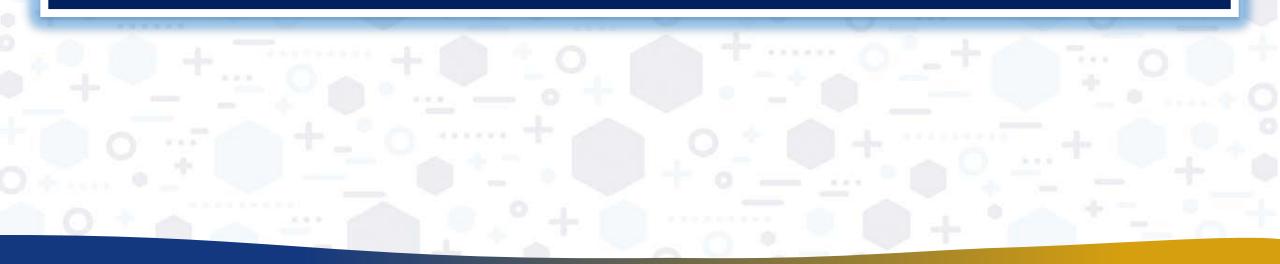
Home				
Where's My PA Pro	perty Tax/Rent Rebate?			
Claim year 2022	~	Date of birth 02-Mar-1946		Social Security Number ***-**-8098
Your Property Tax/Rent follow the instructions		processed. However, we have made a	change to your application	n or rebate. You will receive a letter explaining the adjustment(s). Please
				Search

Claim Denied

< Home	operty Tax/Rent Rebate?				
Where's My PA Pro	perty lax/kent kebate?				
Claim year 2022	~	Date of birth 04-Dec-1947	Ē	Social Security Number ***-**-2049	
Your Property Tax/Rent of our representatives.		lenied. Please refer to your notice for	an explanation of the den	ial of your application, or you may dial 1-888-222-9190 to speak	with one
				Search	1



Denied Applications



	Page 1 of 1	REV tL029 2
DEPARTMENT OF REVENUE HARRISBURG PA 17128-2005		
իւկիկվերակիսվիսիսվիստութ	Date Issued	01/04/2022
Becare.	Letter ID	L000000000
Jane Smith 111 Main St	Social Security Num	nber ***-**-1111
Somewhere, PA 77777	Account ID	11111111111
	Period Ending	12/31/2021
	Period Ending as adjusted your 2021 Property Tax/Rent Rebate.	12/31/2021
		x/Rent Rebate for the all of the necessary
The Pennsylvania Department of Revenue ha Why you are receiving this notice if you have questions regarding this notice, please contact the department using the information provided. Customer Experience Center	 as adjusted your 2021 Property Tax/Rent Rebate. You do not qualify for a Pennsylvania Property Tax claim year above. The department did not receive information or documentation to complete your cla 	x/Rent Rebate for the all of the necessary
The Pennsylvania Department of Revenue ha Why you are receiving this notice If you have questions regarding this notice, please contact the department	 as adjusted your 2021 Property Tax/Rent Rebate. You do not qualify for a Pennsylvania Property Tax claim year above. The department did not receive information or documentation to complete your cla 	x/Rent Rebate for the all of the necessary
The Pennsylvania Department of Revenue have Why you are receiving this notice f you have questions regarding this notice, please contact the department using the information provided. Customer Experience Center 1-888-222-9190 Summary	 as adjusted your 2021 Property Tax/Rent Rebate. You do not qualify for a Pennsylvania Property Tax claim year above. The department did not receive information or documentation to complete your cla 	x/Rent Rebate for the all of the necessary
The Pennsylvania Department of Revenue has Why you are receiving this notice If you have questions regarding this notice, please contact the department using the information provided. Customer Experience Center 1-888-222-9190 Summary Line Item	 As adjusted your 2021 Property Tax/Rent Rebate. You do not qualify for a Pennsylvania Property Tax claim year above. The department did not receive information or documentation to complete your cla Tax/Rent Rebate. 	x/Rent Rebate for the all of the necessary im for a Property
The Pennsylvania Department of Revenue has Why you are receiving this notice If you have questions regarding this notice, please contact the department using the information provided. Customer Experience Center 1-888-222-9190	 As adjusted your 2021 Property Tax/Rent Rebate. You do not qualify for a Pennsylvania Property Tax claim year above. The department did not receive information or documentation to complete your cla Tax/Rent Rebate. 	x/Rent Rebate for the all of the necessary im for a Property Adjusted Values

How to file an appeal

If you disagree with this decision, you may file an appeal within 90 days of the Date Issued printed on this notice. Information on filing an appeal is available at *boardofappeals.state.pa.us*.

