

Vermont Department of Taxes

2019 Form PR-141

Vermont Renter Rebate Claim

For the year Jan 1 - Dec 31, 2019



* 1 9 1 4 1 1 1 W W *

Must be filed with Schedule HI-144 and Form LC-142.

| | | | |
|--|---|---|---|
| Claimant's Last Name 12345678901234567 | First Name 12345678901234567 | MI 1 | Claimant's Social Security Number 123456789 |
| Spouse's/CU Partner's Last Name 12345678901234567 | First Name 12345678901234567 | MI 1 | Spouse's or CU Partner's Social Security Number 123456789 |
| Mailing Address (Number and Street/Road or PO Box) 123456789012345678901234567890123456 | | | Claimant's Date of Birth (MM/DD/YYYY) MM / DD / YYYY |
| City 123456789012345678901 | State 12 | ZIP Code 1234567890 | |
| Vermont School District Code 123 | 911/Physical Street Address on 12/31/2019 123456789012345678901234567890123 | City/Town of Legal Residence on 12/31/2019 & State 123456789012345678 12 | |
| Federal Filing Status | <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household | | Will you be using Renter Rebate to pay Income Tax liability? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2019. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line 2. No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2019? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2019? Yes, Complete this form. No, STOP. You are not eligible.

REBATE CALCULATION: Before doing rebate calculation, complete Household Income (Schedule HI-144). You MUST include Schedule HI-144 and Form LC-142 with this Form.

| | | | | | | | | | | |
|---|-------------|--|--------------------------------|-------------|-------------------|-------------------|-------------------------|------|------|------|
| 4. E-file Certificate Number (From Form LC-142) | 4. | 1234567890-123 | | | | | | | | |
| 5. Allocable Rent (from Form LC-142, Line 9) | 5. | 123456 .00 | | | | | | | | |
| 6. Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00% | 6. | 100 .00 % | | | | | | | | |
| 7. Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6) | 7. | 123456 .00 | | | | | | | | |
| 8. Household Income (from Schedule HI-144, Line z). If more than \$47,000 you are not eligible. | 8. | 123456 .00 <input checked="" type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included. | | | | | | | | |
| 9. Maximum Percentage of Income for Rent | 9. | 1 .0 % | | | | | | | | |
| <table border="1"> <tr> <td>If Line 8 Household Income is:</td> <td>\$0 - 9,999</td> <td>\$10,000 - 24,999</td> <td>\$25,000 - 47,000</td> </tr> <tr> <td>Enter this % on Line 9:</td> <td>2.0%</td> <td>4.5%</td> <td>5.0%</td> </tr> </table> | | | If Line 8 Household Income is: | \$0 - 9,999 | \$10,000 - 24,999 | \$25,000 - 47,000 | Enter this % on Line 9: | 2.0% | 4.5% | 5.0% |
| If Line 8 Household Income is: | \$0 - 9,999 | \$10,000 - 24,999 | \$25,000 - 47,000 | | | | | | | |
| Enter this % on Line 9: | 2.0% | 4.5% | 5.0% | | | | | | | |
| 10. Maximum Rent for Household Income (Multiply Line 8 by Line 9 and enter result here. If Line 10 is more than Line 7, you do not qualify for a renter rebate) | 10. | 123456 .00 | | | | | | | | |
| 11. Renter Rebate Amount (Subtract Line 10 from Line 7 and enter result here.) If result is zero, you do not qualify for a rebate. | 11. | 123456 .00 | | | | | | | | |

MAXIMUM REBATE AMOUNT IS \$3,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

| | | |
|---|-------------------------------------|---|
| Signature | Date (MMDDYYYY) MMDDYYYY | Daytime Telephone Number 123-213-1234 |
| Signature (If a joint return, BOTH must sign.) | Date (MMDDYYYY) MMDDYYYY | Daytime Telephone Number 123-213-1234 |
| Paid Preparer's Signature | Date (MMDDYYYY) MMDDYYYY | Preparer's Telephone Number 123-213-1234 |
| Firm's Name (or yours if self-employed) and address 1234567890123456789012345678901234567890 | Preparer's SSN or PTIN 123456789 | EIN 123456789 |

Check if the Department of Taxes may discuss this return with the preparer shown.

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