

Departmental Use Only

Form 104 PTC (10/10/14)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005
www.TaxColorado.com

SINGLE - 12,720
JOINT - 17,146



(1063)
2014

Colorado
Property Tax/Rent/Heat
Rebate Application

FYI GENERAL 7

Mark here if this application is being filed to correct a previously filed 2014 PTC application.

Last Name	First Name	M.I.	Deceased	Date of Birth	SSN
Yourself			<input type="checkbox"/> Yes	MM/DD/YYYY	
Spouse, if married			<input type="checkbox"/> Yes	MM/DD/YYYY	
Physical address (Must match the address on record for your driver's license/ID card)					Phone number ()
City	State	ZIP	Colorado driver's license/ID number	Expiration Date (MM/DD/YY)	
			• T/P	T/P	
Mailing Address (if different from physical address)			Your email address		
			T/P		
City	State	ZIP	Spouse's driver's license/ID number	Expiration Date (MM/DD/YY)	
			• T/P	T/P	
If you did not live at the address listed above for all of 2014, you must attach a list of addresses at which you lived during 2014 and the dates you lived at each location.					
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.					
<p>A • <input type="checkbox"/> Age 65 or older on December 31, 2014.</p> <p>B • <input type="checkbox"/> A widow or widower at least 58 years of age on December 31, 2014.</p> <p>C • <input type="checkbox"/> Totally disabled for all of 2014 and received payment of full benefits from Social Security, SSI or the Department of Human Services based solely on such disability.</p> <p>D • <input type="checkbox"/> Totally disabled for all of 2014 and received payment of full benefits from a bona fide public or private plan or source based solely on such disability. You MUST attach proof of disability (see page 3).</p>					
List in the boxes below the TOTAL amount(s) received January through December 2014. 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 2014. If your Medicare premiums were paid by Medicaid, enter 0.			• 1	T/P	
2. Social Security, SSI and/or A.N.D. benefits			• 2	TWO	00
3. Colorado Old Age Pension			• 3	TWO	00
4. Private or VA pension payments received			• 4	TWO	00
5. Wages, salaries and tips			• 5	TWO	00
6. Interest and dividends			• 6	TWO	00
7. Other income, Explain			• 7	TWO	00