

**SUPPLEMENTAL INCOME STATEMENT FOR USE BY TAX COLLECTOR  
IN DETERMINING ELIGIBILITY FOR DEDUCTION**

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_

The undersigned submits the following statement of income to aid in the determination of eligibility for a deduction with respect to premises located at \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_

**INCOME FOR CALENDAR YEAR 20\_\_\_\_\_**  
**(Including Spouse's Income)**

- |   |                 |
|---|-----------------|
| 1) Pension or Retirement (Private)                    | \$ _____        |
| 2) Salaries and/or Wages                              | _____           |
| 3) Interest and Dividends                             | _____           |
| 4) Net Rents & Royalties                              | _____           |
| 5) Capital Gains                                      | _____           |
| 6) Other Income                                       | _____           |
| 7) Social Security Benefits:                          |                 |
| Husband   | _____           |
| Wife  | _____           |
| 8) State or Federal Pensions, Disability Benefits:    |                 |
| Husband   | _____           |
| Wife  | _____           |
| 9) Railroad Retirement Pension                        |                 |
| Husband   | _____           |
| Wife  | _____           |
| <b>ANNUAL GROSS INCOME (sum of items 1 through 9)</b> | <b>\$ _____</b> |

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

Applicant: The above income detail is to enable the appropriate official 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 the loss or denial of your tax deduction.