

2020 Form PR-141

Vermont Renter Rebate Claim

For the year Jan 1 - Dec 31, 2020



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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

To determine eligibility for the Renter Rebate, answer questions 1-3.

- Were you domiciled in Vermont all of calendar year 2020? Yes. Go to Question 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 Question 3.
- Did you rent in Vermont for 6 months or more in 2020? Yes. Go to Question 4. No. STOP. You are not eligible.

If you are eligible for a Renter Rebate, answer questions 4-8.

- Did you share your rental with another adult who was *not* your jointly filed spouse? Yes No
- Was your rent subsidized? Yes No
- Home Use: If more than 25% of this rental was used for business, see instructions. If no business use, enter 100%. _____ %
- Number of months rented in 2020 _____
- Number of Personal Exemptions claimed (from Form IN-111, Line 5d) _____
(See the instructions if you did not file Form IN-111)

If you filed a federal income tax return, answer questions 9-12. If you did *not* file a federal return because your income was under the filing threshold, skip the questions below, sign in the signature section below, and submit the form.

- Adjusted Gross Income (from federal Form 1040, Line 7, or Vermont Form IN-111, Line 1) _____
- Nontaxable Social Security benefits (from federal Form 1040, Line 5a minus Line 5b) _____
- Tax-exempt interest (from federal Form 1040, Line 2a minus 2b) _____
- Total (add lines 1-3) _____

MAXIMUM REBATE AMOUNT IS \$2,500.

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	EIN

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

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No.	Name	Age	Sex	Profession	Religion	Marital Status	Place of Birth	Parents' Names	Education	Other
1	John Smith	25	M	Farmer	Anglican	Married	London	John & Mary	Elementary	
2	Mary Jones	22	F	Housewife	Anglican	Married	London	John & Mary	Elementary	
3	James Brown	30	M	Teacher	Anglican	Single	London	James & Elizabeth	High School	
4	Elizabeth White	28	F	Shopkeeper	Anglican	Married	London	Elizabeth & Thomas	Elementary	
5	Thomas Green	18	M	Student	Anglican	Single	London	Thomas & Sarah	University	
6	Sarah Black	20	F	Student	Anglican	Single	London	Sarah & William	University	
7	William Grey	24	M	Engineer	Anglican	Married	London	William & Anne	University	
8	Anne Black	21	F	Teacher	Anglican	Single	London	Anne & Robert	High School	
9	Robert White	26	M	Merchant	Anglican	Married	London	Robert & Catherine	University	
10	Catherine Black	23	F	Housewife	Anglican	Married	London	Robert & Catherine	Elementary	

Form LC-142

Vermont Landlord Certificate



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SAMPLE

Instructions: Complete one Form LC-142 for each building you own that has its own SPAN and where one or more units are rented.

Section A: Landlord and Rental Unit Information (Please complete all fields)

Name of Owner or Landlord			
Landlord's Mailing Address	City	State	ZIP
Location of Rental Unit (number, street/road name)		SPAN (from property tax bill)	
City/Town		Number of Units in this Building	
Rental Unit is (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Lot for Mobile Home <input type="checkbox"/> Boarding Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living / Community Care			

Section B: Renter Information

Name of Renter		Unit #	Months Rented	Check box if subsidized	Gross rent paid by renter (if subsidized)
First Name	Last Name				
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If you have more units, attach as many additional pages as needed.
 You also may e-file this form using the bulk upload feature at myVTax.vermont.gov.

Section C: Signature

I certify the rental information on this Landlord Certificate is, to the best of my knowledge and belief, true, correct, and complete.

Signature of landlord or authorized representative	Date (MMDDYYYY)	Daytime Telephone Number
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