

FOR ASSESSOR'S USE ONLY

Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Senior Additional <input type="checkbox"/> Yes <input type="checkbox"/> No	RP-425-IVP <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Assessor's Signature:		Date:	
<u>Comments:</u> 			

When your primary residence or Deed/Certificate of Shares to the property changes, you must notify the Assessor in writing, *within 60 days of the date of transfer*, to remove any exemption(s) on a previous residence prior to filing the new application.

THE ENHANCED STAR EXEMPTION IS NOT TRANSFERABLE.

APPLICATION INSTRUCTIONS

1. Fill out the application completely.
2. While the NYS Department of Taxation and Finance will automatically verify your 2021 household income as mandated by the 2021 Mandatory Income Verification Program (IVP), please provide a copy of your 2021 Federal and State Income Tax Returns (Personal and Business) and include all schedules and 1099s and W-2s.
3. Submit this **SIGNED** application and attach **PHOTOCOPIES** of the documentation listed below to the Department of Assessment on or before the taxable status date of **January 2, 2023**. **Please DO NOT SEND ORIGINAL documents.**
 - **PROOF OF AGE** (*Birth Certificate; Baptismal Certificate; NYS Driver's License; Military ID or Passport*)
 - **COPY OF THE ENTIRE TRUST** (*If your property is in a Trust, all beneficiaries must qualify for the exemption*)
 - **COPY OF THE DEATH CERTIFICATE** (*If one of the owners on the Deed is deceased*)
 - **COPY OF DIVORCE OR LEGAL SEPARATION PAPERS** (*If the property is in both names*)
 - **COPY OF THE PROBATED WILL** (*If the sole owner on the Deed/Certificate of Shares is deceased*)
 - **LETTER FROM HEALTH CARE FACILITY** (*If owner(s) are residing in a health care facility*)
 - **POWER OF ATTORNEY** (*If you are signing as an attorney-in-fact*)

The definition of income is based on your **Federal Adjusted Gross Income (AGI) less any taxable IRA distribution**. Use the worksheet column below that corresponds to your tax return. Enter the total **STAR** income on the front of the application.

2021 Tax Form	Federal Adjusted Gross Income	Taxable IRA Distribution	STAR Income Worksheet
IRS Form 1040	Line 11	Line 4b	Adjusted Gross Income: _____ minus (-) Taxable IRA distribution: _____
NYS Form IT-201	Line 19	Line 9	STAR INCOME TOTAL =

NOTE: Homeowners may receive a greater benefit from NYS, if they elect to switch from an exemption to a STAR credit/check. The value of the STAR credit savings may grow by as much as two percent from year to year, but the value of the STAR exemption savings being applied for via this application will no longer increase. You can REGISTER WITH NEW YORK STATE for the Personal Income Tax Credit /Check Program by telephone at (518) 457-2036 or on-line at: <https://www8.tax.ny.gov/STRP/strpStart>

The eligibility criteria are the same for both the STAR Credit/Check and the STAR Property Tax Exemption. You cannot receive both the credit and the exemption.

Para asistencia en Español llame al (516) 571-2020
NASSAU COUNTY DEPARTMENT OF ASSESSMENT
 220 Old Country Road, 4th Floor, Mineola, New York 11501 - (516) 571-1500