

RETURN THE COMPLETED FORM TO THE ASSESSOR OR COLLECTOR

SUPPLEMENTAL INCOME STATEMENT FOR USE BY ASSESSOR OR COLLECTOR IN DETERMINING ELIGIBILITY FOR SENIOR CITIZEN'S, DISABLED, OR SURVIVING SPOUSE.

Re: _____
(applicant's name) (applicant's address)

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen's, disabled, or surviving spouse tax deduction with respect to premises located at: _____

INCOME FOR THE CALENDAR YEAR _____
(Including Spouse's Income)

1. Pension or Retirement (Private) \$ _____
2. Salaries or Wage \$ _____
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
(sum of items 1 to 9 inclusive) \$ _____

(Note: The appropriate official will determine which of the above items are to be excluded.)

(applicant's signature & Social Security number)

(signature & Social Security number of applicant's spouse)

PHONE NO. _____

To Applicant: The above income detail is to enable the assessor or 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 tax deduction.

State of New Jersey
Division of Taxation
Form re-created by Township of Washington 08/2005