INCORPORATED VILLAGE OF MALVERNE
APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF AGED PERSONS

1. Property Owner(s):

Name ______________________ Date of Birth___________Social Security #__________

Name ______________________ Date of Birth___________Social Security #__________

2.____ Telephone ___________________
Address

3. Property Identification: _______Section _________ Block _________ Lot(s)

4. Indicate documents submitted as proof of age of owner(s) (please check)

_____ Birth Certificate _____Current Passport

_____ Baptismal Certificate _____ Proof filed with prior year's application

5. Date applicant(s) acquired ownership of property: ____________________

6. Copy of Deed submitted: Liber_________ Page: _________
If any owners on the deed are deceased, a copy of the death certificate must be attached.

7. Do all of the property owners presently reside on the premises? _____Yes _____No
If answer to #7 is No, please explain:

____

8. Is any portion of the property used for other than residential purposes?
______Yes _______No
If answer to question #8 is Yes, please explain:

____

9. Do you own other property, either residential or commercial, in addition to your primary residence? ______Yes ________No
If the Answer to #9 is Yes, please list the information below.

Address of Property: __________________________________Commercial / Residential

10. List all adults and children living in the Household (including tenants):

Name	Age	Rent/Contribution to Household per month
___________________	_____	______________________________
___________________	_____	______________________________
___________________	_____	______________________________

10. Income of each owner and spouse must be written below. Income of husband and wife must be declared individually. Applicants must check all appropriate sources of income as listed below for the calendar year preceding the date of the application, a nd enter amounts. Attach additional sheets if necessary.

Total of Sources of Income:	Owner: ____________________	Owner: ____________________
Social Security	Amount ____________	Amount ____________
Salary/Wages	Amount ____________	Amount ____________
Interest from Savings/Checking		
Bank: ____________________	Amount ____________	Amount ____________
Bank: ____________________	Amount ____________	Amount ____________
Bank: ____________________	Amount ____________	Amount ____________
Bank: ____________________	Amount ____________	Amount ____________
Bank: ____________________	Amount ____________	Amount ____________
Non-Taxable Interest	Amount ____________	Amount ____________
On State and Local	Amount ____________	Amount ____________
Bonds	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
Dividends from Stocks/	Amount ____________	Amount ____________
Bonds, etc.	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
Annuity Payments/	Amount ____________	Amount ____________
IRA Distributions	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
Net Rents from all	Amount ____________	Amount ____________
properties owned	Amount ____________	Amount ____________
	Amount ____________	Amount ____________
Payments made by Children	Amount ____________	Amount ____________
Residing with you	Amount ____________	Amount ____________
Gains from Sales/	Amount ____________	Amount ____________
Exchanges	Amount ____________	Amount ____________
Business/Professional	Amount ____________	Amount ____________
Income	Amount ____________	Amount ____________
Income from Estates/	Amount ____________	Amount ____________
Trusts	Amount ____________	Amount ____________
Pensions: private,	Amount ____________	Amount ____________
Government, Veterans	Amount ____________	Amount ____________
Alimony/Support Monies	Amount ____________	Amount ____________
Disability Payments	Amount ____________	Amount ____________
Unemployment Insurance	Amount ____________	Amount ____________
Workmen's Compensation	Amount ____________	Amount ____________
Other Income	Amount ____________	Amount ____________

TOTAL INCOME OF OWNER(S): AMOUNT: ______________________

11. Did owner(s) file a Federal Income Tax Return for the preceding year? _____Yes
_____ No

If the answer to #11 is Yes, attach a complete copy of such return or returns.

Copies of Federal Income Tax Returns must be attached to this application if you were required to file a return. In addition, copies of proof of income such as Social Security Statement (SSA 1099), Pension Statements (W2P), Bank Statements (1099), etc. must be attached to this application.

If you were **not** required to file an income tax return, you must attach a printout from the IRS listing all 1099's. <u>This is the only proof of non-filing that will be accepted.</u>

12. The monies listed below DO NOT count as income and therefore would not exclude the applicant(s) from the exemption.
Source and Amount of inheritance, if any: ______________________________

Source and amount of gifts received during the preceding calendar year:
____

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 (5) years and a fine of not more than $100.

