

Return the Completed form to the Collector

Supplemental Income Statement for use by Collector in determining Eligibility for Senior Citizen's Deduction

Re: \_\_\_\_\_  
(applicant's name) (applicant's address)

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen's tax deduction with respect to premises located at:

\_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

INCOME FOR THE CALENDAR YEAR \_\_\_\_\_

- 1.) Pension or Retirement (Private) \$ \_\_\_\_\_
  - 2.) Salaries 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 or Federal Pension, Disability Benefits:
    - Husband \_\_\_\_\_
    - Wife \_\_\_\_\_ \$ \_\_\_\_\_
  - 9.) Railroad Retirement Pension:
    - Husband \_\_\_\_\_
    - Wife \_\_\_\_\_ \$ \_\_\_\_\_
- Annual Gross Income  
(sum of items 1 to 9 inclusive) \$ \_\_\_\_\_

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

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(signature of applicant's spouse)

Date: \_\_\_\_\_