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Stanislaus County Assessor's Office

DISABLED VETERAN'S HOUSEHOLD INCOME WORKSHEET

CLAIM YEAR 2016

Instructions for Low-Income claimants only: Compute your household income by entering the applicable dollar amounts for each of the itemized income categories below. Enter the total Household income determined from Line 29 on Item 4 of BOE-261-G, Claim for Disabled Veterans' Property Tax Exemption, and attach this worksheet to the claim when submitting to the assessor.

Household Income. Revenue and Taxation Code section 20504 defines Household Income as all income received by all persons of a household while members of such household. Include only the income of persons who were members of the household during the calendar year prior to the year of this claim (if the claim is for 2013, the income would be for the calendar year 2012.)

Name:		**APN:**	
		Enter the yearly income of you and your spouse:	Enter the yearly income of other household members:
1.	Wages, salaries, tips, and other employee compensation.	$	$
2.	**Social Security, including the amount deducted for Medi-Care premiums.**	$	$
3.	Railroad retirement.	$	$
4.	Interest and dividends.	$	$
5.	Pensions, annuities and disability retirement payments.	$	$
6.	SSI/SSP (Supplemental Security Income/State Supplemental Plan), AB (Aid to the Blind), ATD (Aid to Totally Disabled), AFDC (Aid to Families with Dependent Children), and APSB (Aid to the Potentially Self-Supporting Blind).	$	$
7.	Rental income (or loss).	$	$
8.	Net income (or loss) from a business.	$	$
9.	Income (or loss) from the sale of capital assets.	$	$
10.	Life insurance proceeds that exceed expenses.	$	$
11.	**Veteran's benefits received from the Veterans Administration**.	$	$
12.	Gifts and inheritances in excess of $300, except between members of the household.	$	$
13.	Unemployment insurance benefits.	$	$
14.	Workers compensation for temporary disability (not for permanent disability).	$	$
15.	Amounts contributed on behalf of the claimant to a tax sheltered or deferred compensation plan (also a deduction), see (c) below.	$	$
16.	Sick leave payments.	$	$
17.	Nontaxable gain from the sale of a residence.	$	$
18.	**Subtotal lines 1-17. Enter here and on line 19 on page 2**	**$**	**$**

Name _____ APN _____

Claim Year _____

19.	**Subtotal from page 1, line 18**	**$**	**$**
	Adjustments to income. Complete lines 20–26 (if applicable). Section 17072 of the Revenue and Taxation Code provides for an *adjusted gross income,* which means, in the case of an individual, gross income minus the following deductions:		
20.	Forfeited interest penalty.	$	$
21.	Alimony paid.	$	$
22.	Individual retirement arrangement, Keogh (HR 10), Simplified Employee Plan (SEP), or SIMPLE plans.	$	$
23.	Employee business expenses.	$	$
24.	Moving expenses and deductions of expenses (already taken) for the production of income (or loss) reported in Items 7 (rental), 8 (business), and 9 (sale of capital assets) included in income.	$	$
25.	Student loan interest.	$	$
26.	Medical savings account.	$	$
27.	***Subtotal - Adjustments to Income*** from lines 20-26	$	$
28.	**Income.** Subtract line 27 from line 19.	$	$
29.	**Total Household Income. Add both columns of line 28 and enter here.**		

Step G: Certification

I hereby declare the foregoing facts to be true and correct to the best of my knowledge.
I make this statement under penalty of perjury under the Laws of the State of California.

_____ Signature	_____ Date
_____ Daytime Telephone Number	_____ E-mail address (if applicable)

In accordance with Revenue and Taxation Code section 441(d)(1), persons shall make available for examination information or records regarding his or her property in which the assessor considers relevant and essential to the proper discharge of the assessor's duties. Thus, the assessor may request additional information or documents to support the income reported on this worksheet (i.e. first page of IRS Form 1040, veterans' benefit or social security statement).