

PA-1000 2024 04-24 (FI)

Your Social Security Number

[Empty box for Social Security Number]

Your Name: _____

PROPERTY OWNERS ONLY

- 14. Total 2024 property tax. Submit copies of receipted tax bills. 14. [Empty box]
- 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. [Empty box]

RENTERS ONLY

- 16. Total 2024 rent paid. Submit PA Rent Certificate 16. [Empty box]
- 17. Multiply Line 16 by 20 percent (0.20) 17. [Empty box]
- 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. [Empty box]

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. [Empty box]

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	<input type="checkbox"/>
Savings	<input type="checkbox"/>

21. Routing number. Enter in boxes to the right. 21. [Empty box]

22. Account number. Enter in boxes to the right. 22. [Empty box]

23. [Empty box]	TABLE A - OWNERS ONLY		TABLE B - RENTERS ONLY	
	INCOME LEVEL	Maximum Standard Rebate	INCOME LEVEL	Maximum Rebate
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.	\$ 0 to \$ 8,270	\$1,000	\$ 0 to \$ 8,270	\$1,000
	\$ 8,271 to \$15,510	\$ 770	\$ 8,271 to \$15,510	\$ 770
	\$15,511 to \$18,610	\$ 460	\$15,511 to \$18,610	\$ 460
	\$18,611 to \$46,520	\$ 380	\$18,611 to \$46,520	\$ 380

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, PACE records, Social Security Administration records, and/or 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.	Date	2.		
Preparer's Signature, if other than the claimant	Date	Name of claimant's power of attorney or nearest relative. Please print.		
Preparer's Name. Please print.		Telephone number of claimant's power of attorney or nearest relative.		
Preparer's telephone number		Home address of claimant's power of attorney or nearest relative. Please print.		
		City or Post Office	State	ZIP Code

Claim filing deadline – June 30, 2025
You can call 1-888-728-2937 after June 1 to verify the status of your claim.

