

FOR USE BY ASSESSOR OR COLLECTOR
In Determining Eligibility for Senior Citizen's Deduction

Return the 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 tax deduction with respect to premises located at _____

_____ Block No. _____ Lot No. _____
(Municipality)

INCOME FOR THE CALENDAR YEAR 19____
(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)

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 senior citizen's tax deduction.

(Applicant's Signature)

(Signature of Applicant's Spouse)