



250104PT19999

(1063)

## 2025 Colorado Property Tax/Rent/Heat Rebate Application

- Mark here if this application is being filed to correct a previously filed 2025 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 2025, you must include a list of addresses at which you lived during 2025 and the dates you lived at each location.



250104PT29999



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)

**If you are a disabled individual under the age of 65, you can no longer claim the Property Tax/Rent/Heat Rebate by filing this form. However, you may be able to claim the new Disability Assistance credit by filing form DR 0104 or form DR 0104EZ.**

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, 2025.
- **B.** A widow or widower at least 58 years of age on December 31, 2025.

List in the boxes below the **total** amount(s) received January through December 2025. 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 2025. 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)

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**Enter your property tax, rent and heat expenses.**

8. If you paid 2024 property tax in 2025, enter amount here..... • 8

00

9. If you paid rent, enter the total for the year here..... • 9

00

10. If you paid heat or fuel expenses, enter the total for the year here..... • 10

00

• 11. Are your meals included in your rent payments?.....

No Yes or Only part of the year, enter amount • 11

00

• 12. Was your heat included in your rent payments?.....

No Yes or Only part of the year, enter amount • 12

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**13. State Sales Tax Refund**

If you qualify, your state sales tax refund will be \$19 if you are single, or \$38 if you file jointly.

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**Direct Deposit**

Routing Number

Type: Checking Savings

Account Number



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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)

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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

