

RETURN THE COMPLETED FORM TO THE ASSESSOR PAMELA STEELE  
SUPPLEMENTAL INCOME STATEMENT FOR USE BY THE ASSESSOR IN DETERMINING ELIGIBILITY FOR SENIOR  
CITIZEN/TOTALLY DISABLED/SURVIVING SPOUSE

RE: \_\_\_\_\_  
(Applicant's Name) (Applicant's Address)

Age of Claimant: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_

The undersigned submits the following statement of income to aid in the determination of eligibility for a Senior Citizen/Totally Disabled/ Surviving Spouse Tax Deduction with respect to premises located at:

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

INCOME FOR THE CALENDAR YEAR 20\_\_\_\_  
(Including Spouse's Income)

1. Pension or Retirement (Private) \$ \_\_\_\_\_
2. Salaries or Wages \_\_\_\_\_
3. Interest and Dividends \_\_\_\_\_
4. Rents and Royalties \_\_\_\_\_
5. Social Security Benefits:  
Husband: \_\_\_\_\_ Month  
Wife: \_\_\_\_\_ Month
6. State or Federal Pension, Disability Benefits:  
Husband: \_\_\_\_\_ Month  
Wife: \_\_\_\_\_ Month
7. Railroad Retirement Pension:  
Husband: \_\_\_\_\_ Month  
Wife: \_\_\_\_\_ Month
8. Other Income \_\_\_\_\_

ANNUAL GROSS INCOME \$ \_\_\_\_\_  
(Sum of Items 1 to 8 incl.)

NOTE: The Assessor will determine which of the above items are to be excluded.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Signature of Applicant's Spouse)

TO APPLICANT: The above income detail is to enable the Assessor 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 loss of your Tax Deduction.

STATE OF NEW JERSEY, DIVISION OF TAXATION  
Local Property & Public Utility Branch 2/75

PLEASE SIGN AND RETURN BOTH FORMS