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Township of Upper Chichester
County of Delaware
P.O. Box 2187
Upper Chichester, Pennsylvania 19061-8187

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UPPER CHICHESTER TOWNSHIP TRASH TAX REFUND REQUEST

Today's Date: _____

Name: _____

Address: _____

Phone Number: _____

Refund Requested for Tax Year(s): _____

Supporting Documents Required with Application

- Copy of Pennsylvania Property Tax/Rent Rebate Program Application (s)
- Copy of Paid Tax Bill (s) with amount paid, including discounts, if applicable

Please note the following:

The tax bill and PA Property Tax Rebate Form must be submitted for the same year. For example, if you are requesting a refund for your trash bill in 2020, you must submit your PA Property Tax Rebate Form for 2020.

Trash refunds are considered eligible for the prior two years, if qualified. Income eligibility must be submitted for the year requested.

The income eligibility level for the Upper Chichester Trash Refund is \$35,000 a year as calculated by the PA Property Tax Rebate Form.

Please submit applications to Upper Chichester Township, Attn: Jeanmarie Broomall, P.O. Box 2187, Upper Chichester, PA 19061 or drop off at Municipal Building Mon-Fri 8AM to 3PM.

For Office Use Only

Folio Number: _____

Approved Amount: _____

Manager Approval: _____

Process Date: _____

PA-1000
Property Tax or Rent
Rebate Claim 05-21 (FI)
 PA Department of Revenue
 P.O. Box 280503
 Harrisburg PA 17128-0503



2105010058

OFFICIAL USE ONLY

I Check your label for accuracy. If incorrect, do not use the label. Complete Section I.

Your Social Security Number _____ Spouse's Social Security Number _____

PLEASE WRITE IN YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name _____ First Name _____ MI _____

First Line of Address _____

Second Line of Address _____

City or Post Office _____ State _____ ZIP Code _____

Spouse's First Name _____ MI _____ County Code _____ School District Code _____ Country Code _____

Claimant's Birthdate _____ Spouse's Birthdate _____ Daytime Telephone Number _____

CODES REQUIRED

II Fill in only one oval in each section.

1. I am filling for a rebate as a:

P. Property Owner - See Instructions

R. Renter - See Instructions

B. Owner/Renter - See Instructions

2. I certify that as of Dec. 31, 2021, I am (a):

A. Claimant age 65 or older

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

C. Widow or widower, age 50 to 64

D. Permanently disabled and age 18 to 64

3. Filing on behalf of a decedent

III TOTAL INCOME received by you and your spouse during 2021	Dollars	Cents
4. Social Security, SSI and SSP Income (Total benefits \$ _____ divided by 2)	4.	
5. Railroad Retirement Tier 1 Benefits (Total benefits \$ _____ divided by 2)	5.	
6. Total Benefits from Pension, Annuity, IRA Distributions and Railroad Retirement Tier 2 (Do not include federal veterans' disability payments or state veterans' payments.)	6.	
7. Interest and Dividend Income	7.	
8. Gain or Loss on the Sale or Exchange of Property. If a loss, fill in this oval.	8.	<input type="radio"/> LOSS
9. Net Rental Income or Loss	9.	<input type="radio"/> LOSS
10. Net Business Income or Loss	10.	<input type="radio"/> LOSS
Other Income.		
11a. Salaries, wages, bonuses, commissions, and estate and trust income.	11a.	
11b. Gambling and Lottery winnings, including PA Lottery winnings, prize winnings and the value of other prizes	11b.	
11c. Value of inheritances, alimony and spousal support.	11c.	
11d. Cash public assistance/relief, Unemployment compensation and workers' compensation, except Section 306(c) benefits.	11d.	
11e. Gross amount of loss of time insurance benefits and disability insurance benefits, and life insurance benefits, except the first \$5,000 of total death benefit payments.	11e.	
11f. Gifts of cash or property totaling more than \$300, except gifts between members of a household.	11f.	
11g. Miscellaneous Income and annualized income amount.	11g.	
12. Claimants with Federal Civil Service Retirement System Benefits enter \$9,514 or \$19,028. See the instructions.	12.	
13. TOTAL INCOME. Add only the positive income amounts from Lines 4 through 11g and subtract the amount on Line 12. See Page 3 for income limitations. Enter this amount on Line 23.	13.	

IMPORTANT: You must submit proof of the income you reported - See the instructions on Pages 7 to 9.



PA-1000 2021 05-21 (FI)

Your Social Security Number

Your Name: _____

PROPERTY OWNERS ONLY

- 14. Total 2021 property tax. Submit copies of received tax bills. 14.
15. Property Tax Rebate. Enter the maximum standard rebate amount from Table A for your income level here: () Compare this amount to line 14 and enter the lesser amount to the right. 15.

RENTERS ONLY

- 16. Total 2021 rent paid. Submit PA Rent Certificate and/or rent receipts 16.
17. Multiply Line 16 by 20 percent (0.20) 17.
18. Rent Rebate. Enter the maximum rebate amount from Table B for your income level here: () Compare this amount to line 17 and enter the lesser amount to the right. 18.

OWNER - RENTER ONLY

- 19. Property Tax/Rent Rebate. Enter the maximum rebate amount from Table A for your income level here: () Compare this amount to the sum of Lines 15 and 18 and enter the lesser amount to the right. 19.

DIRECT DEPOSIT. Banking rules do not permit direct deposits to bank accounts outside the U.S. If your bank account is outside the U.S., do not complete the direct deposit Lines 20, 21 and 22. The department will mail you a paper check. If your rebate will be going to a bank account within the U.S., you have the option to have your rebate directly deposited. If you want the department to directly deposit your rebate into your checking or savings account, complete Lines 20, 21 and 22.

- 20. Place an X in one box to authorize the Department of Revenue to directly deposit your rebate into your: 20. Checking Savings

21. Routing number. Enter in boxes to the right. 21.

22. Account number. Enter in boxes to the right. 22.

Table with 2 main columns: TABLE A - OWNERS ONLY and TABLE B - RENTERS ONLY. Each table has 2 sub-columns: INCOME LEVEL and Maximum Standard Rebate. Table A rows: \$ 0 to \$ 8,000 (\$650), \$ 8,001 to \$15,000 (\$500), \$15,001 to \$18,000 (\$300), \$18,001 to \$35,000 (\$250). Table B rows: \$ 0 to \$ 8,000 (\$650), \$ 8,001 to \$15,000 (\$500).

IV An excessive claim with intent to defraud is a misdemeanor punishable by a maximum fine of \$1,000, and/or imprisonment for up to one year upon conviction. The claimant is also subject to a penalty of 25 percent of the entire amount claimed.

CLAIMANT OATH: I declare that this claim is true, correct and complete to the best of my knowledge and belief, and this is the only claim filed by members of my household. I authorize the PA Department of Revenue access to my federal and state Personal Income Tax records, my PACE records, my Social Security Administration records and/or my Department of Human Services records. This access is for verifying the truth, correctness and completeness of the information reported in this claim.

Signature and information fields for Claimant, Spouse, Preparer, and Witnesses. Includes fields for Signature, Date, Name, Telephone number, Home address, City or Post Office, State, and ZIP Code.

Claim filing deadline - June 30, 2022

You can call 1-888-728-2937 after June 1 to verify the status of your claim.

