

2019 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2019



* 1 9 1 4 4 1 1 W W *

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. _____ .00	_____ .00	_____ .00
e. Interest and dividends	e. _____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. _____ .00	_____ .00	_____ .00

Claimant's Last Name	Social Security Number
----------------------	------------------------



* 1 9 1 4 4 1 2 W W *

Carried forward from Line o **.00** **.00** **.00**

<p>p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing p. _____ .00</p> <p>q. Child support paid. You must include proof of payment. See instructions q. _____ .00</p>	<p>1. Claimant and jointly filed Spouse</p>	<p>2. Filing separately Spouse or CU Partner</p>	<p>3. Other Persons</p>
	_____ .00	_____ .00	_____ .00

Support paid to: Last Name	First Name	MI	Social Security Number
----------------------------	------------	----	------------------------

r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists r1. _____ .00	_____ .00	_____ .00	_____ .00
r2. Alimony paid r2. _____ .00	_____ .00	_____ .00	_____ .00
r3. Self-employed health insurance deduction r3. _____ .00	_____ .00	_____ .00	_____ .00
r4. Health Savings Account deduction r4. _____ .00	_____ .00	_____ .00	_____ .00
s. Add Lines p, q, and total of Lines r1 to r4 for each column s. _____ .00	_____ .00	_____ .00	_____ .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0- t. _____ .00	_____ .00	_____ .00	_____ .00
u. Add all three amounts from Line t. If a negative amount, enter -0- u. _____ .00			
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f. v. _____ .00	_____ .00	_____ .00	_____ .00
w. Add all three amounts from Line v w. _____ .00			
x. x. <u>10,000.00</u>			
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0- y. _____ .00			
z. HOUSEHOLD INCOME. Add Line u and Line y z. _____ .00			

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.