

FOR USE BY ASSESSOR OR COLLECTOR
In Determining Eligibility for Senior Citizens Deduction

RETURN TO TAX COLLECTOR ON OR BEFORE MARCH 1ST OF POST-TAX YEAR

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 _____

East Brunswick / _____ / _____
(Municipality) (Block) (Lot)

Age at Retirement _____

Income for the calendar year **1999**
(Including Spouse's Income)

- 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)

To applicant: The above income detail is to enable the assessor or collector 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 senior citizens tax deduction.

(Applicant's Signature)

(Signature of Applicants Spouse)