

FOR USE BY ASSESSOR OR COLLECTOR  
In Determining Eligibility for Senior Citizen's Deduction

Return the completed form to the Assessor or Collector  
For the Town of Hackettstown

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:

Town of Hackettstown Block: \_\_\_\_\_, Lot: \_\_\_\_\_

INCOME FOR THE CALENDAR YEAR 20\_\_\_\_  
(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)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of Applicant's Spouse

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 citizen's tax deduction.