



TOWN OF ISLIP

40 NASSAU AVE STE 2
ISLIP NY 11751

OFFICE OF THE ASSESSOR

STAR PROGRAM

STAR PHONE: (631) 224-5058

STAR FAX: (631) 224-5256

email: staroffice@islipny.gov

Angie Carpenter, Supervisor

Anne M. Danziger, Assessor

**PLEASE READ THE LETTER ON THE
REVERSE SIDE**

THIS SIDE IS FOR MAILING PURPOSES ONLY



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Dear Islip Resident:

NEW for the 2024/2025 Tax Year, the New York State Legislature redefined “income” for the **Senior Citizen Real Property Tax Exemption**. Your “income” must be **\$58,400 or LESS** for the County and Town portion of your bill and the same or less for the School District portion. If an exemption is granted, a **post card will be mailed after March 1st**. Follow the revised renewal application procedures.

Enclosed please find the **2024/25 Renewal Application**. **IRS 1040 FILERS**, those who filed a **2022** Form 1040, Federal Income Tax Return (IRS 1040), **complete SIDE 1 only**. **NON-FILERS**, those who were not required to file a **2022** IRS 1040, **complete SIDE 2 only**.

- Fill out the appropriate side completely and answer all questions.
- Ensure all property owners sign and date the appropriate side.
- **File** it with this office **no later than Friday, March 1, 2024**, together with the documentation listed below based upon whether or not you filed a 2022 Federal Income Tax Return.

IRS 1040 FILERS: Provide with your **2024/25 Renewal Application (complete only SIDE 1):**

- Copy of your entire **2022 IRS 1040**, together with all schedules.
- Copy of all **2022** income statements (**1099's**), not limited to **1099-R's**, and Social Security benefits **SSA-1099's**.

NON-FILERS: Provide with your **2024/25 Renewal Application (complete only SIDE 2):**

- Copy of all **2022** income statements (**1099's**), not limited to **1099-R's**, and Social Security benefits - **SSA-1099's**.
- Copy of all **W2's**.
- A “letter of non-filing for **2022**” from the IRS. *
- A “1099 Wage & Income Transcript for **2022**” from the IRS. Use the enclosed Form 4506-T “Request for Transcript of Tax Return”. *

*An APPOINTMENT with the IRS is necessary to obtain the required documents, call either (844) 545-5640, 1-800-829-1040, or e-mail, www.irs.gov.

The IRS Hauppauge Office - 1180 Veterans Memorial Highway, Hauppauge, New York.

If you are filing as a surviving spouse for the first time, a copy of your spouse's death certificate and proof of your age is required. If you have any questions, please contact our office at (631) 224-5058.

Very truly yours,

Anne M. Danziger

ANNE M. DANZIGER
Assessor

AMD:la
enclosures

Side 1 - FOR IRS 1040 FILERS

2024/2025

ALL RENEWALS MUST BE
FILED ON OR BEFORE

Friday, March 1, 2024

Senior Income Limit: \$58,400

FOR IRS 1040 FILERS ONLY - Income and losses of each owner and spouse must be listed as indicated on your **2022 IRS 1040**. Attach a **COPY** of your **2022 IRS 1040**, with all schedules, and a copy of **ALL 1099's and SSA-1099's**.

