

**SUPPLEMENTAL INCOME STATEMENT FOR USE BY TAX COLLECTOR/
TAX ASSESSOR 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 _____, Qual _____

**INCOME FOR THE CALENDAR YEAR 20 _____
(Including spouse's income)**

- | | | |
|----|----------------------------------------------------|-----------------|
| 1. | Pension or retirement (Private) | \$ _____ |
| 2. | Salaries and/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 of Federal Pension, Disability Benefits: | |
| | Husband _____ | |
| | Wife _____ | _____ |
| 9. | Railroad Retirement Pension: | |
| | Husband _____ | |
| | Wife _____ | _____ |
| | ANNUAL GROSS INCOME (sum of item 1-9 incl.) | \$ _____ |

Note: The appropriate officials 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 officials 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.