SIGNATURE (If more than one owner, all owners must sign)

______________________________ Date ________________

______________________________ Date ________________

______________________________ Date ________________

Proof of Power of Attorney must be furnished if signed by other than the owner(s).

COMPLETED APPLICATIONS MUST BE FILED WITH THE VILLAGE OF MALVERNE ON OR BEFORE DECEMBER 31st.

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231-0001
www.dos.state.ny.us/corps

Local Law Filing

(Use this form to file a local law with the Secretary of State.)

Text of law should be given as amended. Do not include matter being eliminated and do not use italics or underlining to indicate new matter.

☐County ☐City ☐Town ☒Village
(Select one:)

of Incorporated Village of Malverne

Local Law No. 2 **of the year 20**14

A local law amending the Village Code, Ch.41 entitled "Taxation" Article II "Partial Exemption from Real Property Taxes" Section 41-16 "Exemption granted" and Local Law #2-2004 persuant to the Real Property Tax Law 467 to increase the maximum income allowable under the Village of Malverne Senior Citizens Real Property Tax Exemption
(Insert Title)

Be it enacted by the Board of Trustees **of the**
(Name of Legislative Body)

☐County ☐City ☐Town ☒Village
(Select one:)

of Incorporated Village of Malverne **as follows:**

Chapter 41 TAXATION
Article II PARTIAL EXEMPTION FROM REAL PROPERTY TAXES
Section 41-16 EXEMPTION GRANTED
The exemption from taxation by the Village of Malverne, provided by Chapter 41, Article II, Section 41-16 pursuant to the Law of 2004 extends the Senior Citizen's Real Property Tax Exemption at a reduced rate for seniors with incomes with more than $20,500 and less than $28,899.

Less than $20,500	50%
$20,500 but less than $21,499	45%
$21,500 but less than $22,499	40%
$22,500 but less than $23,499	35%
$23,500 but less than $24,399	30%
$24,400 but less than $25,299	25%
$25,300 but less than $26,199	20%
$26,200 but less than $27,099	15%
$27,100 but less than $27,999	10%
$28,000 but less than $28,899	5%

This exemption shall hereby commence with the assessment rolls to be finalized on April 1, 2015.
This local law shall take effect immediately.

(If additional space is needed, attach pages the same size as this sheet, and number each.)

NASSAU COUNTY DEPARTMENT OF ASSESSMENT

240 Old Country Road, Mineola, New York 11501 (516) 571-1500

Helpful Information

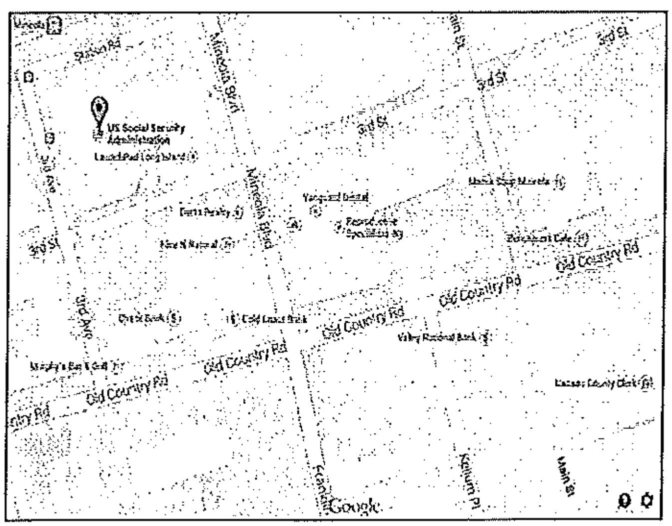
To obtain a complete printout of your **WAGE AND INCOME TRANSCRIPT FOR 2022** (including W-2s, 1099s, 1098s and 5498 Statements), it is recommended that you make an appointment to visit the **Internal Revenue Service located at 999 Stewart Avenue in Bethpage. To make an appointment,** please call **(844) 545-5640.**

Transcripts can also be obtained by contacting the **Internal Revenue Service Transcript Order Line** at **1-800-908-9946** or visit the IRS website at **www.irs.gov** and download Form 4506-T and select Option # 8 on the form to request a free copy of your transcript. Once completed, please mail Form 4506-T to: **Internal Revenue Service, RAIVS Team, Stop 6705 S-2, Kansas City, MO 64999.**

You may fax your transcript to the Department of Assessment at **(516) 571-0478** or **(516) 571-0479.**