SOURCE OF INCOME				WHERE TO FIND	APPLICANT	SPOUSE	TOTAL
FEDERAL ADJUSTED GROSS INCOME (FAGI)				1040 Line 11			\$
Tax Exempt Interest				1040 Line 2a			
Social Security benefits (Line 6a) (-) MINUS Social Security Taxable amount (Line 6b) =				1040 Line 6a & 6b			
LOSS (-) MINUS LOSS LIMIT (\$3,000 per Category) =				Indicate "NA" for each LOSS CATEGORY, if you have: \$0 losses on 1040 line 7, & \$0 "other income" on 1040 line 8.			
LOSS CATEGORY	LOSS	LIMIT	INCOME				
Capital losses (Sched. D)		\$3,000		1040 Line 7			
Business (Sched. C)		\$3,000		1040 Line 8 Sched 1 Line 3			
Sale of business property (Form 4797)		\$3,000		1040 Line 8 Sched 1 Line 4			
Rental realty, partnership, S Corps, trusts, etc. (Sched. E)		\$3,000		1040 Line 8 Sched 1 Line 5			
Farm (Sched. F)		\$3,000		1040 Line 8 Sched 1 Line 6			
Net Operating Loss		\$3,000		1040 Line 8 Sched 1 Line 8A			
FOR SUFFOLK COUNTY EXEMPTION PURPOSES ONLY – "Income" must: exclude the non-taxable social security (amount indicated above) \$ _____; exclude federally taxable IRA Distributions on IRS 1040, line 4b \$ _____; be REDUCED by certified amount on RP-467 WORKSHEET FOR QUESTION 9, \$ _____.							TOTAL = _____

Do you own any other properties?

YES

NO

☐☐

If YES, Address(es): _____

Does anyone else reside on this property besides the applicants?

☐☐

If YES, attach notarized statement of individual(s) with annual rent and/or household contributions.

For Suffolk County Exemption purposes only, did you include a deduction amount on QUESTION 9?

☐☐

If YES, attach RPTL WORKSHEET FOR QUESTION 9, certified by all owners, together with all supporting documents.

Date _____ Signature _____

SS# _____

Date _____ Signature _____

SS# _____

Telephone No. _____

Cell No. _____

Emergency No. _____

e-mail address _____

Side 2 - FOR NON-FILERS

2024/2025 Senior Exemption Renewal Application & RP-467 Worksheet

ALL RENEWALS MUST BE
FILED ON OR BEFORE
Friday, March 1, 2024

2024/2025

FOR NON-FILERS ONLY, who are NOT REQUIRED to file a 2022 IRS 1040, list the sources of income of each owner and spouse for the tax year. **Attach a copy** of **all** 1099's, SSA-1099's, and W2's, an IRS 1099 Wage & Income Transcript for 2022, **and** an IRS letter of non-filing for 2022. **Contact the IRS** at 1-800-829-1040 **to request a copy of your 1099 Wage & Income Transcript for 2022 and letter of non-filing for .**

SOURCE OF INCOME (This is your RP-467 WORKSHEET)	APPLICANT	SPOUSE	TOTAL
Total Wages, tips, other compensation W-2's (box 1)			\$
Total income not on W-2's: Household Employee Wages, Tips, Other Income			
Total Interest Income = Tax-exempt + Taxable Interest = 1099-INT (box 8) + (box 1) =			
Total Dividends = Qualified + Ordinary Dividends = 1099-DIV (box 1b) + (box 1a) =			
Unemployment Compensation - 1099-G (box 1)			
Total IRA distributions (taxable amount) – 1099-R (box 2a) (Note, if taxable amount is not determined, treat gross distributions in box 1 as taxable.)			
Total pensions & Annuities (taxable amount) – 1099-R's (box 2a)			
Total Social Security benefits – Total Benefits – SSA-1099's (box 5)			
Misc. Income, rents, royalties, etc., - 1099-MISC (boxes 1, 2, 3, 5 & 9)			
Alimony Received			
Cancellation of Debt - 1099-C (box 6)			
Gambling winnings, prizes, awards (gross not net) - 1099-Misc. or W-2G			
Annual Rents Received / Household Contributions *			
TOTAL =			

Do you own any other properties?

YES NO
☐ ☐

If YES, Address(es): _____

Does anyone else reside on this property besides the applicants?

☐ ☐

If YES, attach notarized statement of individual(s) with annual rent and/or household contributions. *

Do any children, attending public school, reside on this property?

☐ ☐

If YES, Name of School: _____ Grade: _____

Date _____ Signature _____ SS# _____

Date _____ Signature _____ SS# _____

Telephone No. _____ Cell No. _____ Emergency No. _____

e-mail address _____