PTD-SI
(Nov. 2011)

$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 MAY RESULT IN LOSS OF YOUR SENIOR CITIZEN, DISABLED PERSON, SURVIVING SPOUSE, SURVIVING CIVIL UNION PARTNER PROPERTY TAX DEDUCTION.

Re: _____ _____
(Applicant's name) (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:

_____ Block _____ Lot _____ Qualifier _____
(County/Municipality)

INCOME FOR THE CALENDAR YEAR_____

***NOTE: <u>If married, you must include spouse's income</u>**
<u>The tax assessor/collector will determine which of the below items will be EXCLUDED</u>.

	Applicant	Spouse
1. Pension, Annuity, Retirement (PRIVATE)	$_____	$_____
2. Salary/Wages/ Tips/Bonuses/Commissions	_____	_____
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)	$_____	

<u>For Assessor/Collector Use Only</u>

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 signature)**