

Claimant's social security number		Spouse's social security number		Check below then fill in either the name of city, village, or town, and the county in which you lived at the end of 2009. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town
Claimant's legal last name		Legal first name	M.I.	
Spouse's legal last name		Spouse's legal first name	M.I.	
Home address (number and street)			Apt. no.	City, village, or town <input type="text"/>
City or post office			State	County of <input type="text"/>
			Zip code	Special conditions <input type="checkbox"/> (See page 7.)

- 1a** What was your age as of December 31, 2009? (If you were under 18, you do not qualify for homestead credit for 2009.) **1a** Fill in age
- b** If your spouse was age 65 or over as of December 31, 2009, check where indicated **1b** Check here
- 2** Were you a legal resident of Wisconsin from 1-1-09 through 12-31-09? (If "No," you do not qualify.) **2**  Yes  No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2009 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2009, you do not qualify.) **3**  Yes  No
- 4a** Are you now living in a nursing home? (If "Yes," indicate the date you entered \_\_\_\_\_ and the nursing home name and address \_\_\_\_\_) **4a**  Yes  No
- b** If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) **4b**  Yes  No
- 5** Did you become  married or  divorced in 2009? (If "Yes," fill in date \_\_\_\_\_; see page 16.) **5**  Yes  No
- 6a** If married for any part of 2009, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 15.) **6a**  Yes  No
- b** If you and your spouse maintained separate homes while married during 2009, did either spouse notify the other of their marital property income? (See page 15.) **6b**  Yes  No

Print numbers like this → 0 1 2 3 4 5 6 7 8 9      Not like this → Ø 1 4 7      NO COMMAS; NO CENTS

**Household Income** Include all 2009 income as listed below. If married, include the incomes of both spouses. See pages 7 to 11.

- 7** Wisconsin income from your 2009 income tax return. If you **already filed** your tax return, **attach a copy marked "Duplicate."** (See page 5, Part C.1, paragraph 3.) **7** \_\_\_\_\_ .00
- 8** If you or you and your spouse **are not filing** a 2009 Wisconsin return, fill in Wisconsin **taxable** income on lines 8a and 8b.
- a** Wages \_\_\_\_\_ .00 + Interest \_\_\_\_\_ .00 + Dividends \_\_\_\_\_ .00 = **8a** \_\_\_\_\_ .00
- b** Other taxable income. Attach a schedule listing each income item **8b** \_\_\_\_\_ .00
- 9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.**
- a** Unemployment compensation **9a** \_\_\_\_\_ .00
- b** Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments. Include Medicare premium deductions **9b** \_\_\_\_\_ .00
- c** Railroad retirement benefits. Include Medicare premium deductions **9c** \_\_\_\_\_ .00
- d** Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 8) **9d** \_\_\_\_\_ .00
- e** Contributions to deferred compensation plans (see box 12 of wage statements, and page 8) **9e** \_\_\_\_\_ .00
- f** Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans **9f** \_\_\_\_\_ .00
- g** Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds **9g** \_\_\_\_\_ .00
- h** Scholarships, fellowships, grants (see page 9), and military compensation or cash benefits **9h** \_\_\_\_\_ .00
- i** Child support, maintenance payments, and other support money (court ordered) **9i** \_\_\_\_\_ .00
- j** Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 9) **9j** \_\_\_\_\_ .00
- 10** Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2 **10** \_\_\_\_\_ .00





<b>11 a</b>	Enter amount from line 10 here	<b>11a</b>	_____	.00
<b>b</b>	Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay)	<b>11b</b>	_____	.00
<b>c</b>	Gain from sale of home excluded for federal tax purposes (see instructions)	<b>11c</b>	_____	.00
<b>d</b>	Other capital gains not taxable.	<b>11d</b>	_____	.00
<b>e</b>	Net operating loss carryforward and capital loss carryforward.	<b>11e</b>	_____	.00
<b>f</b>	Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income	<b>11f</b>	_____	.00
<b>g</b>	Partner's, LLC member's, and S corporation shareholder's distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name	<b>11g</b>	_____	.00
<b>h</b>	Car or truck depreciation (standard mileage rate)	<b>11h</b>	_____	.00
<b>i</b>	Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs	<b>11i</b>	_____	.00
<b>12a</b>	Subtotal. Add lines 11a through 11i	<b>12a</b>	_____	.00
<b>b</b>	Number of qualifying dependents. Do not count yourself or your spouse (see page 11) _____ x \$250 =	<b>12b</b>	_____	.00
<b>c</b>	Household income. Subtract line 12b from line 12a (if \$24,500 or more, no credit is allowed)	<b>12c</b>	_____	.00

