



REDUCED INTEREST RATE PAYMENT PLAN

INCOME WORKSHEET

Complete this worksheet to apply for the Reduced Interest Rate Payment Plan if you did not file a federal or state tax return last year.

ADDRESS

HOUSE NUMBER	STREET NAME	APARTMENT NUMBER
CITY	STATE	ZIP CODE

BBL

BOROUGH	BLOCK	LOT
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Your property's BBL can be found on the notice received with this form or at www.nyc.gov/bbl.

APPLICANT

FIRST NAME	MIDDLE	LAST NAME
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OWNER

FIRST NAME	MIDDLE	LAST NAME
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For tax year _____

Income

1. Wages, salaries, tips, etc. Attach Form(s) W-2. 1. _____
2. Taxable interest. 2. _____
3. Ordinary dividends. 3. _____
4. IRAs, pensions, and annuities taxable amount. 4. _____
5. Social Security benefits taxable amount. 5. _____
- 6. Total income. Add lines 1 through 5.** **6.** _____

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Additional Income

7. Taxable refunds, credits, or offsets of state and local income taxes. 7. _____
8. Alimony received. 8. _____
9. Business income or (loss). Attach Schedule C or C-EZ. 9. _____
10. Capital gain or (loss). Attach Schedule D if required. If not required, check 10. _____
11. Other gains or (losses). Attach form 4797. 11. _____
12. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 12. _____
13. Farm income or (loss). Attach Schedule F. 13. _____
14. Unemployment compensation. 14. _____
15. Other income. List type and amount _____ 15. _____
- 16. Total additional income. Add lines 7 through 15. 16. _____**

Adjustments to Income

17. Educator expense. 17. _____
18. Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach form 2106. 18. _____
19. Health savings account deduction. Attach form 8889. 19. _____
20. Moving expenses for members of the Armed Forces. Attach Form 3903. 20. _____
21. Deductible part of self-employment tax. Attach Schedule SE. 21. _____
22. Self-employed SEP, SIMPLE, and qualified plans. 22. _____
23. Self-employed health insurance deduction. 23. _____
24. Penalty on early withdrawal of savings. 24. _____
25. a Alimony paid b Recipient's SSN _____ 25. _____
26. IRA deduction. 26. _____
27. Student loan interest deduction. 27. _____
- 28. Total adjustments to income. Add lines 17 through 27. 28. _____**
- 29. Total income and additional incomes. Add lines 6 and 16. 29. _____**
- 30. Adjusted gross income. Subtract line 28 from line 29. AGI _____**

PLEASE NOTE:

Proof of income, such as pay stubs or similar documentation, must be provided in order to process your application.

I hereby certify that all information contained in this income worksheet is true and correct to the best of my knowledge. I understand that my income is subject to verification by the Department of Finance. I understand that the willful making of any false statement of material fact contained herein will subject me to the provisions of New York Penal Law § 175.30 related to the making and filing of false instruments and will make my application null and void.

APPLICANT/OWNER SIGNATURE	DATE