Petition BOA

eservices.revenue.pa.gov/FileAnAppeal

- Register for an account
- Applicant has 90 days to appeal
- BOA has 6 months to process a petition



Resources



Informational Flyers





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Page 1

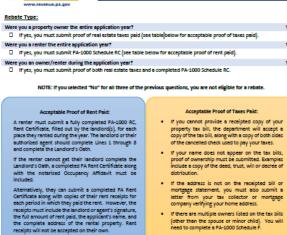
by law. First-time filers should anticipate that it will take additional time to review their applications and process

their rebates.

.....

Proof Document Checklist

DEFARTMENT OF REVENUE	PTRR Proof Document Checklist
www.revenue.pa.gov	
irst Time Filer:	
Vere you or your spouse 65 years or older on December 31	
If yes, you must submit proof of age (see table below for a section of a section	1 1 67
Vere you a widow/widower and 50-64 years old by Decemb If yes, you must submit proof of age (see table below for	
 If yes, you must submit proof of age (see table below it If yes, you must submit a copy of your spouse's death of 	
Vere you permanently disabled and 18-64 years old by Dece	ember 31 of the application year? Y
If yes, you must submit proof of age (see table below for	
 If yes, you must submit proof of permanent disability (s "If you were denied Social Security disability, you do no 	
NOTE: If you selected "No" for all three of the above que	stions, you are not eligible for a rebate.
re your completing an application for Property Tax/Rent Re	ebate due a decedent? Y
Acceptable Proof of Age:	Acceptable Proof of Permanent Disability:
Birth Certificate	 For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total
Birth Certificate Blue Cross or Blue Shield 63 Special Card	 For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, or Black Lung disability, provide a copy of
Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record	 For Social Security disability, S3I permanent and total disability, Railroad Retirement permanent and total disability, or Black Lung disability, provide a copy of your award letter.
Birth Certificate Blue Cross or Blue Shield 63 Special Card	 For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, or Black Lung disability, provide a copy of
Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record	 For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, or Black Lung disability, provide a copy of your award letter. For Veterans Administration disability, provide a
Birth Certificate Blue Cross or Blue Shield 65 Special Card Church Baptismal Record Driver's License of PA Identification Card	 For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, or Blad. Lung disability, provide a copy of your award letter. For Veterans Administration disability, provide a letter from the Veterans Administration stating that
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record	 For Social Security disability, SSI permanent and total disability, Relicead Retirement permanent and total disability, or Black Lung disability, provide a copy of your award letter. For Veterans: Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disabiled. For Redensi Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disability.
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown)	 For Sodal Security disability. SSI permanent and total disability. Railroad Rebirement permanent and total disability. Railroad Rebirement permanent and total disability. Black Lung disability. provide a copy of your sward letter. For Veterans. Administration disability. provide a letter from the Veterans Administration stating that you are 100 percent disabiled. For Federal Civil Service disability. provide a letter from Civil Service stating that you are 100 percent disabled.
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Drivers License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card	 For Social Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability, Provide 8 copy of your award letter. For Veterans Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disabled. For Federal Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disabled. If you do not qualify under any of the disability.
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card PACE/PACENET Card	 For Sodal Security disability, S3I permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability, provide a copy of your award letter. For Veterans Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disability. For Federal Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disabled. If you do not qualify under any of the disability programs mentioned above, did not apply for Sodal Security benefits; or do not have a letter from the statement of not have a letter from the source.
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Drivers License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card	 For Sodal Security disability, SSI permanent and total disability, Relicead Retirement permanent and total disability, or Black Lung disability, provide a copy of your award letter. For Veterans Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disabiled. For Rederal Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disabled. For Rederal Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disabled. If you do not qualify under any of the disability program mentioned solve, did not apply for Social Security benefits, or do not have a letter from the Veterans Administration or Civil Service
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card PACE/PACENET Card	 For Sodal Security disability, S3I permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability, provide a copy of your award letter. For Veterans Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disability. For Federal Civil Service disability, provide a letter from Civil Service stating that you are 100 percent disabled. If you do not qualify under any of the disability programs mentioned above, did not apply for Sodal Security benefits; or do not have a letter from the statement of not have a letter from the source.
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card PACE/PACENET Card	 For Sodal Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability. Provide a copy of your award letter. For Veterans Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disabiled. For Federal Chil Service disability, provide a letter from Chil Service stating that you are 100 percent disabiled. For Federal Chil Service disability, provide a letter from Chil Service above, did not apply for Sodal Security benefits, or do not have a letter from the Veterant Administration or Chil Service Administration or Chil Service administration (PA-1000 bookier. The form must sum the Physiciens' Statement of Permenent Disability (PA-1000 bookier.)
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card PACE/PACENET Card	 For Social Security disability, SSI permanent and total disability, an Black Lung disability, provide a copy of your award letter. For Veterans: Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disability. provide a letter from Chill Service disability, provide a letter from Chill Service stating that you are 100 percent disability. For Federal Chill Service disability, provide a letter from Chill Service stating that you are 100 percent disabled. For Federal Chill Service disability, provide a letter from Chill Service stating that you are 100 percent disabled. If you do not qualify under any of the disability programs mentioned above, did not apply for Social Security benefits, or do not have a letter from the Veterans. Administration or Chill Service Administration, you must submit a Physician's Statement of Permenent Disability perclanation you for Alton Statisty as permanent, and your
Birth Certificate Blue Cross or Blue Shield 63 Special Card Church Baptismal Record Driver's License of PA Identification Card Hospital Birth Record Naturalization/Immigration Paper (if age shown) Military Discharge Paper (if age shown) Medicare Card PACE/PACENET Card	 For Sodal Security disability, SSI permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability, Railroad Retirement permanent and total disability. Provide a copy of your award letter. For Veterans Administration disability, provide a letter from the Veterans Administration stating that you are 100 percent disabiled. For Federal Chil Service disability, provide a letter from Chil Service stating that you are 100 percent disabiled. For Federal Chil Service disability, provide a letter from Chil Service above, did not apply for Sodal Security benefits, or do not have a letter from the Veterant Administration or Chil Service Administration or Chil Service administration (PA-1000 bookier. The form must sum the Physiciens' Statement of Permenent Disability (PA-1000 bookier.)



