

**\$250 REAL PROPERTY TAX DEDUCTION SUPPLEMENTAL INCOME FORM**

(N.J.S.A. 54:4-8.40 et seq.; N.J.A.C. 18:14-1.1 et seq.)

THE BELOW INCOME DETAIL IS TO ENABLE THE COLLECTOR/ASSESSOR TO DETERMINE WHICH ITEMS MAY BE EXCLUDED UNDER THE LAW AND TO DETERMINE WHETHER YOU MEET THE INCOME REQUIREMENTS OF THE LAW. THE ASSESSOR OR COLLECTOR MAY REQUEST THAT THIS INCOME STATEMENT BE SUBSTANTIATED BY FEDERAL INCOME TAX RECORDS. FAILURE TO COMPLY MY RESULT IN LOSS OF YOUR SENIOR CITIZEN, DISABLED PERSON, SURVIVING SPOUSE, SURVIVING CIVIL UNION PARTNER PROPERTY TAX DEDUCTION.

**Applicant's Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Previous Address** \_\_\_\_\_

The undersigned submits the following statement of income to aid in the determination of eligibility for a Senior Citizen, Disabled Person, Surviving Spouse, or Surviving Civil Union Partner property tax deduction with respect to premises located at:

**County/Municipality** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Qualifier** \_\_\_\_\_

**INCOME FOR THE CALENDER YEAR** \_\_\_\_\_

**Note: If married or in a civil union partnership, you must include spouse's/partner's income**  
**The tax assessor/collector will determine which of the below items will be EXCLUDED.**

	<u>Applicant</u>	<u>Spouse/CU Partner</u>
1. Pension or Retirement (Private)	\$ _____ /Yr	\$ _____ /Yr
2. Salaries/Wages/Tips/Bonuses/Commissions	\$ _____ /Yr	\$ _____ /Yr
3. Interest	\$ _____ /Yr	\$ _____ /Yr
4. Dividends (Ordinary and Qualified)	\$ _____ /Yr	\$ _____ /Yr
5. IRA Distributions	\$ _____ /Yr	\$ _____ /Yr
6. Capital Gains	\$ _____ /Yr	\$ _____ /Yr
7. Business Income	\$ _____ /Yr	\$ _____ /Yr
8. Income from Rents/Royalties	\$ _____ /Yr	\$ _____ /Yr
9. Unemployment	\$ _____ /Yr	\$ _____ /Yr
10. Alimony	\$ _____ /Yr	\$ _____ /Yr
11. Other Income	\$ _____ /Yr	\$ _____ /Yr
12. Social Security Benefits	\$ _____ /Yr	\$ _____ /Yr
13. Federal Pension/Railroad Pension	\$ _____ /Yr	\$ _____ /Yr
14. State, County, Municipal Pension	\$ _____ /Yr	\$ _____ /Yr
15. Disability Benefits	\$ _____ /Yr	\$ _____ /Yr

**Total Yearly Income** (sum of items 1-15) \$ \_\_\_\_\_

<b>For Assessor/Collector Use Only</b>	
Excludable Income \$ _____	Total Income after exclusion \$ _____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

\_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 (Spouse's/CU Partner's Signature)