**Taxes and/or Rent** See pages 11 to 14.

- Check here if your home was located on more than one acre of land and **was not** part of a farm; **see Schedule 1, page 3.**
- Check here if your home was located on more than one acre of land and **was** part of a farm.
- Check here if your home was used for purposes other than personal or farm use while you lived there in 2009; **see Schedule 2, page 3.**
- Check here if you received Wisconsin Works (W2) payments or county relief during 2009; **see Schedule 3, page 3.**

<b>13</b>	Homeowners – Net <b>2009</b> property taxes on your homestead, whether paid or not	<b>13</b>	_____	.00
<b>14</b>	Renters— <b>Rent</b> from your rent certificate(s), line 13a (or Shared Living Expenses Schedule). <b>See pages 12 to 14.</b>			
	Heat included (13b of rent certificate is "Yes")	<b>14a</b>	_____ .00 x .20 (20%) =	<b>14b</b> _____ .00
	Heat not included (13b of rent certificate is "No")	<b>14c</b>	_____ .00 x .25 (25%) =	<b>14d</b> _____ .00
<b>15</b>	Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)	<b>15</b>	_____	.00

**Don't delay your refund: ATTACH 2009 tax bill(s) (or closing statement) and/or original rent certificate(s). ATTACH ownership document (if the tax bill lists names other than yours). See page 12.**

**Credit Computation**

<b>16</b>	Fill in the smaller of (a) amount on line 15 or (b) \$1,450	<b>16</b>	_____	.00
<b>17</b>	Using the amount on line 12c, fill in the appropriate amount from <b>Table A</b> (page 17)	<b>17</b>	_____	.00
<b>18</b>	Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable)	<b>18</b>	_____	.00
<b>19</b>	Homestead credit – Using the amount on line 18, fill in the credit from <b>Table B</b> (page 18)	<b>19</b>	_____	.00

If you file a Wisconsin income tax return, attach this claim behind Form 1, 1A, or 1NPR. Fill in your homestead credit (line 19) on line 32 of Form 1A; line 48 of Form 1; or line 73 of Form 1NPR. (If filing Form 1 or Form 1NPR, **ATTACH** a complete copy of your **federal** income tax return and schedules.) You cannot file Form WI-Z with a homestead credit claim.

*Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Claimant's signature \_\_\_\_\_ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone number \_\_\_\_\_

**Sign Here** ►

**Mail to:**  
Wisconsin Department of Revenue  
PO Box 34  
Madison WI 53786-0001



**DON'T** file this claim **UNLESS** a rent certificate or property tax bill (or closing statement) is included.

*For Department Use Only*

C \_\_\_\_\_

# Rent Certificate

Wisconsin Department of Revenue

**NOTE:** Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed. Need an additional rent certificate? Go to [www.revenue.wi.gov](http://www.revenue.wi.gov).

# 2009

<b>Renter (Claimant)</b>	Complete lines 1, 3, and 4. Have your landlord fill in lines 6 to 13 and sign, then complete line 2.	<b>11</b>	Fill in lines 11a to 11e based on the period of time this rental unit was occupied <b>by this renter</b> . Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
<b>1</b> Name _____		<b>a</b>	Rent collected per month for this rental unit for 2009 . . . . . \$ _____ \$ _____ \$ _____ \$ _____
<b>2</b> Social security number ▶ _____		<b>b</b>	Number of months this rental unit was rented to this renter in 2009 _____
<b>3</b> Address of rental property (property must be in Wisconsin) _____		<b>c</b>	Total rent collected for this rental unit for 2009 . . . . . \$ _____
<b>4</b> Time you actually lived here in 2009 From (mo./day) ____ / ____ / 2009 To (mo./day) ____ / ____ / 2009		<b>d</b>	Number of occupants in this rental unit – do <b>not</b> count spouse or children under 18 . . . . . _____
<b>5</b> If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. → <input type="checkbox"/>		<b>e</b>	This renter's share of total 2009 rent . . . . . \$ _____
<b>Landlord</b>	Fill in lines 6 to 13 and sign.	<b>12</b>	Value of food and services provided by landlord (this renter's share) . . . . . \$ _____
<b>6</b> Name _____		<b>13a</b>	Rent paid for occupancy only – Subtract line 12 from line 11e . . . . . \$ _____
<b>7</b> Address _____		<b>b</b>	Was heat included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8</b> Telephone number _____		<b>c</b>	If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a: <input type="checkbox"/> Standard rate (\$100 per week). <input type="checkbox"/> Percentage formula (fill in percentage) _____ %. <input type="checkbox"/> Other method approved by Department of Revenue.
<b>9 a</b> Is the rental property (line 3) subject to property taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Sign here</b>	<i>I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.</i>
<b>b</b> If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. → <input type="checkbox"/>			_____ <i>Signature (by hand) of landlord or authorized representative</i> <span style="float:right">Date</span>
<b>10a</b> Is this rent certificate for rent of: A mobile or manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No A mobile or manufactured home site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2009. \$ _____			

