

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

Income Year: 2024

Tax Map Number _____

Name of Owner: _____

Signature _____

Property Address: _____

Enter all required amounts 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 – Maximum allowed loss per line is \$3,000. Add loss amount exceeding \$3,000 (Note: Total amount of allowed losses, lines 6 thru 12, can't exceed \$15,000)	
6. Schedule D – (Form 1040, Line 7) - Reported Amount: _____	+
7. Schedule 1, Line 3 - Schedule C - Reported Amount: _____	+
8. Schedule 1, Line 4 - Form 4797 - Reported Amount: _____	+
9. Schedule 1, Line 5 – Schedule E - Reported Amount: _____	+
10. Schedule 1, Line 6 - Schedule F - Reported Amount: _____	+
11. Schedule 1, Line 8a - Net Operating - Reported Amount: _____	+
12. Other Loss(es): Describe: _____	+
MINUS	
13. Residential Health Care Facility (Nursing Home) out-of-pocket payments for inpatient care	(-)
14. Adjusted FAGI (Add Lines 1 - 13)	

List the following medical expenses made from Income listed above:	
15. Unreimbursed Medical Expenses	
16. Unreimbursed Prescription Drugs Expenses	
17. Medicare Premiums	
18. Medical Insurance Premiums	
19. Long Term Care Insurance Premiums	
20. Total Medical Expenses (Add Lines 15 - 19)	

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

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:

Table with 4 columns: STREET ADDRESS, TOWN/CITY, COUNTY, STATE

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

If Yes, Name of person passing: _____ Date of death: _____
Please, provide a copy of death certificate.

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

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

Certification:

UNDER PENALTY OF PERJURY, I (we) certify that all 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-mentioned 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
AssessmentOffice@perinton.org

Checklist - 2026 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:

- 2024 Medical Expenses – The Town of Perinton, Fairport School, Pittsford School and Victor School do allow unreimbursed (out-of-pocket) medical expenses to be deducted from Line 14 Adjusted FAGI Income (AGI) of the Income Worksheet, when receipts are provided. Please provide documentation on 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 is 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 2024 income tax returns, if completed:

- Federal Individual Income Tax Return and Corresponding
Schedule(s): 1, C, D, E, F and Form 4797
- NYS Individual Income Tax Return
- Corporation and/or NYS Partnership Federal and State Income Tax Return

And, submit copies of all year-end 1099 statements for 2024 from all income sources:

- Salary or Wages (W-2), including bonuses and/or tips
- Social Security (Form SSA 1099)
- IRA Distributions (Form 1099-R)
- Pension and Annuities Distributions (Form 1099-R)
- 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

[Additional Information on Back]