

STATEMENT OF INCOME

Your entire 2017 FEDERAL and STATE Income Tax Returns (with schedules) MUST be attached to this application.

If you were not required to file an Income Tax Return, verification of all taxable and non-taxable income must be submitted. You may be required to submit an IRS printout of all Income Statements.

IMPORTANT - YOU MUST PROVIDE AND ATTACH FINANCIAL DOCUMENTATION FOR ANY AMOUNTS ENTERED IN THIS SECTION WITH THE APPLICATION.

SOURCES OF 2017 INCOME FROM ALL OWNERS & OWNER'S SPOUSE	AMOUNT
Gross Social Security <i>(Complete copy of SSA-1099)</i>	
VA Disability Pension(s) or Surviving Spouse Disability Pension <i>(Amount listed in Award Letter)</i>	
Salary or Wages <i>(W-2's including Self-Employment)</i>	
IRA Earnings <i>(Interest/ Dividends earned) DO NOT include the amount of your distribution.</i>	
Capital Gains <i>(Include tax-deferred distribution statements from financial institutions)</i>	
Pensions, Annuities & Retirement Plans <i>(1099-R statements and include taxable & non-taxable pensions)</i>	
Taxable & Non-Taxable Interest/Dividends <i>(All 1099-INT, 1099-DIV and Year-End Statements)</i>	
Disability/Worker's Compensation/Unemployment	
Income from Estates or Trusts <i>(Estate or Trust's Income Tax Return)</i>	
Business Income <i>(Schedule C, S-Corporation Tax Return with K-1 or Partnership Tax Return)</i>	
Rental Income <i>(Received from all properties)</i>	
Other Sources of Income <i>(Alimony, Child Support or money from others living in the house toward expenses)</i>	
TOTAL OF ALL INCOME	\$

Nassau County currently allows a deduction for **UN-REIMBURSED** medical and prescription drug expenses.

*** ALL SUPPORTING DOCUMENTS, AS LISTED BELOW, MUST BE ATTACHED OR THE AMOUNTS ENTERED BELOW WILL NOT BE DEDUCTED. ***

*** CANCELLED CHECKS WILL NOT BE ACCEPTED AS PROOF OF UN-REIMBURSED EXPENSES. ***

PLEASE CHECK BOX AND ATTACH COPIES OF ANY PAYMENTS MADE IN 2017	AMOUNT
<input type="checkbox"/> Printout from the Doctor's/Dentist's office of ALL Payments and Co-Payments	
<input type="checkbox"/> Statement of Medicare Premium or Receipt for payment of Private Health Insurance Premiums	
<input type="checkbox"/> Printout of payments from the Pharmacy and/or Out-of-Pocket Eye/Eyeglass Expenses	
<input type="checkbox"/> Letter from Health Care Facility stating date of admission, discharge and un-reimbursed expenses for owner's care	
TOTAL UN-REIMBURSED EXPENSES	\$

FOR ASSESSOR'S USE ONLY

- Ownership received
- Age received
- Residency received
- Income received

Gross Income	
Un-Reimbursed Medical Deduction	-
VA Disability Deduction	-
PARTIAL TAX EXEMPTION NET INCOME	\$

DATE: _____ APPROVED DENIED

Assessor's Signature/Stamp: _____

COMMENTS:

Para asistencia en Español llame al (516) 571-2020

NASSAU COUNTY DEPARTMENT OF ASSESSMENT