**NEED HELP?** 608-266-8641 (Madison) or 414-227-4000 (Milwaukee)

**REMINDERS FOR RENTERS:**

- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
- Schedule H or H-EZ must be completed and filed with this rent certificate.

## Shared Living Expenses Schedule

**Step 1:** List name(s) of other occupants:

\_\_\_\_\_

\_\_\_\_\_

**Step 2:** List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a)	1b)
Food	2a)	2b)
Utilities	3a)	3b)
Other	4a)	4b)
<b>Total</b>	<b>5a)</b>	<b>5b)</b>

**Step 3:** Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

**1** Total rent paid (line 1a) . . . . . **1** \_\_\_\_\_

**2** Shared living expenses you paid (line 5b) . . . . . **2** \_\_\_\_\_

**3** Total shared living expenses (line 5a) . . . . . **3** \_\_\_\_\_

**4** Divide line 2 by line 3. Fill in decimal amount . . . . . **4**      x     

**5** Multiply line 1 by line 4. . . . . **5** \_\_\_\_\_

**6** Value of food and services provided by landlord (line 12 above) . . . . . **6** \_\_\_\_\_

**7** Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) . . **7** \_\_\_\_\_



# Rent Certificate

Wisconsin Department of Revenue

**NOTE:** Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.  
Need an additional rent certificate? Go to [www.revenue.wi.gov](http://www.revenue.wi.gov).

# 2009

<b>Renter (Claimant)</b>	Complete lines 1, 3, and 4. Have your landlord fill in lines 6 to 13 and sign, then complete line 2.	<b>11</b>	Fill in lines 11a to 11e based on the period of time this rental unit was occupied <b>by this renter</b> . Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
--------------------------	--	-----------	--

1 Name \_\_\_\_\_

2 Social security number ▶ \_\_\_\_\_

3 Address of rental property (property must be in Wisconsin)  
\_\_\_\_\_

4 Time you actually lived here in 2009  
From (mo./day) \_\_\_\_ / \_\_\_\_ / 2009 To (mo./day) \_\_\_\_ / \_\_\_\_ / 2009

5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. →

---

<b>Landlord</b>	Fill in lines 6 to 13 and sign.	<b>12</b>	Value of food and services provided by landlord (this renter's share) . . . . . \$ _____
-----------------	---------------------------------	-----------	--

6 Name \_\_\_\_\_

7 Address \_\_\_\_\_

8 Telephone number \_\_\_\_\_

9 a Is the rental property (line 3) subject to property taxes?  
 Yes  No

b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. →

10a Is this rent certificate for rent of:  
A mobile or manufactured home?  Yes  No  
A mobile or manufactured home site?  Yes  No

b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2009. \$ \_\_\_\_\_

**11a** Rent collected per month for this rental unit for 2009 . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**b** Number of months this rental unit was rented to this renter in 2009 \_\_\_\_\_

**c** Total rent collected for this rental unit for 2009 . . . . . \$ \_\_\_\_\_

**d** Number of occupants in this rental unit – do **not** count spouse or children under 18 . . . . . \_\_\_\_\_

**e** This renter's share of total 2009 rent . . . . . \$ \_\_\_\_\_

**13a** Rent paid for occupancy only – Subtract line 12 from line 11e . . . . . \$ \_\_\_\_\_

**b** Was heat included in the rent?  Yes  No

**c** If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:  
 Standard rate (\$100 per week).  
 Percentage formula (fill in percentage) \_\_\_\_\_ %.  
 Other method approved by Department of Revenue.

