

**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 _____
- ANNUAL GROSS INCOME (sum of items 1 through 9) \$ _____

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.