Iowa Department of REVENUE

Statement of Rent Paid

https://tax.iowa.gov

Complete this form if you lived in more than one location. Use as many sheets as necessary. Submit a copy along with your Iowa Rent Reimbursement claim and proof of rent paid for each location.

Your last name, first name: _____

Your Social Security Number: ☐☐☐☐☐☐☐☐☐

Rental Address. (The location where you lived must be subject to property tax. You are not eligible for rent reimbursement if the location or nursing home was not subject to property tax.)

Dates you rented (MMDDYY)**:** from ☐☐☐☐☐☐ to ☐☐☐☐☐☐

Total Iowa rent you paid at this location ..... ☐☐,☐☐☐.00

Street (PO Box not allowed): _____

City: _____ State: _____ ZIP: _____

Landlord or Nursing Home:

Name: _____ Phone Number: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Dates you rented (MMDDYY)**:** from ☐☐☐☐☐☐ to ☐☐☐☐☐☐

Total Iowa rent you paid at this location ..... ☐☐,☐☐☐.00

Street (PO Box not allowed): _____

City: _____ State: _____ ZIP: _____

Landlord or Nursing Home:

Name: _____ Phone Number: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Dates you rented (MMDDYY)**:** from ☐☐☐☐☐☐ to ☐☐☐☐☐☐

Total Iowa rent you paid at this location ..... ☐☐,☐☐☐.00

Street (PO Box not allowed): _____

City: _____ State: _____ ZIP: _____

Landlord or Nursing Home:

Name: _____ Phone Number: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

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