

2020 Form PR-141

Vermont Renter Rebate Claim

For the year Jan 1 - Dec 31, 2020



IMPORTANT: This form MUST be filed with Schedule HI-144 and Form LC-142 or your claim will be considered incomplete.

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Claimant's Date of Birth (MM/DD/YYYY) / /	
City		State	ZIP Code			
Vermont School District Code	911/Physical Street Address on 12/31/2020				City/Town of Legal Residence on 12/31/2020 & State	
Federal Filing Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married/CU Filing Jointly	<input type="checkbox"/> Married/CU Filing Separately	<input type="checkbox"/> Head of Household	Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2020. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line 2. No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2020? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2020? 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. _____ -

5. Allocable Rent (from Form LC-142, Line 9).....5. _____ .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. _____ %

7. Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6).....7. _____ .00

8. Household Income (from Schedule HI-144, Line z). If more than \$47,000 you are not eligible.....8. _____ .00 Check here if amended Schedule HI-144, Household Income, is included.

9. Maximum Percentage of Income for Rent.....9. _____ %

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. _____ .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. _____ .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)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	FEIN

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

2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



* 2 0 1 4 4 2 1 0 0 *

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). 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 2020. 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 /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions) . . .	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
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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>	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
	p. <u> </u> .00	<u> </u> .00	<u> </u> .00
<p>q. Child support paid. You must include proof of payment. See instructions</p>	q. <u> </u> .00	<u> </u> .00	<u> </u> .00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. <u> </u> .00	<u> </u> .00	<u> </u> .00
r2. Alimony paid	r2. <u> </u> .00	<u> </u> .00	<u> </u> .00
r3. Self-employed health insurance deduction	r3. <u> </u> .00	<u> </u> .00	<u> </u> .00
r4. Health Savings Account deduction	r4. <u> </u> .00	<u> </u> .00	<u> </u> .00
r5. Tuition and Fees as reported on federal Form 8917	r5. <u> </u> .00	<u> </u> .00	<u> </u> .00
s. Add Lines p, q, and total of Lines r1 to r5 for each column	s. <u> </u> .00	<u> </u> .00	<u> </u> .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. <u> </u> .00	<u> </u> .00	<u> </u> .00
u. Add all three amounts from Line t. If a negative amount, enter -0-	u. <u> </u> .00	<u> </u> .00	<u> </u> .00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f.	v. <u> </u> .00	<u> </u> .00	<u> </u> .00
w. Add all three amounts from Line v	w. <u> </u> .00	<u> </u> .00	<u> </u> .00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E	x. <u> </u> 10,000.00		
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-	y. <u> </u> .00		
z. HOUSEHOLD INCOME. Add Line u and Line y	z. <u> </u> .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, 2021, but can be filed up to Oct. 15, 2021. 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 \$138,500 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, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.