



Township of Bethlehem
Office of the Tax Assessor and Tax Collector

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**SUPPLEMENTAL INCOME STATEMENT FOR USE BY THE TAX ASSESSOR OR TAX COLLECTOR
IN DETERMINING ELIGIBILITY FOR THE SENIOR CITIZEN'S TAX DEDUCTION**

Name

Street

City State Zip Code

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:

Block _____ Lot _____

Income for Calendar Year 20 __ __

Includes Spouse's Income

- | | |
|---|----------|
| 1. Pension or Retirement (Private) | \$ _____ |
| 2. Salaries or Wages | \$ _____ |
| 3. Interest or 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 (The sum of items number one through nine). \$ _____

*Note that the appropriate official will determine which of the above items are to be excluded.

_____/_____/_____
Applicant's Signature Date Applicant's Signature Date

The above income detail is used to aid the assessor or the collector in determining which items of income may be excluded under the law and to determine whether you meet the income requirements as prescribed by law. Failure to complete this form may result in your being denied your senior citizen's tax deduction.