

**COLONIAL SCHOOL DISTRICT
PROPERTY TAX/RENT REBATE PROGRAM
CHECKLIST**

The Colonial School District has implemented a rebate program to assist senior citizens by offering a property tax or rent rebate amount. The program piggybacks on the PA State Tax/Rent Rebate program. If you qualify for the State rebate you qualify for the District rebate also.

The Colonial School District requires that you provide information regarding the State rebate to participate in the District program. Below is a checklist of items needed by the District.

- PA-1000 Tax Return This is the State tax form used to claim your state rebate amount. A copy of the form is attached.
- For property owners: Property Tax Bills shown as paid A copy of your property tax bills shown as paid. This can be provided by your tax collector.
- or
- For renters: PA Rent Certificate Form A copy of the Rent Certificate Form is attached. It must be completed and signed by your landlord or property manager
- Proof of State Rebate Copy of check or bank statement showing amount deposited

Total Income	Proof of Income
Line 4: Social Security Income	<input type="checkbox"/> A Copy of form(s) SSA1099 that is received from the Social Security Administration each January.
Line 5: Railroad Retirement Tier 1 Benefits	<input type="checkbox"/> A Copy of your benefit statement from Railroad retirement, if applicable
Line 6: Pension, Annuity or IRA Distributions	<input type="checkbox"/> A Copy of all Income reported on Form 1099R
Line 7: Interest and Dividends	<input type="checkbox"/> A Copy of your 1099INT or 1099DIV or a copy of Federal or State Schedule B
Line 8: Gain or Loss on Sale of Property	<input type="checkbox"/> A copy of Federal or State Schedule D. This would include the sale of any type property, but usually is associated with the sale of stocks and bonds
Line 9: Net Rental Income or Loss	<input type="checkbox"/> A copy of Federal or State Schedule E if you own a rental property
Line 10: Net Business Income or Loss	<input type="checkbox"/> A copy of Federal or State Schedule C if you operate any type of business
Other Income	
Line 11a: Salary, wages and bonuses	<input type="checkbox"/> A copy of Form W-2
Line 11b: Gambling and Lottery Winnings	<input type="checkbox"/> A copy of Form W-2G
Line 11c: Value of Inheritance, alimony	<input type="checkbox"/> A copy of receipt or proof of agreement
Line 11d: Cash public assistance/relief	<input type="checkbox"/> Applicable Documentation
Line 11e: Taxable Life Insurance or Disability	<input type="checkbox"/> Applicable Documentation
Line 11f: Gifts of cash or property >\$300	<input type="checkbox"/> Applicable Documentation
Line 11g: Miscellaneous income	<input type="checkbox"/> 1099MISC or 1099NEC



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2021

OFFICIAL USE ONLY

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

Your Social Security Number _____ Spouse's Social Security Number _____

If Spouse is Deceased, fill in the oval.

PLEASE WRITE IN YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name _____ First Name _____ MI _____

First Line of Address _____

Second Line of Address _____

City or Post Office _____ State _____ ZIP Code _____

CODES REQUIRED

Spouse's First Name _____ MI _____ County Code _____ School District Code _____ Country Code _____

Claimant's Birthdate _____ Spouse's Birthdate _____ Daytime Telephone Number _____

II Fill in only one oval in each section.

1. I am filing for a rebate as a:
- P. Property Owner – See instructions
 - R. Renter – See instructions
 - B. Owner/Renter – See instructions

2. I certify that as of Dec. 31, 2021, I am (a):

- A. Claimant age 65 or older
- B. Claimant under age 65, with a spouse age 65 or older who resided in the same household
- C. Widow or widower, age 50 to 64
- D. Permanently disabled and age 18 to 64

3. Filing on behalf of a decedent

III TOTAL INCOME received by you and your spouse during 2021

Dollars Cents

- 4. Social Security, SSI and SSP Income (Total benefits \$ _____ divided by 2) 4.
- 5. Railroad Retirement Tier 1 Benefits (Total benefits \$ _____ divided by 2) 5.
- 6. Total Benefits from Pension, Annuity, IRA Distributions and Railroad Retirement Tier 2 (Do not include federal veterans' disability payments or state veterans' payments.) 6.
- 7. Interest and Dividend Income 7.
- 8. Gain or Loss on the Sale or Exchange of Property. If a loss, fill in this oval. LOSS 8.
- 9. Net Rental Income or Loss If a loss, fill in this oval. LOSS 9.
- 10. Net Business Income or Loss If a loss, fill in this oval. LOSS 10.
- Other Income.
- 11a. Salaries, wages, bonuses, commissions, and estate and trust income. 11a.
- 11b. Gambling and Lottery winnings, including PA Lottery winnings, prize winnings and the value of other prizes 11b.
- 11c. Value of inheritances, alimony and spousal support. 11c.
- 11d. Cash public assistance/relief, Unemployment compensation and workers' compensation, except Section 306(c) benefits. 11d.
- 11e. 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. 11e.
- 11f. Gifts of cash or property totaling more than \$300, except gifts between members of a household. 11f.
- 11g. Miscellaneous income and annualized income amount. 11g.
- 12. Claimants with Federal Civil Service Retirement System Benefits enter \$9,514 or \$19,028. See the instructions. 12.
- 13. **TOTAL INCOME.** Add only the positive income amounts from Lines 4 through 11g and subtract the amount on Line 12. See Page 3 for income limitations. Enter this amount on Line 23. 13.

