2024 INSTRUCTIONS

TOWN OF NEWTOWN - APPLICATION FOR TAX RELIEF FOR SENIORS & TOTALLY PERMANENTLY DISABLED

APPLICATION FILING PERIOD: MARCH 1 TO MAY 15

- To be eligible for the Town of Newtown Tax Relief for Seniors & Totally Permanently Disabled Tax Credit, the assessment on your real property (residence) has to be less than 200% of the median assessed value of real property in Newtown (Newtown Code 208 2 L). The 200% median assessed value for GL 2023 is \$695,700. Your assessed value can be found on the Town web site under the Assessor's department by clicking on "online field cards". Or you can contact the Tax Collector department at 203-270-4320.
 - o If your property's assessed value is **more** than \$695,700 you are <u>not</u> eligible for this elderly tax credit program.
- To be eligible for the Town of Newtown Tax Relief for Seniors & Totally Permanently Disabled Tax Credit your qualifying total asset value (QTAV) cannot be more than \$900,000 (Newtown Code 208 2 K; Legislative Council minutes 09/20/2017) (QTAV worksheet is included with application.)
- Your total modified income amount must be within the limits established by the Legislative Committee. (please see next page for more details)
- Please attach copies of your 2023 tax return, along with any schedules or 1099's you may have. If you receive disability benefits through social security, please provide your award letter as well.
- Please go through the "application checklist" and review your information for accuracy before signing the sworn affidavit and submitting your application to the Tax Office.

202 - INSTRUCTIONS

TOWN OF NEWTOWN - APPLICATION FOR TAX RELIEF FOR SENIORS & TOTALLY PERMANENTLY DISABLED

APPLICATION FILING PERIOD: MARCH 1 TO MAY 15

• To be eligible for the Town of Newtown Tax Relief for Seniors & Totally Permanently Disabled Tax Credit your Modified Income shall not be more than established by Legislative Council resolution (Newtown Code 208 – 2 F). The current modified income levels are as follows:

| Reference Designation | Modified Income Level Maximum Available Tax Cre | |
|-----------------------|---|---------|
| Group A | \$0 to \$50,000 | \$3,200 |
| Group B | \$50,001 TO \$60,000 | \$2,200 |
| Group C | \$60,001 TO \$70,000 | \$1,650 |
| Group D | \$70,001 TO \$75,000 | \$1,000 |

- The Office of the Tax Collector will calculate your modified income. Please provide your most recent tax return (form 1040) with schedule A and schedule 1 and a copy of your social security 1099 statement. Plus any other income not on the above such as Federal Supplemental income; State of Connecticut public assistance payments; Veteran's Disability Pensions; and any other income.
- The Tax Collector uses the following to calculate your modified income:

| | TO BE COMP | LETED BY THE O | FFICE OF THE | TAX COI | LECTOR | |
|--|--|-------------------------------|--------------|---------|---------|---------|
| 1040 U.S. INDIVIDUAL INCOME TAX RETURN | | | | | | |
| | DESCR | IPTION | AMOUNT | | | |
| | Adjusted gross income | | | | Form 10 | 040 |
| | Tax exempt interest | | | ADD | Form 10 | 040 |
| | Business loss | (# in brackets) | | ADD | On sche | edule 1 |
| | Capital loss | (# in brackets) | | ADD | Form 10 | 040 |
| | Other losses | (# in brackets) | | ADD | On sche | edule 1 |
| | Rental real esta | ite losses (#) | | ADD | On sche | edule 1 |
| | | Rental real estate losses (#) | | ADD | On sche | |
| | Farm losses (# in brackets) Social security benefits | | | ADD | Form 10 | |
| | Taxable amount | | | | Form 10 | |
| | | Schedule A: | | | | |
| Sche | edule A: | | | | | |
| Sche | edule A: Medical & dent | al expenses | | MINUS | | |
| Sche | Medical & dent | al expenses | \$ - | MINUS | | |

202 - INSTRUCTIONS

TOWN OF NEWTOWN - APPLICATION FOR TAX RELIEF FOR SENIORS & TOTALLY PERMANENTLY DISABLED

APPLICATION FILING PERIOD: MARCH 1 TO MAY 15

| • | Compete page 1 of the application and sign and date at the bottom. | | | | | |
|---|--|---|--|--|--|--|
| • | Application check list: | | | | | |
| | | Does your assessment pass the 200% Median Assessed Value Test. | | | | |
| | | Determine your Total Asset Value. Is it below \$900,000 | | | | |
| | | Sign the bottom of the application AND the Sworn Affidavit regarding your Qualifying Total Asset Value. | | | | |
| | | Is your Tax form 1040, schedule A, Schedule 1, 1099, etc. attached to enable the Tax Collector to do a Modified Income sheet to determine if you are eligible | | | | |
| | | Complete page 1 of the application. Sign & Date. | | | | |
| | | Notes: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

