SUPPLEMENTAL INCOME STATEMENT

FOR USE BY COLLECTOR OR ASSESSOR IN DETERMINING ELIGIBILITY FOR
SENIOR CITIZEN, DISABLED CITIZEN OR SURVIVING SPOUSE DEDUCTION
(Return completed form to the Collector or Assessor)

_____ (Applicant's name)

_____ (Applicant's mailing address)

The undersigned submits the following Statement of Income to aid in the determination of eligibility for a tax deduction with respect to the premises located at:

_____ (Property address)

_____ (Municipality)

BLOCK: _____ LOT: _____

DEED DATE: _____

ANNUAL INCOME FOR THE CALENDAR YEAR: _____

(Include Spouse's Income)

1.	Pension or Retirement (private)	$
2.	Salaries or Wages	$
3.	Interest and Dividends (Include tax free bonds)	$
4.	Net Rents or Royalties	$
5.	Capital Gains	$
6.	Other Income (specify)	$
7.	Social Security Benefits: Husband: _____ Wife: _____	$
8.	State or Federal Pension, Disability Benefits: Husband: _____ Wife: _____	$
9.	Railroad Retirement Pension: Husband: _____ Wife: _____	$
10.	**TOTAL ANNUAL GROSS INCOME:** (total of lines 1 to 9 inclusive)	$

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

(OFFICE USE ONLY) **ELIGIBLE INCOME**: (Less $_____)	$

Applicant's
Telephone #_____

_____ (Signature of Applicant)

_____ (Signature of Applicant's Spouse)

TO APPLICANT: The above income detail is to enable the Collector or 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. All information will remain confidential.

FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE DISALLOWANCE OF YOUR TAX DEDUCTION.

State of New Jersey, Division of Taxation
Local Property & Public Utility Branch
Evt 1/98