IMPORTANT: Required documents must submitted with the application. If you are filing electronically myPATH will accept the following file types: pdf, jpeg, jpg, png, gif, and tiff. If your documents are not able to be electronically uploaded, you will have to file a paper application.



pennsylvania

WRITMENT OF REVENUE

File online with ease-Scan here to learn how!

PTRR Proof Document Checklist

Y N

Y N

Y N

2024-01

pennsylvania PTRR Proof Document Checklist www.revenue.pa.gov For your convenience, the following questions pertaining to income are organized in the order that the income should be reported on the PA-1000 application. Did you receive any of the following income during the application year? Social Security, SSI, and/or SSP If yes and you are using a PA address, you are not required to submit proof of this income If yes and you are not using a PA address, you must submit a copy of your SSA-1099 Railroad Retirement Tier 1 Benefits If yes, you must submit a copy of your RRB-1099 Pension, an Annuity, or an IRA Distribution If yes, you must submit a copy of your 1099-R

Y N

Y N

Y N

-	ir yes, you must submit a copy or your 1035-k		
Railn	oad Retirement Tier 2 benefits	Y	
	If yes, you must submit a copy of your RRB-1099		
Inter	est income	Y	1
	If yes, you must submit a copy of your 1099-INT or a copy of your PA-40		
Divid	lend income	Y	
	If yes, you must submit a copy of your 1099-DIV or a copy of your PA-40		
Gain	(or a Loss) on the Sale or Exchange of Property	Y	
	If yes, you must submit a copy of your PA-40 Schedule D or a copy of your RK-1		
incor	me (or a Loss) from Rent, Royalty, Patents, or Copyrights	Y	
	If yes, you must submit a copy of your PA-40 Schedule E or a copy of your RK-1		
Incor	me (or a Loss) from Business or Farming	Y	
	If yes, you must submit a copy of your PA-40 Schedule C, PA-40 Schedule F, or a copy of your RK-1		
Wag	es, salaries, bonuses, and/or commissions	Y	
D,	If yes, you must submit a copy of your W-2 or a copy of your PA-40		
incor	me from an Estate or Trust	Y	
	If yes, you must submit a copy of your RK-1 or a copy of your PA-40 and Schedule J		
Gami	bling/Lottery winnings (including PA Lottery winnings, prize winnings, and the value of other prizes)	Y	1
	If yes, you must submit a copy of your W-2G, Win/Loss statement, PA-40 or other statements verifying the income/cash value of the income received		
Inher	ritance, alimony, and/or spousal support	Y	
	If yes, you must submit proof of the income received		
Cash	Public Assistance during the entire application year?	Y	
	If yes, you are not eligible to claim a rebate		
Cash	Public Assistance during part of the application year?	Y	1
	If yes, you must submit copies of your Department of Human Services cash assistance statements		
Uner	nployment compensation	Y	
	If yes, you must submit a copy of your UC-1099-G		
Worl	kers' compensation	Y	
	If yes, you must submit proof of the income received		
insur	ance Benefits - Loss of Time, Disability, and/or Life (may exclude the first \$5,000 of death benefit payments)	Y	1
	If yes, you must submit proof of the income received		
Bene	fit Payments from the Federal Civil Service Retirement System that are included in your eligibility income?	Y	
	If yes, you must submit a copy of your 1099-R and you should report the amount listed in the PA-1000 instruction booklet.		
	RTANT: If the customer does not have supporting documentation to verify income received, an explanation should he application.	be sub	mit
	The second s	2	024

