



O'65 PARTIAL RENEWAL EXEMPTION

IF YOU ARE NOT CURRENTLY RECEIVING THE STAR EXEMPTION WITH THE TOWN OF BROOKHAVEN, YOUR STAR EXEMPTION MUST BE FILED WITH THE NYS DEPARTMENT OF TAXATION & FINANCE @ 518-457-2036 OR WWW.TAX.NY.GOV/STAR

Filing Deadline: MAY BE FILED NOW, UP TO BUT NO LATER THEN MARCH 1st, 2023.

Applications Accepted: **In Person:** Monday through Friday 9:00AM to 4:30PM **Mail: Must be POSTMARKED no later than March 1st** Assessor's Office / O'65 Partial Renewal One Independence Hill Farmingville, NY 11738

WHEN MAILING, REGISTERED/RETURN RECEIPT IS RECOMMENDED

Requirements:
1. Previously approved for the O'65 Partial Exemption.
2. Combined **TOTAL GROSS** income of ALL owners and spouses cannot exceed **\$58,399.99** (includes ALL taxable and non-taxable income).

The Town of Brookhaven requires the following information **PHOTOCOPIED** and **SUBMITTED** In addition to the **COMPLETED** and **SIGNED** application

ALL INCOME SUBMITTED MUST BE FROM THE TAX YEAR 2021 ONLY

TO PROVE TOTAL GROSS INCOME, YOU MUST SUBMIT PHOTOCOPIES OF THE FOLLOWING: FOR ALL OWNERS AND SPOUSES.

(No Originals please, as they WILL NOT be returned to you)

IF YOU FILE AN INCOME TAX RETURN, YOU MUST SUPPLY A COPY OF THE FEDERAL 1040 WITH YOUR APPLICATION EACH YEAR WITH COPIES OF YOUR 1099'S FOR ITEM 3 OF THE LIST ON THE RIGHT.

ALL OWNERS, INCLUDING NON-RESIDENT OWNERS MUST ATTACH PROOF OF INCOME FOR 2021 ONLY.

1. **ENTIRE** Federal Income Tax return 1040 including **ALL** schedules.
2. **ENTIRE** New York State Income Tax return including **ALL** schedules.
3. Social Security, IRA, Pension, and Annuity 1099's. MUST include any non-taxable items such as Railroad, Police, Fireman, VA, Workers' Compensation, or Private Disability.
4. IRA End of Year Income Summary, All Quarterly or Final Yearly Statements, Snapshot, or Performance Summary etc. for **ALL** IRA accounts to provide earnings. (Information is not found on Tax Return or 1099's) **MUST BE SUPPLIED EVEN IF YOU DO NOT TAKE A DISTRIBUTION**
5. Proof of any rental or business income.
6. Applicants **must** report any monthly contributions towards household expenses from anyone living on premises (rent from family members, friends, or tenants).

IF YOU ARE NOT REQUIRED TO FILE A TAX RETURN, YOU MUST SUPPLY PHOTOCOPY PROOF OF ALL SOURCES OF INCOME INCLUDING ALL 1099'S. WE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND/OR AN OFFICIAL TAX RETURN TRANSCRIPT FROM THE IRS.

PLEASE PROVIDE LEGAL DOCUMENTATION TO PROVE ANY CHANGES IN INCOME, OWNERSHIP, TRUST, MARRIAGE, DIVORCE, DEATH, OR PRIMARY RESIDENCE.

Approval: If this exemption is approved, the savings will be applied to the **December tax bill**.

Denial: Notice of Denials will be mailed to applicants by May 1st.

Renewing: **The O'65 Partial Renewal exemption must be renewed each year by March 1st** (Approved Exemptions will automatically receive a "Renewal Application" for the following year. Please call our office if you do not receive your renewal by January 1st).

Receipt: Please complete and return the attached post card "**Receipt**" with your application. It will be "**Date Stamped**" and returned to you.



Town of
Brookhaven
Long Island

O'65 PARTIAL RENEWAL APPLICATION

**IF YOU ARE NOT CURRENTLY RECEIVING THE STAR EXEMPTION WITH THE TOWN OF BROOKHAVEN,
YOUR STAR EXEMPTION MUST BE FILED WITH
THE NYS DEPARTMENT OF TAXATION & FINANCE @ 518-457-2036 OR WWW.TAX.NY.GOV/STAR**

KEEPING US INFORMED

Please remember, when completing your annual renewal application, to provide us with your **latest** personal contact information; such as, your home phone number, cell number, email address, mailing address, etc....

By providing this information, we will have the ability to contact you concerning any changes to your real property tax exemptions.

ANY ADDITIONAL CHANGES MUST BE REPORTED TO THE ASSESSOR'S OFFICE PROMPTLY:

It is the responsibility of the property owner or their next of kin/power of attorney to notify this office of **ALL** important changes/updates. Proof is required for any changes in: **income, ownership, trust, marital status, death, or primary residence.**

To avoid disruption and continue to receive the O'65 Partial Real Property Tax Exemption please read and answer all questions on attached renewal application completely and accurately and supply ALL supporting documents no later than March 1st, 2023.

ALL property owners and spouses of are required to sign the renewal application RP-467-RNW.

If you are not currently receiving the Basic or Enhanced Star Exemption with the Town of Brookhaven, your Enhanced Star Exemption *must* be filed with NY State Dept of Taxation and Finance @ 518-457-2036 or www.tax.ny.gov/star

DEADLINE FOR FILING IS NO LATER THAN MARCH 1st, 2023.