**Sign here** *I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.*

▶ \_\_\_\_\_  
*Signature (by hand) of landlord or authorized representative* *Date*

**NEED HELP?** 608-266-8641 (Madison) or 414-227-4000 (Milwaukee)

**REMINDERS FOR RENTERS:**

- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
- Schedule H or H-EZ must be completed and filed with this rent certificate.

## Shared Living Expenses Schedule

**Step 1:** List name(s) of other occupants:

\_\_\_\_\_

\_\_\_\_\_

**Step 2:** List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a)	1b)
Food	2a)	2b)
Utilities	3a)	3b)
Other	4a)	4b)
Total	5a)	5b)

**Step 3:** Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- Total rent paid (line 1a) . . . . . **1** \_\_\_\_\_
- Shared living expenses you paid (line 5b) . . . . . **2** \_\_\_\_\_
- Total shared living expenses (line 5a) . . . . . **3** \_\_\_\_\_
- Divide line 2 by line 3. Fill in decimal amount . . . . . **4**      x
- Multiply line 1 by line 4. . . . . **5** \_\_\_\_\_
- Value of food and services provided by landlord (line 12 above) . . . . . **6** \_\_\_\_\_
- Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) . . **7** \_\_\_\_\_

# Rent Certificate

Wisconsin Department of Revenue

**NOTE:** Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed. Need an additional rent certificate? Go to [www.revenue.wi.gov](http://www.revenue.wi.gov).

# 2009

**Renter (Claimant)** Complete lines 1, 3, and 4. Have your landlord fill in lines 6 to 13 and sign, then complete line 2.

1 Name \_\_\_\_\_

2 Social security number ▶ \_\_\_\_\_

3 Address of rental property (property must be in Wisconsin)  
 \_\_\_\_\_  
 \_\_\_\_\_

4 Time you actually lived here in 2009  
 From (mo./day) \_\_\_\_ / \_\_\_\_ / 2009 To (mo./day) \_\_\_\_ / \_\_\_\_ / 2009

5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. →

**Landlord** Fill in lines 6 to 13 and sign.

6 Name \_\_\_\_\_

7 Address \_\_\_\_\_

8 Telephone number \_\_\_\_\_

9 a Is the rental property (line 3) subject to property taxes?  
 Yes  No

b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. →

10a Is this rent certificate for rent of:  
 A mobile or manufactured home?  Yes  No  
 A mobile or manufactured home site?  Yes  No

b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2009. \$ \_\_\_\_\_

11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied by this renter. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.

a Rent collected per month for this rental unit for 2009 . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

b Number of months this rental unit was rented to this renter in 2009 \_\_\_\_\_

c Total rent collected for this rental unit for 2009 . . . . . \$ \_\_\_\_\_

d Number of occupants in this rental unit – do not count spouse or children under 18 . . . . . \_\_\_\_\_

e This renter's share of total 2009 rent . . . . . \$ \_\_\_\_\_

12 Value of food and services provided by landlord (this renter's share) . . . . . \$ \_\_\_\_\_

13a Rent paid for occupancy only – Subtract line 12 from line 11e . . . . . \$ \_\_\_\_\_

b Was heat included in the rent?  Yes  No

c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:  
 Standard rate (\$100 per week).  
 Percentage formula (fill in percentage) \_\_\_\_\_ %.  
 Other method approved by Department of Revenue.

**Sign here** I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

▶ \_\_\_\_\_  
 Signature (by hand) of landlord or authorized representative Date

**NEED HELP?** 608-266-8641 (Madison) or 414-227-4000 (Milwaukee)

- REMINDERS FOR RENTERS:**
- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
  - Schedule H or H-EZ must be completed and filed with this rent certificate.

## Shared Living Expenses Schedule

**Step 1:** List name(s) of other occupants:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Step 2:** List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a)	1b)
Food	2a)	2b)
Utilities	3a)	3b)
Other	4a)	4b)
Total	5a)	5b)

**Step 3:** Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- 1 Total rent paid (line 1a) . . . . . 1 \_\_\_\_\_
- 2 Shared living expenses you paid (line 5b) . . . . . 2 \_\_\_\_\_
- 3 Total shared living expenses (line 5a) . . . . . 3 \_\_\_\_\_
- 4 Divide line 2 by line 3. Fill in decimal amount . . . . . 4 **x** . \_\_\_\_\_
- 5 Multiply line 1 by line 4. . . . . 5 \_\_\_\_\_
- 6 Value of food and services provided by landlord (line 12 above) . . . . . 6 \_\_\_\_\_
- 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) . . 7 \_\_\_\_\_

## Homestead Credit Notes and Attachments Checklist

1. Check all boxes that apply.
2. Fill in appropriate spaces.
3. Enter required notes and explanations in #31 data field.
4. When copies of documents are required, attach them to the Form W-RA, Required Attachments for Electronic Filing, that must be submitted.