2024-01

PTRR Quick Tips

pennsvlvania DEPARTMENT OF REVENUE

www.revenue.ne.gov

TYPE OF FILER

Applicants of the Property Tax/Rent Rebate program must fail under one of the following four categories in order to quality:

- A. Age 65 or older as of December 31st of application year
- B. Spouse age 65, who lived with applicant (encourage to file under the individual who is 65 or older as primary applicant)
- Widow or widower during all or part of application year and с. were 50 or older as of December 31st of application year; or
- D. Permanently and totally (100%) disabled during all or part of the year, and
- age 18 or older during all or part of application year;
- · unable to work because of medically determined physical or mental disability; and
- disability is expected to continue indefinitely.

Receipt of Supplemental Security Income (SSI) payments are eligible for a rebate if they meet all other requirements.

ELIGIBLE INCOME LEVELS

An applicant who meets any of the category requirements needs to also meet income eligibility requirements. Below are the income brackets based on whether the applicant is a property owner or renter and the maximum rebate amount for that income level.

ELIGIBIL	ELIGIBILTY TABLE				
INCOME	MAX REBATE				
\$0 - \$8000	\$1,000				
\$8,001 - \$15,000	\$770				
\$15,001 - \$18,000	\$ 460				
\$18,001 - \$45,000	\$ 380				

PTRR CALENDAR OF EVENTS

· January - applicants may start filling out application · April - Posting/Processing begins. Automated calls to notify

- applicants that applications were received. June - Automated calls to notify applicants that applications
- were approved. 6/30 is deadline (beginning of June the Governor decides whether to extend until 12/31) · July 14 - is the first day PA Treasury will make rebates
- available via direct deposits or checks December 31st - extension filing due date
- IMPORTANT: If deadline is missed, application will not be accepted.

PAPER FILING

Any person who filed a Property Tax/Rent Rebate application for the previous tax year and was approved will automatically receive a PTRR Booklet in the mail from Department of Revenue. This mailing also includes an address label that will help speed up the processing of their application (Only use the label if all the information is still correct). When you are speaking to an applicant, please remind them to bring the booklet they received, if they are looking for help completing forms, etc.

If an applicant does not have a copy of the PTRR Booklet, please use the forms on our website at revenue.pa.gov. They are in a filiable PDF format that are easy for our equipment to scan. which will help speed up processing,

PTRR FORMS GUIDE

2023 PTRR QUICK TIPS

PA-1000 - PTRR application form PA-1000 RC - Rent Certificate and Rental Occupancy Affidavit

PA-1000 Schedule A - Used if applicant owned more than one home during the application year PA-1000 Schedule B/D/E

- B Used if applicant was a widow or widower age 50 to 64 and remarried during the application year
- D Used when renter receives cash public assistance E - Used when part of the homestead was for purposes other

than residence such as an in-home business PA-1000 Schedule F/G

- F Used to prorate taxes or rent when more than one eligible person is on the deed or lease.
- G Used to annualize income of deceased applicants
- PA-1000 PS Physician's Statement of Permanent and Total Disability