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



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PA-1000 2021 05-21 (FI)

Your Social Security Number

Your Name: _____

PROPERTY OWNERS ONLY

- 14. Total 2021 property tax. Submit copies of receipted tax bills. 14.
- 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.

RENTERS ONLY

- 16. Total 2021 rent paid. Submit PA Rent Certificate and/or rent receipts 16.
- 17. Multiply Line 16 by 20 percent (0.20) 17.
- 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. 18.

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: 20. Checking
Savings

21. Routing number. Enter in boxes to the right. 21.

22. Account number. Enter in boxes to the right. 22.

23. <input type="text"/> Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level. Owners use Table A and Renters use Table B.	TABLE A - OWNERS ONLY		TABLE B - RENTERS ONLY	
	INCOME LEVEL	Maximum Standard Rebate	INCOME LEVEL	Maximum Rebate
	\$ 0 to \$ 8,000	\$650	\$ 0 to \$ 8,000	\$650
	\$ 8,001 to \$15,000	\$500	\$ 8,001 to \$15,000	\$500
	\$15,001 to \$18,000	\$300		
	\$18,001 to \$35,000	\$250		

IV 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 mark.		
Spouse's Signature	Date	1.		
PREPARER: I declare that I prepared this return, and that it is to the best of my 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 attorney or nearest 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, 2022
You can call 1-888-728-2937 after June 1 to verify the status of your claim.



PA Rent Certificate

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PA Rent Certificate and
Rental Occupancy Affidavit

PA-1000 RC (EX) MOD 05-21 (Fi)
PA Department of Revenue

2021

OFFICIAL USE ONLY

Name as shown on PA-1000

Social Security Number

You may make photocopies of this form as needed.

If filing as a renter, you must provide proof of the rent you paid. If you rented at more than one address, you must submit proof for each address.

PA RENT CERTIFICATE

Your landlord must provide all the information on Lines 1 through 8. Your landlord, or your landlord's authorized agent, must sign this PA Rent Certificate. If your landlord, or your landlord's authorized agent, does not sign this PA Rent Certificate, you must complete Lines 1 through 8 and the Rental Occupancy Affidavit below. Your Rental Occupancy Affidavit must be notarized.

1. Street address of the residence for which the claimant paid rent	3. Rental unit is (fill in the appropriate oval): <input type="checkbox"/> Apartment in a House <input type="checkbox"/> Mobile Home Lot <input checked="" type="checkbox"/> Apartment Building <input type="checkbox"/> Nursing Home <input type="checkbox"/> Boarding Home <input type="checkbox"/> Private Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Personal Care Home Building Name: _____ <input type="checkbox"/> Domiciliary Care <input type="checkbox"/> Foster Care <small>If Domiciliary or Foster Care or if a Boarding or Personal Care Home, you must submit a copy of your contract agreement.</small>
City, State, ZIP Code	
2. Owner's business name or landlord's name (last, first, middle initial) if an individual	
Landlord's Address	
City, State, ZIP Code	
Landlord's EIN (if applicable) and daytime telephone number	

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 or personal care.) If your rental amounts changed during the year, please explain in the space provided. 4.			
5. How much of the monthly rental amount was paid or subsidized by a governmental agency? 5.			
6. Total monthly amount of rent paid. (Subtract Line 5 from Line 4.) 6.			
7. Number of months unit was occupied by the claimant in 2021. (If less than 12 months, please explain in the space provided.) 7.			Explanation of Item 7.
8. What was the total rent paid in 2021 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. 8.			

LANDLORD'S OATH: (Read carefully before signing)

I certify that the information provided on this PA Rent Certificate is true, correct and complete to the best of my knowledge, information and belief. I further certify that – fill in the applicable oval(s).

- I was required to pay 2021 property taxes on the property in which the claimant resided in 2021.
- I made, or was required to make, a payment in lieu of taxes for 2021 on the property in which the claimant resided in 2021.
- The property in which the claimant resided in 2021 was tax exempt.
- Other names, excluding the spouse or minor children, appear on the lease.

X

Landlord's Signature

Date

OCCUPANCY AFFIDAVIT

I am, or am filing on behalf of, the claimant named above. I certify that I was unable to obtain the landlord's signature on the PA Rent Certificate for the following reason(s):

Affidavit: I certify that I am, or am filing on behalf of, the claimant named above. I also affirm all the information on the above PA Rent Certificate and Occupancy Affidavit is true, correct and complete to the best of my knowledge, information and belief.

Notarize:

Subscribed and sworn before me this

_____ day of _____ 20 _____

X

Claimant's Signature

Date

X

Signature of Notary Public



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FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2020

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2020	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 <i>(Box 3 minus Box 4)</i>

DESCRIPTION OF AMOUNT IN BOX 3

SAMPLE

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withheld

Box 7. Address

Box 8. Claim Number *(Use this number if you need to contact SSA.)*