## \$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 MAY BE EXCLUDED UNDER THE LAW AND REQUIREMENTS OF THE LAW. THE ASSESSOR STATEMENT BE SUBSTANTIATED BY FEDERAL INC IN LOSS OF YOUR SENIOR CITIZEN, DISABLED PARTNER PROPERTY TAX DEDUCTION.	TO DETERMINE WHETH OR COLLECTOR MAY H COME TAX RECORDS. FAIL	ER YOU MEET THE INCOME REQUEST THAT THIS INCOME LURE TO COMPLY MAY RESULT
Re:		
(Applicant's name)	(Address)	
The undersigned submits the following statemer citizen, disabled person, surviving spouse, or surviving c located at:	nt of income to aid in the dete ivil union partner property tax	ermination of eligibility for a senior deduction with respect to premises
Block	Lot	Qualifier
INCOME FOR THE CA	LENDAR YEAR	
*NOTE: <u>If married, you must include spouse's in</u> <u>The tax assessor/collector will determine</u>	ncome e which of the below items	s will be EXCLUDED.
	Applicant	Spouse
1. Pension, Annuity, Retirement (PRIVATE)	\$	\$
2. Salary/Wages/Tips/Bonuses/Commissions		Ψ
3. Interest		
4. Dividends (Ordinary and Qualified)		
5. IRA Distributions		
6. Capital Gains		
7. Business Income		
8. Income from Rents/Royalties		
9. Unemployment		
10. Alimony		
11. Other income		
12. Social Security Benefits		
13. Federal Pension/Railroad Pension		
14. State, County, Municipal Pension		
15. Disability Benefits		
Total Yearly Income (sum of items 1-15)	\$	
For Assess	or/Collector Use Only	
Excludable income \$	Total income after exc	lusion \$

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.