The Schedule H instruction booklet page number for the description is indicated in the page column.

	Description	Page
<input type="checkbox"/>	1 Former spouse must pay a tax liability owed to the Department of Revenue per attached divorce judgement . . . . .	5
<input type="checkbox"/>	2 Sources of income reported on Line 8b of Schedule H note is attached . . . . .	8
<input type="checkbox"/>	3 The distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs is "None" . . . . .	10
<input type="checkbox"/>	4 Car or truck expenses claimed using the standard mileage rate. <b>Fill in the number of miles</b> _____ . . . . .	10
<input type="checkbox"/>	5 Adjusted basis of car or truck reached zero using standard mileage rate . . . . .	10
<input type="checkbox"/>	6 Car or truck expenses claimed using the actual expense method . . . . .	10
<input type="checkbox"/>	7 The computation of gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue Code note is attached. . . . .	10
<input type="checkbox"/>	8 Claimant or spouse are age 65 or over and received no social security, SSI, or railroad retirement benefits . . . . .	11
<input type="checkbox"/>	9 All or part of a pension or annuity distribution includes a rollover or a tax-free exchange . . . . .	9
<input type="checkbox"/>	10 Nontaxable repaid amounts note is attached . . . . .	11
<input type="checkbox"/>	11 Very little or no household income note is attached . . . . .	11
<input type="checkbox"/>	12 Ownership of property document is attached . . . . .	12
<input type="checkbox"/>	13 Partial ownership interest was inherited with terms of the will requiring payment of all the property taxes. Copy of will is attached. . . . .	12
<input type="checkbox"/>	14 Personal property tax bill is for a mobile or manufactured home . . . . .	12
<input type="checkbox"/>	15 Two or more property tax bills. Drawing showing description, size, and location of each parcel is attached . . . . .	12
<input type="checkbox"/>	16 No lottery and gaming credit on property tax bill. <b>Fill in the amount claimed \$</b> _____ . . . . .	12
<input type="checkbox"/>	17 No lottery and gaming credit on property tax bill. Lottery and gaming credit not claimed by homeowner. . . . .	12
<input type="checkbox"/>	18 Landlord will not sign rent certificate. Rent verification is attached . . . . .	13
<input type="checkbox"/>	19 Claimant moved during the year. Note of the address of each dwelling and the dates lived there is attached . . . . .	13
<input type="checkbox"/>	20 Less than 12 month's property taxes and/or rent are claimed. Note of where claimant lived for the balance of the year is attached . . . . .	13
<input type="checkbox"/>	21 When more than one acre of land is rented, note from landlord indicating the amount of rent for home and one acre of land is attached . . . . .	14
<input type="checkbox"/>	22 Moved to tax-exempt housing. Claiming property taxes for up to 12 months after the move note is attached. . . . .	14
<input type="checkbox"/>	23 <b>Married but separated all year:</b> Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income . . . . .	15
<input type="checkbox"/>	24 <b>Married but separated all year:</b> Claimant and spouse did not reside together at all during the year and one or both spouses notified the other spouse of marital property income. Required information is attached . . . . .	15
<input type="checkbox"/>	25 <b>Married but separated part of year:</b> Required information is attached. . . . .	15
<input type="checkbox"/>	26 <b>Marriage took place during year:</b> Required information is attached. . . . .	16
<input type="checkbox"/>	27 <b>Divorce took place during year:</b> Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income . . . . .	16
<input type="checkbox"/>	28 <b>Divorce took place during year:</b> Claimant and spouse did reside together for part of the year and/or one or both spouses notified the other spouse of marital property income. Required information is attached. . . . .	16
<input type="checkbox"/>	29 <b>Spouse died during year:</b> Date of death - ____ / ____ / 2009 . . . . .	16
<input type="checkbox"/>	30 Claimant resided in property address shown on tax bill but used a different mailing address on tax return. . . . .	-
<input type="checkbox"/>	31 Required notes and explanations in following data fields . . . . .	-

---



---



---



---