Thank you for keeping us up to date, so that we may better serve you.

Thank You,

Richard P. DeBragga

Richard P. DeBragga
Assessor

For information or questions on
O'65 Partial Exemption:
Office of the Assessor
631-451-6300

For information or questions
Enhanced Star Exemption:
New York State Dept of Finance
518-457-2036



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES
RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF SENIOR CITIZENS
IF YOU ARE NOT CURRENTLY RECEIVING THE STAR EXEMPTION WITH THE TOWN OF BROOKHAVEN YOUR STAR MUST BE FILED WITH THE NYS DEPARTMENT OF TAXATION & FINANCE
(518-457-2036 OR WWW.TAX.NY.GOV/STAR)

Do not file this form with the Office of Real Property Tax Services.
(General information and instructions for completing this form are contained in RP-467 RNW Ins.)

Empty rectangular box for additional information.

1. Name & mailing address of all owners & spouses

2. Home/Cell#

Email:

3. Date of birth for all owners and spouses:

4. Suffolk County Tax Map #: (not required if preprinted above name) District Section Block Lot
or Name of Co-op: Total shares: Shares to the unit:

5. Since filing your application last year, has there been any changes in:
a. title to the property (due to death, addition, or deletion of owner)? Yes No
b. legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation, or abandonment by spouse)? Yes No
If Yes, please call 631-451-6307 for additional forms required to complete application.
c. use of residence for other than residential purposes (store, office, farm, etc.)? Yes No
If you answered Yes to any of the above answers, please explain and attach proof:

6. Does a child (or children), including those of tenants living on the premises, attend public school in Grades K - 12?
Yes No If there was a child(ren) that resided on the premise and they no longer reside or attend public school from the prior year, an official letter from the school district stating that there are no longer any students registered for school at your address. Submit the letter with your application to receive exemption off the school line.
Name & age of child(ren):

7. Does anyone else other than the owner or owner's spouse reside at the premises? Yes No
If Yes, you MUST provide a list of adults residing on the premises. STATE NAMES, AGES, & MONTHLY CONTRIBUTION TO THE HOUSEHOLD BILLS.

8. Did the owner and/or spouse of owner file a Federal Income Tax Return for the year 2021?
Yes If Yes, attach a photocopy of your ENTIRE Federal & NYS Income Tax Returns including ALL schedules, and ALL supporting 1099's.
No If No, you must fill in the INCOME WORKSHEET on the back of the application and attach proof of ALL of income, including ALL 1099's. We may also require official tax return transcript from the IRS.

9. Does the owner or spouse receive Workers' Compensation, third party sick pay or private disability?
Yes No If Yes, submit a copy of check stub or bank statement showing direct deposit.

10. Does the owner or spouse have an IRA account? Yes No If Yes, attach a photocopy of your IRA End of Year Income Summary, All Quarterly or Final Yearly Statements, Snapshot, or Performance Summary etc. for ALL IRA accounts to provide earnings. (Information is not found on Tax Return or 1099's)
Note: Requested IRA information is NOT found on tax return or 1099's. Must be supplied WITH OR WITHOUT distributions.

11. Does the owner or spouse of, own any other property in NY, or any another state that they're claiming as a primary residence, and are receiving a residency tax benefit, such as Star or a Homestead Exemption?
Yes No If Yes, please state the address(es)

FILING DEADLINE: MARCH 1ST



FILL IN NAME AND ADDRESS IN BOX BELOW

Empty rectangular box for name and address.

INCOME WORKSHEET

To be used by individuals not required to file a Federal or NY State Income Tax Return
or to report income, which is not reflected on your Tax Return(s).

APPLICANTS ARE REQUIRED TO SUPPLY PHOTOCOPIES OF ALL INCOME RECORDED BELOW.

Please report the income of **all** owners and/or spouses, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Attach additional sheets if necessary. Income does not include gifts, inheritances, a return of capital, reparation monies to victims of Nazi persecution, or earnings through employment in the Federal Foster Grandparent Program.

LIST ALL SOURCES OF YEARLY INCOME BELOW (ALL TAXABLE AND NON-TAXABLE INCOME MUST BE REPORTED FOR ALL OWNERS AND THEIR SPOUSES)		
Social Security income (Box 5 of Social Security 1099)	\$	\$
Statement of wages	\$	\$
Pensions & Annuities	\$	\$
IRA Income – <u>Must be supplied WITH or WITHOUT any distribution</u> Required document not found on income tax return, 1099 or 5498 Can ONLY be found on IRA <u>End of Year Summary</u>	\$	
Bank interest (taxable & non-taxable)	\$	
Stock dividends	\$	
Income from Trusts	\$	
Unemployment	\$	
Disability income/Workers' Compensation /VA Compensation	\$	
Business income	\$	\$
Rental income to household	\$	
Alimony	\$	
Other	\$	

**SIGNATURES for ALL OWNERS and SPOUSES of,
are REQUIRED for APPLICATION TO BE COMPLETE.
FAILURE TO DO SO WILL RESULT IN DENIAL OF THE EXEMPTION.**

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief and I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

First name	M.I.	Last name	Date of birth	Marital status	Signature	Date
First name	M.I.	Last name	Date of birth	Marital status	Signature	Date

**TOWN OF BROOKHAVEN
O'65 PARTIAL RENEWAL EXEMPTION ONLY
(STAR EXEMPTIONS TO BE VERIFIED THROUGH
THE NYS DEPT OF TAXATION & FINANCE)
RECEIPT**

Suffolk County Tax Map # or Name of Co-op

Item #

