

**VILLAGE OF BABYLON**  
**APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY**  
**OF SENIOR CITIZENS**  
**TAX YEAR 2020-2021**

**INCOME LIMIT \$30,000**

NAME OF OWNER (LIST ALL OWNERS)	DATE OF BIRTH	MARITAL STATUS	SOCIAL SECURITY#	MAILING ADDRESS

1. Name of Spouse(s) not listed under Owner(s) \_\_\_\_\_
2. Telephone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_
3. Location of Primary Residence / Street Address: \_\_\_\_\_
4. Tax Map # / District, Section, Block and Lot \_\_\_\_\_
5. Do you or any owners own additional property(ies) in or out of New York State? YES \_\_\_\_\_ NO \_\_\_\_\_  
Address(s) \_\_\_\_\_
6. Proof of Age \_\_\_\_\_
7. Date Applicant(s) took ownership of the property \_\_\_\_\_ Latest Deed of Record (attached) \_\_\_\_\_
8. Is property held in Trust \_\_\_\_\_ If so, attach entire Trust Document \_\_\_\_\_
9. Do all owners presently reside on premises? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is NO, is an owner receiving medical care as an in-patient in a health care facility? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, specify anticipated length of stay and return home date \_\_\_\_\_
10. Is any portion of the property used for other than residential purpose?  
(commercial, business, vacant land)? YES \_\_\_\_\_ NO \_\_\_\_\_  
If Yes, explain such use and describe portion that is used \_\_\_\_\_
11. Did Owner(s) or Spouse file a Federal and NY State Income Tax return for previous year? \_\_\_\_\_  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If Yes, *attach copies of Tax Returns with all Year-end Statements and Schedules.*
12. Does a child or (children) including those of tenants, reside on the property and attend public school.  
YES \_\_\_\_\_ NO \_\_\_\_\_ Name of School / Grade \_\_\_\_\_

INCOME ELIGIBILITY WORKSHEET: *Verification of all Taxable & Non-Taxable Income must be submitted with application (including year-end statements & necessary documentation).* Information will be verified.

<b>SOURCES OF INCOME FROM ALL OWNERS &amp; OWNERS' SPOUSES</b>		
<b>Gross Social Security:</b> including Medicare (Attach copies of SSA-1099)		
<b>Salary or Wages:</b> (Attach W-2's, including self-employment)		
<b>Business Income:</b> (Attach Schedule C, S-Corp Tax Return with K-1 or Partner Tax Return)		
<b>Taxable &amp; Non-Taxable Interest:</b> (Attach all 1099-INT & year-end statements for non-taxable interest)		
<b>Taxable &amp; Non-Taxable Dividends:</b> (Attach all 1099-DIV & year-end statements for non-taxable dividends)		
<b>IRA Earnings:</b> (Interest, dividends or capital gains earned) DO NOT include the amount of your distribution.		
<b>Pensions, Annuities &amp; Retirement Plans:</b> (Attach 1099R statements and include taxable & non-taxable pensions)		
<b>VA &amp; or VA Disability Pension(s) or Surviving Spouse VA Pension:</b> (Attach award letter)		
<b>Capital Gains:</b> (Include tax-deferred capital gain distribution statements from financial institutions)		
<b>Rental Income:</b> (Received from all properties)		
<b>Disability/ Workers Compensation Payments/Unemployment Benefits:</b>		
<b>Income from Estates or Trusts:</b> (Attach the Estate or Trust's Income Tax Return)		
<b>Alimony and/or Child Support Payment Received</b>		
<b>Money from others living in house toward maintenance, support or expenses</b>		
<b>Other Sources of Income:</b>		
<b>TOTALS OF ALL INCOME</b>	\$	\$
<b>GRAND TOTAL</b>	\$	

I (We) certify that the all the above information made on this application is true and correct and that the property listed above is my (our) legal residence. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the Assessor if I (We) relocate to any primary residence. I (We) understand that any willful false statement of fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine as set forth in NY State Real Property Tax Law 467.

SIGNATURE (S) ALL OWNERS      Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE (S) ALL OWNERS      Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
  - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .
  - c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .
- 7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date