DEX-41 - Application for Property Tax/Rent Rebate due the Decedent

ORDER OF FORMS COMPLETION	
FOR DETERMINING PTRR REBATE	
PA-1000	
Lines 1 - 11g & 23	
Rent Certificate	
Schedule A	
Schedule B	
Schedule D	
Schedule E	
Schedule F	
Schedule G	
PA-1000	
Lines 12 - 19	
PA-1000	
Lines 20 - 22	
ELECTRONIC FILING	

We strongly encourage Pennsylvanians to visit mypath.pa.gov to

file their Property Tax/Rent Rebate Program applications. Applicants will be asked to provide specific information on their income and rent/ property taxes. Applicants should check the

pennsylvania DEPARTMENT OF REVENUE www.revenue.pa.gov

Property Tax/Rent Rebate Program instruction booklet to learn which information they will need to input/upload to complete the process.

For assistance filing electronically, watch our Revenue 411 video (https://www.youtube.com/watch?v=3p-UnjCNpXM)

IMPORTANT: Using the electronic filing option offers many benefits, including:

- Fast processing and direct deposit options . The "Where's My Rebate?" system to track the status of a
- application online
- Error-reducing automatic calculators
- Security features to ensure your sensitive information is safe · User-friendly features that are not available when filing a paper application

WHAT ADDITIONAL INFORMATION IS NEEDED? If you are unsure of what additional information to include, use your checklist which will tell you what type of proof documentation may be needed depending on the type of income is being reported.

If the applicant is a first-time filer, some common items that will need included are:

Proof of ace

- Proof of widow/widower proof of age in addition to death certificate
- Proof of disability and proof of age for 1st time filer

REMINDER: Do not send originals of supporting documentation as they cannot be returned.

I RECEIVED A NOTICE

If it is determined that additional information is needed, the department will send a request for information notice to the applicant. We encourage that information in response to these notices be submitted electronically via myPATH.

Applicants will need to go to Respond to a Letter under the Additional Services panel and enter the letter ID and their social security number. This is the fastest and most efficient way to interact with the department. Once the information has been submitted, a confirmation number will be provided to the applicant. If applicants are unable to submit electronically, they may still fax or email the responses to us using the following information:

- Fax Number: 717-787-1834
- Email: RA-RVBITPTRRFAX@pa.gov

Documents submitted electronically or via email must be converted to the following formats to be able to be uploaded: PDF, jpeg, jpg, png, gif, tiff, rtf

2023 PTRR QUICK TIPS

CHECKING THE REBATE STATUS

Applicants can check the status of their application online or over the phone. They will need the primary applicant's SSN, date of birth and application year when checking the status.

Online: mypath.pa.gov > Where's My PA Property Tax/Rent Rebate?

Automated phone #: 1-888-PATAXES (728-2937) Available 24 hours a day 7 days a week

NOTE: If they input incorrect information, it will lock them out for 24 hours, advise them to try again the following day

CHECK THE STATUS OF A SUBMISSION

If an applicant wants to check on a submission, they can now do so online. After successfully submitting their application on myPATH, a confirmation email will be sent with a confirmation mde

Applicants will need to go to Find A Submission under the Additional Services panel and enter in the email used and the confirmation code received. This feature allows applicants to confirm that an application has been successfully submitted. Applicants can delete the submission within 24 hours or print a copy of the application from the Find a Submission option.

If an applicant calls either the Customer Experience Center or automated phoneline, we will not be able to provide a status on a submission until it is posted in our system.

NOTE: The Find a Submission option cannot be used to check the status of a response to a notice submitted through the Respond to a Letter feature.

Supplemental rebates are automatically calculated for property owners with \$30,000 or less in income that live in:

Taxes are 15% or more of total income

Income	Standard Rebate	Supplement (Kicker)	Total Max Rebate
\$0-\$8,000	\$1,000	\$500	\$1,500
\$8,001-\$15,000	\$770	\$385	\$1,155
\$15,001-\$18,000	\$460	\$230	\$690
\$18,001-\$30,000	\$380	\$190	\$570
	PTRR RESOU	RCES	

- PTRR Check List
- Online Customer Service Center (FAQ(s)
- PA-1000 Instructions (or other forms/instructions online)
- Property Tax/Rent Rebate Preparation Guide (DFO-3)
- Customer Experience Center: 888-222-9190
- Monday Friday, 8 A.M. to 5 P.M.

