

(N.J.S.S. 54:4-8.40)

**SUPPLEMENTAL INCOME STATEMENT  
FOR USE BY THE ASSESSOR IN DETERMINING ELIGIBILITY FOR TAX DEDUCTION**

I \_\_\_\_\_ submit the following statement income to aid in the determination of eligibility for the tax deduction with respect to property located at: \_\_\_\_\_ in the municipality of \_\_\_\_\_ County of \_\_\_\_\_ and further described at Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

	<b>INCOME FOR THE CALENDAR YEAR _____</b>	
	<b>APPLICANT</b>	<b>SPOUSE</b>
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	\$ _____	\$ _____
8. State or Federal Pension	\$ _____	\$ _____
9. Railroad Retirement Pension	\$ _____	\$ _____
10. State or Federal Disability Benefits	\$ _____	\$ _____
TOTAL YEARLY INCOME (Assessors Use Only)	\$ _____	\$ _____
(Total of lines 1 to 10)	TOTAL COMBINED INCOME	\$ _____

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

- (A) Spouse - Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (D) Previous Address: \_\_\_\_\_  
 Check one of the following: Street: \_\_\_\_\_  
 (B) Spouse collecting Social Security in own right \_\_\_\_\_ City: \_\_\_\_\_  
 (C) Spouse collecting Social Security through applicant \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 (E) Date moved to present address \_\_\_\_\_

**TO THE APPLICANT:**

The above income is to enable the Assessor to determine which items of income may be excluded under the law and to determine whether you meet income requirements.

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief and fully understand that such declarations will be considered as if made under oath, and, as to a false declaration, shall be subject to the penalties as provided by law.

_____ / _____ Date	_____ / _____ Applicant's Signature	_____ / _____ Spouse's Signature												
<table border="0"> <thead> <tr><th colspan="2">DEDUCTIBLE INCOME</th></tr> <tr><th>Applicant</th><th>Spouse</th></tr> </thead> <tbody> <tr><td>Line ( ) _____ / _____</td><td></td></tr> <tr><td>Line ( ) _____ / _____</td><td></td></tr> <tr><td>Line ( ) _____ / _____</td><td></td></tr> <tr><td>Total _____</td><td></td></tr> </tbody> </table>		DEDUCTIBLE INCOME		Applicant	Spouse	Line ( ) _____ / _____		Line ( ) _____ / _____		Line ( ) _____ / _____		Total _____		<p>(RESERVED FOR OFFICIAL USE)</p> <p>Total deductible income \$ _____  to be excluded from the Gross Income Results  in the sum of \$ _____</p> <p>Applicant qualifies <input type="checkbox"/> Does not qualify <input type="checkbox"/></p>
DEDUCTIBLE INCOME														
Applicant	Spouse													
Line ( ) _____ / _____														
Line ( ) _____ / _____														
Line ( ) _____ / _____														
Total _____														

\_\_\_\_\_  
Tax Assessor