

**SUPPLEMENTAL INCOME STATEMENT
FOR USE BY ASSESSOR OR COLLECTOR**
In Determining Eligibility for Senior Citizen's Deduction/Disability

Return Completed Form to the Assessor or Collector

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 tax deduction with respect to premises located at: _____

_____ Lot No. _____ Block No. _____
(municipality)

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

Signature of Applicant's Spouse

To Applicant: The above income detail is to enable the assessor/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/disability deduction.