



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

The enclosed senior citizen exemption renewal application is based upon how you applied for the exemption last year:

IRS 1040 "FILER" or "NON-FILER".

If your status for the **2023** income tax year has changed, to obtain the correct application:

1. Visit our website:

www.islipny.gov/community-and-services/documents/assessor

- a) RP-467-application-for-partial-tax-exemption-for-real-property-of-senior-citizens
- b) RP-467-instructions

2. E-mail staroffice@islipny.gov, provide your name, address, and request a renewal application as an IRS 1040 "Filer" or "Non-Filer."



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Dear Islip Resident:

To renew the **Senior Citizen Real Property Tax Exemption** for the **2025/2026** Tax Year, your **“income” must be \$58,400 or LESS**, and you must have your renewal application with all supporting documentation filed in our STAR Office by **no later than Monday, March 3, 2025**.

RENEW NOW - Avoid the long lines during Islip’s real property tax collection season.

If an exemption is granted for the Town, County or School District purposes, a **post card will be mailed close to March 1st**, and your exemption(s) will appear on your December 2025 tax bill.

If you filed a 2023 IRS 1040 Federal Income Tax Return, like the year prior, fill out the enclosed **2025/2026 Renewal Application for IRS 1040 FILERS:**

- Ensure **all** questions are answered and **all** property owners **sign** and date the renewal application.
- **File** exemption renewal application with this office **no later than Monday, March 3, 2025**, together with the documentation listed below:
 - A copy of **page 1, 2 & 3** of your **2023** IRS 1040 Federal Income Tax Return.
 - If “Additional Income from Schedule 1” is listed on **Line 8**, you must submit a copy of **Schedule 1**.
 - If your total “income” on the exemption application is greater than \$50,000, **for purposes of reducing your “income” for the County exemption only**, you may either:
 - If you itemized your unreimbursed Medical and Dental expenses (**Schedule A Line 1**), submit a copy of **Schedule A**.
 - If you did not itemize such expenses on your 2023 Federal Income Tax Return, use the reverse side of the exemption renewal application to certify your “2023 Paid but Unreimbursed Medical and Dental Expenses”.
 - If you are submitting a self-prepared 2023 IRS 1040, you must include a **2023 IRS 1099 Wage & Income transcript**. Create an account online and print a copy of your **2023** transcript at www.irs.gov. Once created, you will be able to access transcripts to submit with future exemption renewals.
- Only if someone other than the applicant(s) reside(s) at the property, you must submit a notarized statement of rental income / household contributions from such person(s).

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

FOR IRS 1040 FILERS

2025/2026 Renewal Application for Senior Exemption

2025/2026

**ALL RENEWALS MUST BE
 FILED ON OR BEFORE
 Monday, March 3, 2025**

Senior Income Limit: \$58,400

Income and losses of each owner and spouse must be listed as indicated on your 2023 IRS 1040.

SOURCE OF INCOME				WHERE TO FIND	APPLICANT	SPOUSE	TOTAL
FEDERAL ADJUSTED GROSS INCOME (FAGI)				1040 Line 11			\$
Tax Exempt Interest				1040 Line 2a			
Qualified (TAX EXEMPT) Dividends				1040 Line 3a			
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			
						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 _____

2023 - PAID BUT UNREIMBURSED MEDICAL AND PRESCRIPTION EXPENSES

FOR SUFFOLK COUNTY EXEMPTION PURPOSES ONLY.

ONLY CERTIFY SUCH EXPENSES IF YOUR TOTAL "INCOME"
ON YOUR RENEWAL APPLICATION EXCEEDS \$50,000.

*PLEASE SUBMIT COPIES OF PROOF OF PAYMENTS	Paid but unreimbursed Amount
Medicare:	
Health Insurance: (A letter from the insurance company stating amount paid in 2023)	
Medical Expenses: (Printouts from doctors for the year 2023)	
Prescription Drugs: (Printouts from pharmacies for 2023)	
Prescription Eyeglasses: (Printouts from doctors for 2023)	
Dental Expenses: (A statement showing date work done, and amount paid but unreimbursed)	
Letter from residential health care facility stating date of admission, date of discharge, and unreimbursed expenses	
Other: (Submit proof)	
Total paid but unreimbursed medical expenses:	\$

*All supporting documents must be submitted, or the amount entered will not be deducted from "income" for Suffolk County exemption purposes.
Cancelled checks will not be accepted as proof.

I (we) **certify** that all statements made on this worksheet are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemptions for a period of (5) years, as well as a potential fine.

Name of Each Owner	Signature	Date