SUPPLEMENTAL REBATES (KICKERS)

Philadelphia, Scranton, or Pittsburgh

- Department of Revenue Website revenue.pa.gov

myPATH Assistance



myPATH CHAT on homepage

myPATH@pa.gov

717-425-2495 ext. PATH1

revenue.pa.gov/mypathinformation

Support ID

PA An C	fficial Pennsylvania Government Website	
Ŕ	Pennsylvania Department of Revenue	(my 2)
	nt: Did you know there are a number of things you can do on myPATH that do not require you to sign up for a username or password? That includes filing an application for a rebate of property taxes or rent paid in 2020. Follo y Tax/Rent Rebate for 2020.	y Support Open the Assistant
	WARNING! BY ACCESSING AND USING THIS GOVERNMENT COMPUTER SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO CRIMINAL PROSECUTION AND PENALTIES.	Help View Support ID
	Username	
	Image Pathies PENNSYLVANIA TAX HUB Password O	

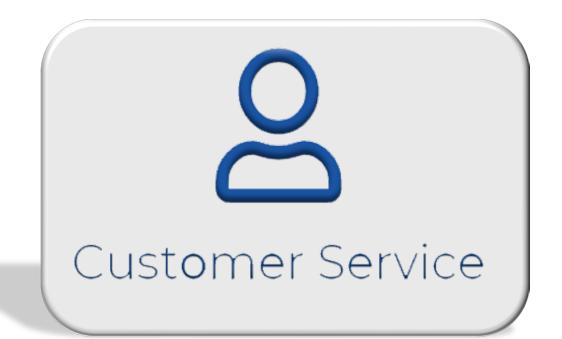
Get Support ID	Your Support ID
A support ID can be given to a support person to allow them to remotely view your myPATH session. Do you want to get a support ID and allow a support person to view your session to provide assistance?	Your support ID is: 277489. This can be given to a support person to allow them to view your myPATH session.
No Yes	ок

Handouts





Online Customer Service Center



FAQ's

- Answers to common tax questions
- Related links to forms and tax guides

Submit A Question

 Receive a response within 72 business hours

Office of Legislative Affairs

- 717-787-1007
- <u>Revlegis@pa.gov</u>

Office of Legislative Affairs Webpage <u>www.revenue.pa.gov/GetAssistance/LegislativeAffairs</u>

Pennsylvania Department of Revenue > Get Assistance > Office of Legislative Affairs	
Office of Legislative	PTRR Resources
Affairs	
This webpage is for members and staff of the General Assembly to assist with constituent inquiries.	myPATH Information
The Department of Revenue, Office of Legislative affairs, serves as a liaison for the State Legislature and the Governor's Office. This includes maintaining a presence at committee meetings held by the House and Senate and working directly with	Waiver of Confidentiality [PDF]
members and staff on legislation related to Revenue matters. The office is also responsible for advocating legislation on behalf of the Governor and the Department and tracking proposals introduced by the General Assembly to determine the overall impact.	Legislative Inquiries Submission Update
In addition, this office deals with House and Senate members on a daily basis by answering questions regarding state tax issues, rules and regulations, and department operations.	

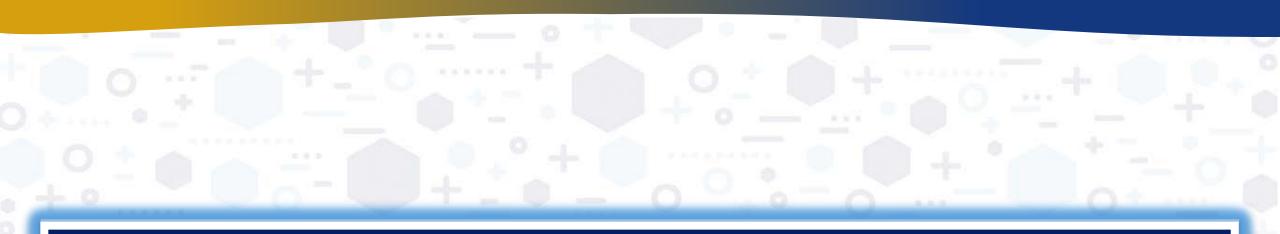
Links to:

- PTRR resources
- myPATH Information
- Waiver of Confidentiality

Submitting Inquiries

Beginning October 24, 2023, legislative inquiries will be processed through a new secure email response system:

- Email address used for submissions (<u>revlegis@pa.gov</u>) will remain the same
- Viewing the responses to those submissions will look slightly different
- Expedite the response time
- Provide better tracking of inquiries
- Eliminate the need for multiple contacts.



Questions?