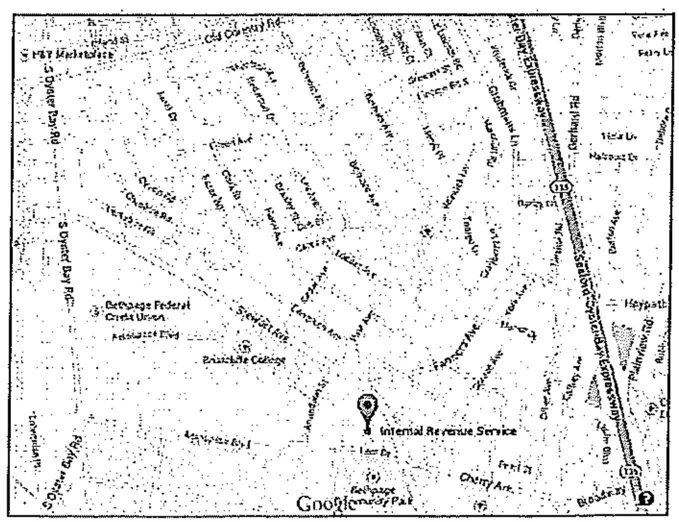
For **SOCIAL SECURITY INFORMATION**, please call **1-800-772-1213.**

Social Security Office
163 Mineola Blvd., 2nd Floor, Mineola, NY 11501



Directions from 240 Old Country Road, Mineola:
Old Country Road West to 3rd Avenue North. Right on Station Road.

Internal Revenue Office **(BY APPOINTMENT ONLY)**
999 Stewart Avenue, Bethpage, NY 11701
Call (844) 545-5640 for your Appointment



Directions from 240 Old Country Road, Mineola:
Old Country Road East to S Oyster Bay Road Southbound. Bear left onto Stewart Avenue.

Please MAKE COPIES of any documentation that is required and attach it to your application.

Applications are available on-line at www.mynassauproperty.com or can be obtained by calling (516) 571-1500.

INCOME-BASED EXEMPTIONS DOCUMENTATION

Enhanced STAR (For seniors 65 years old as of December 31, in the year in which the exemption will begin with an annual income under $98,700); ***Low Income Senior Citizens*** and ***Limited Income Disability Exemptions*** ($58,399 or less)

Enhanced STAR

(For homeowners already enrolled in the STAR Program prior to January 2, 2015)

COPY of 2022 NYS Income Tax Return

COPY of proof of residency
(Vehicle Registration)

COPY of proof of age
(Driver's License/Passport/Birth Certificate)

** NYS Law now requires new STAR applicants to REGISTER with NEW YORK STATE for the Personal Income Tax Credit/Check Program by telephone at (518) 457-2036 or on-line at*

https://www8.tax.ny.gov/STRP/strpStart

Low Income Seniors and Limited Income Disability

COPY of latest recorded Deed

COPY of 2022 Federal and NYS Income Tax Return

COPY of proof of residency
(Social Security Form 1099/Vehicle Registration/ NYS Income Tax Return)

COPY of proof of age
(Driver's License/Passport/Birth Certificate)

COPIES of all supporting income documentation used to file tax returns
(1099's, Social Security, Interest and Dividend Statements, etc.)

PRINTOUTS from Doctors and Pharmacies of Un-Reimbursed Medical Expenses

NON-INCOME BASED EXEMPTIONS DOCUMENTATION

Veterans Exemptions

COPY of Deed

COPY of proof of residency
(Driver's License/Vehicle Registration)

COPY of Discharge Papers *(DD-214)*

Member Copy # 4

Volunteer Firefighter and Ambulance Worker

COPY of Deed

COPY of proof of residency
(Driver's License/Vehicle Registration)

Letter from Chief of Department listing years of service

*** Only the NYS Income Tax Return can be used as an additional document to support proof of residency.**

Form **4506-T** (June 2019) Department of the Treasury Internal Revenue Service

Request for Transcript of Tax Return

▶ 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*.

OMB No. 1545-1872

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 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. | / / | / / | / / | / /

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

Sign Here

▶ Signature (see instructions) | Date

▶ Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ Spouse's signature | Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t.* Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to *www.irs.gov* and search IVES.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number <u>should not</u> contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

CAUTION *You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.*

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.