



240104PT19999



## 2024 Colorado Property Tax/Rent/Heat Rebate Application

- Mark here if this application is being filed to correct a previously filed 2024 PTC application.

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### Taxpayer Information

- Last Name (yourself) • First Name • Middle Initial

- Date of Birth (MM/DD/YYYY) • SSN or ITIN

Deceased: Yes

- Colorado Driver License/ID Number • Expiration Date (MM/DD/YYYY) • Alternate ID (issued by the Department of Revenue)

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### Spouse's Information

- Last Name (spouse, if married) • First Name • Middle Initial

- Date of Birth (MM/DD/YYYY) • SSN or ITIN

Deceased: Yes

- Spouse's Driver License/ID Number • Expiration Date (MM/DD/YYYY) • Alternate ID (issued by the Department of Revenue)

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### Mailing Address

Physical Street Address Phone Number

City State ZIP Code

Mailing Address (if different from physical address) Email Address

City State ZIP Code

If you did not live at the address listed above for all of 2024, you must include a list of addresses at which you lived during 2024 and the dates you lived at each location.





Last Name (yourself) (match page 1)

First Name (match page 1)

Middle Initial

SSN or ITIN (match page 1)

Alternate ID (issued by the Department of Revenue)

Check the first box that applies to you or your spouse/partner. If none apply, do not fill out this form because you do not qualify for this rebate.

- **A.** Age 65 or older on December 31, 2024.
- **B.** A widow or widower at least 58 years of age on December 31, 2024.
- **C.** Totally disabled for all of 2024 and received payment of full benefits from Social Security, SSI or the Department of Human Services based solely on such disability.
- **D.** Totally disabled for all of 2024 and received payment of full benefits from a bona fide public or private plan or source based solely on such disability. You **must** include proof of disability (see instruction book for examples of proof).

List in the boxes below the **total** amount(s) received January through December 2024. If joint, add together the income for both parties before listing the total. **Do Not** enter your monthly amounts.

1. Enter the number of months (1-12) you received Medicare during 2024. If your Medicare premiums were paid by Medicaid, enter 0..... ● 1
2. Social Security, SSI and/or A.N.D. benefits..... ● 2
3. Colorado Old Age Pension..... ● 3
4. Private or VA pension payments received..... ● 4
5. Wages, salaries and tips..... ● 5
6. Interest and dividends..... ● 6
7. Other income..... ● 7

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Explain Other Income







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Last Name (yourself) (match page 1)

First Name (match page 1)

Middle Initial

SSN or ITIN (match page 1)

Alternate ID (issued by the Department of Revenue)

I declare under penalty of perjury in the second degree that to the best of my knowledge and belief the information herein is true, correct and complete. Furthermore, I authorize the Department of Revenue to contact the appropriate agencies to verify any information provided on this form and the agencies are hereby authorized to release such information to the Department of Revenue.

Your Signature

Date (MM/DD/YY)

Spouse/Partner Signature

Date (MM/DD/YY)

Prepared by

**Mail to:** Colorado Department of Revenue, Denver, CO 80261-0005

