

## Income Worksheet for RP-467 or RP-467-Rnw Application

Income Year: 2022

Tax Map Number \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Signature \_\_\_\_\_

Property Address: \_\_\_\_\_

*Enter all required income amounts below as reported on your filed Income Tax return (round to the nearest whole dollar). Attach all 1099 statements.*

Summary of Income from all Owners	Combined Income
1. Federal Adjusted Gross Income (FAGI) ( Form 1040 Line 11 )	
MINUS	
2. Taxable IRA Distributions ( Form 1040 Line 4b )	( - )
3. Taxable Social Security ( Form 1040 Line 6b )	( - )
PLUS	
4. Tax-exempt Interest and Dividends ( Form 1040 Line 2a )	+
5. Total Social Security (prior to Medicare payments) ( Form 1040 Line 6a )	+
PLUS (Note: Aggregate amount of all losses can't exceed \$15,000)	
6. Schedule 1 – Net loss exceeding maximum allowable of \$3,000 ( 1040 Line 8 )	+
<b>OR</b>	
7. Schedule C – Net loss exceeding maximum allowable of \$3,000 ( Sch 1 Line 3 )	+
8. Schedule D – Net loss exceeding maximum allowable of \$3,000 ( 1040 Line 7 )	+
9. Schedule E – Net loss exceeding maximum allowable of \$3,000 ( Sch 1 Line 5 )	+
10. Schedule F – Net loss exceeding maximum allowable of \$3,000 ( Sch 1 Line 6 )	+
11. Any other separate category net loss exceeding maximum allowed of \$3,000	+
MINUS	
12. Residential Health Care Facility (Nursing Home) out-of-pocket payments for inpatient care	( - )
Adjusted FAGI (Add Lines 1 - 12)	

List the following medical expenses made from Income listed above:	
13. Unreimbursed Medical Expenses	
14. Unreimbursed Prescription Drugs Expenses	
15. Medicare Premiums	
16. Medical Insurance Premiums	
17. Long Term Care Insurance Premiums	
Total Medical Expenses (Add Lines 13 - 17)	

Income for Senior Citizens Exemption (Adjusted FAGI minus Medical Expenses)

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This addendum must accompany any application or renewal of the NYS Senior Exemption (RP-467).

## HOUSEHOLD INFORMATION AFFIDAVIT

### Report Information as of Today's Date

Name of Owner: \_\_\_\_\_

Name of Additional Owner(s) or Spouse: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. What is the relationship between the Owners? (i.e. N/A, spouse, child, sibling, etc.) \_\_\_\_\_

2. Does any applicant(s) have a Life Estate? ☐ Yes ☐ No Who? \_\_\_\_\_

3. Is a spouse or co-owner receiving inpatient care in a nursing home? ☐ Yes ☐ No

If Yes, is the property vacant or occupied by a spouse/co-owner? ☐ Yes ☐ No

4. Does any owner own any other residential real estate, in New York State or Outside New York State, for which they are receiving real property tax discounts based on that State's required residency?

☐ Yes ☐ No If Yes, identify the address(es) below:

STREET ADDRESS	TOWN/CITY	COUNTY	STATE

5. Has a spouse or any co-owner passed away since the last renewal application? ☐ Yes ☐ No

If Yes, Name of person passing: \_\_\_\_\_ Date of death: \_\_\_\_\_

*Please, provide a copy of death certificate.*

6. Has an owner gotten married since the last renewal application? ☐ Yes ☐ No

If Yes, Name of new spouse: \_\_\_\_\_ (Must provide spouse's income)

### Certification:

**UNDER PENALTY OF PERJURY, I (we) certify that all of the above information is correct and reflects all income received for the above-referenced property for the tax year listed above. I (we) also certify that the above referenced property is my (our) primary residence.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



TOWN OF PERINTON  
Assessment Office  
1350 Turk Hill Road  
Fairport, NY 14450

Town Hall Number (585) 223-0770  
Fax Number (585) 223-3629 Fax  
TownofPerintonAssessorsOffice@perinton.org

### **Checklist - 2024 Application Submittal Seniors Citizens Exemption**

- ☐ Application RP-467 or RP-467-Rnw
- ☐ Income Worksheet for RP-467 or RP-467-Rnw Application
- ☐ Household Information Affidavit
- ☐ Proof of income from all sources (see reverse side for Income Checklist)

Additional documentation needed, when applicable:

- ☐ Medical Expenses - If applicant's income is between \$29,000 and \$37,400, please provide documentation of all unreimbursed medical expenses, unreimbursed prescription drug expenses, medical insurance premiums and/or Long Term Care insurance premiums
- ☐ Documentation of any non-taxable income, such as tax-exempt interest and dividends.
- ☐ Copy of spouse or co-owner death certificate, if not already submitted
- ☐ Copy of Trust documents showing applicant is a beneficiary of the Trust, if not already on file with the Town
- ☐ Proof of Age for first time applicants

**A list of additional document copies to be submitted with your application are itemized on the back of this sheet.**

**[Additional Information on Back]**

**For Senior Citizens and  
Persons with Disabilities and Limited-Income Exemptions**  
(For Informational Purposes Only)

**Submit copies of the following 2022 filed income tax returns, if completed:**

- ☐ Federal Individual Income Tax Return and Corresponding  
Schedule(s): ☐ 1, OR ☐ C, ☐ D, ☐ E, ☐ F
- ☐ NYS Individual Income Tax Return
- ☐ Corporation and/or NYS Partnership Federal and State Income Tax Return

**Submit copies of all year-end 1099 statements for 2022 from all income sources:**

- ☐ Salary or Wages (W-2), including bonuses and/or tips
- ☐ Social Security (Form SSA 1099)
- ☐ Interest or Dividend bearing Savings Account(s)
- ☐ Interest or Dividend bearing Checking Account(s)
- ☐ Tax-exempt Interest or Dividends
- ☐ Capital gains from sale or exchange of investment(s)
- ☐ Self-employment NET Income (must show both income and expenses)
- ☐ Rental Income and Expenses
- ☐ Income from Estates or Trusts
- ☐ Alimony or Support Payments
- ☐ Unemployment Insurance Payments
- ☐ Taxable Disability Payments
- ☐ Worker's Compensation
- ☐ Lottery/Gambling winnings
- ☐ Other Income Not Listed Above: \_\_\_\_\_

**MAXIMUM INCOME IS \$58,400**

\*If your income is between \$29,000 and \$37,400, please provide all unreimbursed medical expenses, unreimbursed prescription drug expenses, medical insurance premiums and/or Long Term Care insurance premiums.

**[Additional Information on Back]**