Attach Schedule HI-144 and Form LC-142

5454

DUE	DATE:	April 15,	2015	(Claims	allowed	up t	o Oct.	15.	2015
		April 10,	2010	(Olullio	unonca	чрі	.0 001.	٠٠,	2010

Please PRINT in **BLUE or BLACK INK**

2014

Renter Rebate Claim

FORM PR-141

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		_		_				U	U	

VERMONT	FOR HOUSEHOLD INC	COME OF \$47,000 OR LESS	PR-14	1		1 1 1 0 0 *
/lust Be Filed V	Vith: Household Income (Schedule HI -144) and Landic	ord's Certifica	 te (LC-14	For the year Ja	an. 1–Dec. 31, 2014
Claimant's Last	Name	First Name		Initial	Claimant's Social Securit	y Number
Spouse's or CU	Partner's Last Name	First Name		Initial	Spouse's or CU Partner's	Social Security Number
Mailing Addres	s (Number and Street/Road or l	PO Box)			Claimant's Date of Birth	(MM DD YYYY)
City				State	ZIP Code –	
Location of rent	tal property (number, street/ro	oad name (Do not use "PO Box", "	same", or Town	name)		
1. VT School I	District Code	2. City/Town of Legal Residen	nce on 12/31/201	4		State
ALL eligibility	questions must be answe	ered. You must have rented a	all 12 months	in 2014.	See instructions on pag	e 44 for exception.
	-	year 2014?				P. You are not eligible.
-	•	er taxpayer in 2014?			= '	_
_		ar year 2014?	_		<u> </u>	P. You are not eligible.
Q3. Did you rem	i iii v i aii 12 monuis iii calenda	· _				
REBATE	E CALCULATION	Before doing rebate calcu YOU MUST ATTACH SC				
. ALLOCABLE	RENT (LC-142, Line 16)			3	.00	
		is used for business, see instruction		4	.00 %	
. ALLOWABLE	E RENT FOR REBATE CLA	IM (Multiply Line 3 by Line 4)			5	.00
		Line y) If more than \$47,000, you		6	.00	
		ousehold Income, is attached, check	_		0/	
		FOR RENT		⁷ ·	. %	
Enter this %	sehold Income is: $0 - 9.9$ on Line 7: 2.0 %		000 – 47,000 5.0%			
. MAXIMUM R	ENT FOR HOUSEHOLD IN	NCOME (Multiply Line 6 by Line 7				.00
DENTED DER	PATE AMOUNT (Subtract Lir	If Line 8 is <i>more than</i> Line 5, you not 8 from Line 5 and enter result he				
	`	ncome Tax Return, also enter this a			1 2	.00
		MAXIMUM REBATE	E AMOUNT I	S \$3,000.		
-		have examined this return and a				
	y are true, correct and comp	plete. Preparers cannot use retur	rn information			
Signature				l Da	te Telep	phone Number
Signature.	If a joint return, BOTH must sign.			Da	te	
	Check here if authorizi	ing the VT Department of Ta	xes to discus	s this retu	urn and attachments wit	th your preparer.
	Preparer's signature		Dat	e	Preparer's	
Preparer's					SSN or PTIN	
Use Only	Firm's name (or yours if self-e	employed) and address			EIN	
					Preparer's Tel	ephone Number

Keep a copy for your records.

2014 VERMONT

Household Income

SCHEDULE HI-144



For the year Jan. 1-Dec. 31, 2014

Please PRINT in BLUE or BLACK INK

CHECK IF AMENDING

FORM HS-122 OR FORM PR-141

* 1 4 1 4 4 1 1 0 0 3

This schedule must be attached to the 2014 Renter Rebate Claim (Form PR-141) OR the 2015 Property Tax Adjustment Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Claimant's Date of Birth

List the names and Social Security Numbers of all other persons (other than a Spouse or CU Partner) who had income and lived with you during 2014. Include their 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	Initial	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	Initial	Other Person #2 Social Security Number

				· · · · · · · · · · · · · · · · · · ·	
]	Yearly totals of ALL members of the household	1. Claimant	2. Spouse/CU Partner	3. Other Persons
	a.	Cash public assistance and relief	.00		00
	b.	Social security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	.00		00
	c.	Unemployment compensation/worker's compensation	.00	.00	.00
	d.	Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	.00		
	e.	Interest and dividends e	.00		00
	f.	Interest on U.S., state, and municipal obligations, taxable and nontaxablef	.00		00
ME	g.	Alimony, support money, child support, cash giftsg.	.00		
INCOME	h.	Business income. If the amount is a loss, enter zero. See instructions for offsetting a lossh	.00		
	i.	Capital gains, taxable and nontaxable. If the amount is a loss, enter zero. See instructions for offsetting a lossi.	.00	.00	
	j.	Taxable pensions, annuities, IRA and other retirement fund distributions. See instructions	.00	.00	.00
	k.	Rental and royalty income. If the amount is a loss, enter zero. See instructions for offsetting a lossk	.00	.00	.00
	l.	Farm/partnerships/S corporations/LLC/ Estate or Trust income. If the amount is a loss, enter zero. See Line i instructions for only exception to offset a loss l	.00	.00	.00
	m.	Other income (See instructions for examples of other income). Please specifym	.00	.00	.00
	n.	TOTAL INCOME: Add Lines a through m		.00	.00
	-	5/15/1	ا ما ما ما ما ما المعادم م		Schodulo HL1// 20



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1. Claimant 2. Spouse/CU Partner 3. Other Persons o. See instructions Enter Social Security and Medicare 1. Amount from Line n, Column 1 2. Amount from Line n, Column 2 3. Amount from Line n. Column 3 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. Attach W-2 and/or Federal Schedule SE .00 .00 .00 p. Child support paid. You must attach proof .00 .00 .00 of payment. See instructions...... p. Support paid to: Last Name First Name Initial Social Security Number Allowable Adjustments from Federal Form 1040 or 1040A **q1.** Business Expenses for Reservists .00 .00 .00 (1040, Line 24) q1. .00 .00 .00 ADJUSTMENTS TO INCOME **q2.** Alimony paid (1040, Line 31a)..... **q2. q3.** Tuition and Fees (1040, Line 34 or .00 .00.00 q4. Self-employed health insurance .00 .00 .00 deduction (1040, Line 29)..... q4. **q5.** Health Savings account deduction .00 .00 .00 (1040, Line 25) q5. r. Add Lines o, p and total of Lines q1 to q5 for .00 .00 .00 s. Subtract Line r from Line n of each column. .00 .00.00 If a negative amount, enter zero (0) s. .00 u. Complete if born 1/1/1950 and after. Enter interest and dividend income from .00 .00 Lines e and f..... u. .00 10000.00w. .00 x. Subtract Line w from Line v. If Line w is more than Line v, enter zero (0)......x.

RENTERS:

If Line y Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2015 but can be filed up to October 15, 2015.

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

HOMEOWNERS:

Form HS-122, Property Tax Adjustment Claim, must be filed each year.

Homeowners with Household Income up to \$109,000 on Line y should complete Form HS-122, Section B. You may be eligible for a property tax adjustment. This schedule must be filed with the HS-122.

Form HS-122 Due Date - April 15, 2015. Homeowners filing a property tax adjustment, Forms HS-122 and HI-144, between April 16 and October 15, 2015 may still qualify for a property tax adjustment. A \$15 late filing fee will be deducted from the adjustment.