

Return The Completed Form to the Tax Assessor or Tax Collector

Name: _____

Address: _____

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen's tax deduction with respect to premises located at _____
Municipality _____ Block _____ Lot: _____

Income for the Calendar Year
(including spouses income) _____

1. Pension or Retirement (private): _____

2. Salaries or Wages: _____

3. Interest and Dividends: _____

4. Net Rents or Royalties: _____

5. Capital Gains: _____

6. Other Income: _____

7. Social Security Benefits

Husband: _____

Wife: _____

8. State or Federal Pension, Disability Benefits

Husband: _____

Wife: _____

9. Railroad Retirement Pension

Husband: _____

Wife: _____

Annual Gross Income (sumo items 1 to 9 inclusive) _____

Applicant's signature

Applicant's spouse's signature

To Applicant: The above income detail is to enable the Assessor or the Collector to determine which items of income may be excluded under the law and to determine whether you meet the income requirements of the law. Failure to complete this form may result in loss of your Senior Citizen's Tax Deduction.