

**Property Tax Rebate Claim (TRCF-1000)**  
**Governor Mifflin School District**  
 10 S. Waverly Street, Shillington PA 19607

**2017**

For Office Use Only  
 # \_\_\_\_\_

**Please print or type the information below. This form must be filed on or before March 31, 2019.**

**A**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ MI \_\_\_\_\_ Phone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

PEEL ADDRESS LABEL AND PLACE HERE

**B** I certify that as of December 31, 2017, I was (check only one box):

Claimant age 65 or older

Claimant under age 65 with a spouse age 65 or older who resided in the same household

Widow or widower, age 50 to 64

Permanently disabled, ages 18 to 64

**C** Municipality (check only one box):

Brecknock  Mohnton

Cumru  Shillington

Kenhorst

**D**

1. TOTAL INCOME received by you and your spouse during 2017  
 As listed on your 2017 PA-1000 form, Line 12 ..... 1 \_\_\_\_\_

2. 2017 Governor Mifflin School District Real Estate Tax (Real Estate bill dated 7/1/17)  
 Per copy of attached receipted school tax bill (school tax only) .... 2 \_\_\_\_\_

3. Property Tax Rebate issued by PA Dept. of Revenue (received in 2018/2019)  
 As listed on state rebate check ..... 3 \_\_\_\_\_

4. Line 2 minus Line 3 above ..... 4 \_\_\_\_\_

5. **Estimated Governor Mifflin School District Property Tax Rebate**  
 Compare Line 4 to the estimated rebate amount determined by your income level in Table A and enter the lesser amount  
**\*\*The School District will not issue a rebate that when added to the state rebate exceeds the total school tax paid\*\***  
 5 \_\_\_\_\_

**E**

**The following documents MUST be attached:**

Signed copy of **2017** PA-1000 form (2 pages)

Copy of **2017** School Property Tax bill (marked as paid)

Copy of **2017** State Rebate Check (or proof of deposit)

**Table A**

Income Level	State Rebate	*Estimated GM Rebate
\$0 to \$ 8,000	\$650 / \$975	\$390.00*
\$8,001 to \$15,000	\$500 / \$750	\$300.00*
\$15,001 to \$18,000	\$300 / \$450	\$180.00*
\$18,001 to \$35,000	\$250 / \$375	\$150.00*

**\*Note:** Estimated Rebate Amounts may be adjusted by the School District, if necessary

**F**

**PLEASE READ CAREFULLY, SIGN AND DATE:**

**CLAIMANT:** I declare that this claim is true, correct and complete and to the best of my knowledge and belief that it is the only claim filed by members of my household.

\_\_\_\_\_  
 Claimant's Signature Date

**PREPARER:** I declare that I prepared this return and that it is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
 Preparer's Signature Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Phone Number EXT: \_\_\_\_\_