202 - APPLICATION

TOWN OF NEWTOWN - APPLICATION FOR TAX RELIEF FOR SENIORS & TOTALLY PERMANENTLY DISABLED

APPLICATION FILING PERIOD: MARCH 1 TO MAY 15

| NAME | LAST | FIRST | M.I. | DATE OF BIRTH | SOCIAL SECURITY # | | |
|-------|----------|---|-----------------|-----------------------|------------------------------|--|--|
| Marit | al Statu | s | | | | | |
| SPOU | SE'S NA | AME_ | | DATE OF BIRTH | SOCIAL SECURITY # | | |
| MAILI | NG ADI | DRESS | | | ASSESSED VALUE | | |
| | | | | | \$695,700 | | |
| PROPE | RTY AD | DRESS (IF DIFFERENT FROM ABOVE) |) | 200% OF | THE MEDIAN ASSESSED VALUE | | |
| | | COFF EITHER YES BOX OR NO BOX: | | (%) C | WNED BY APPLICANT9 | | |
| YES | NO | HAVE YOU EVER APPLIED FOR THIS | TOWN BENEFIT | BEFORE? | | | |
| | | OWNS REAL PROPERTY (ABOVE) OR LIABLE FOR THE PAYMENT OF TAXES PER 12-48 CT STATUTE | | | | | |
| | | OCCUPIES SAID REAL PROPERTY AS A RESIDENCE & PROPERTY IS LEGAL DOMICILE AND OCCUPIED MORE THAN 183 DAYS OF EACH YEAR (MEASURED FROM JULY 1, 2022 TO JUNE 30, 2023) | | | | | |
| | | APPLICANT OR SPOUSE 65 OR OLDER AS OF JULY 1, 2024; OR SURVIVING SPOUSE, 60 YEARS OR OLDER AS OF JULY 1, 2024 (OF A TAXPAYER WHO WAS QUALIFIED AT THE TIME OF HIS OR HER DEATH); OR ON PERMANENT TOTAL DISABILITY BENEFITS UNDER SOCIAL SECURITY OR FEDERAL /STATE/LOCAL PROGRAMS WITH COMPARABLE REQUIREMENTS. | | | | | |
| | | APPLICANT RESIDED AT AND PAID | REAL ESTATE TA | XES FOR A PERIOD OF O | NE YEAR PRIOR TO MAY 15, 202 | | |
| | | DO YOU HAVE ANY DELINQUENT TAXES DUE TO THE TOWN OF NEWTOWN? | | | | | |
| | | DID YOU FILE A FEDERAL TAX RETURN FOR 2023? | | | | | |
| | | DID YOU COMPLETE THE QUALIFYING TOTAL ASSET VALUE (QTAV) WORKSHEET ON PAGE 2? THE QTAV WORKSHEET IS NOT COMPLETE UNTIL THE SWORN AFFIDAVIT IS SIGNED BY THE APPLICANT OR AN AUTHORIZED AGENT. | | | | | |
| | | ARE YOU RECEIVING A HOMEST | EAD ACT BENEFIT | IN ANY OTHER STATE? | | | |
| | | | | (|))_ | | |
| | Signat | ure of Applicant or Authorized Ager | nt Date | e Signed # | Applicant's Telephone # | | |

2024 - APPLICATION

TOWN OF NEWTOWN - APPLICATION FOR TAX RELIEF FOR SENIORS & TOTALLY PERMANENTLY DISABLED

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TOTAL ASSET VALUE - AFFIDAVIT

To be eligible for the Town of Newtown Tax Relief for Seniors & Totally Permanently Disabled Tax Credit your qualifying total asset value (QTAV) cannot be more than \$900,000 (Newtown Code 208 – 2 K; Legislative Council minutes 09/20/2017). Below is an assets worksheet for your personal use only. Use this to calculate your total assets.

| | To Qualify for property tax relief an ap value (QTAV) not exceeding \$900,000 consist of any and all assets of the app shall specifically exclude the value of therein. Each applicant shall make a slimit is subject to change upon resoluth changes are made to the QTAV Assets Worksheet This is for informational purposes. It does not be a possible to the part of the | plicant shall have indivic (the QTAV limit) (establi blicant individually if unr the applicant's primar worn statement that su tion by the Legislative | ished upon resolution by the Le married or jointly if married as a y legal residence and all tangi ch applicant's QTAV does not e Council, and the Tax Collector | gislative Council). The QTAV shall of the date of the application but ble personal property contained exceed the QTAV limit. The QTAV | |
|---|--|---|---|---|---|
| | Cash Certificates of Deposit Checking Savings Corporate Bonds Corporate Stock Federal Agency Securities Federal Treasury Notes 401(k) Plan Other Assets | \$ Mar \$ Mor \$ Mun \$ Mut \$ Accc \$ Real \$ Cash | ketable securities ketable Equity Securities hey Market Funds hicipal Bonds ual Funds bunts/Notes Receivable Estate h Value Life Insurance vidual Retirement Acts TOTAL ASSETS | \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| Ţ | F YOU ARE ELIGIBLE FOR THIS PRIMARY LEGAL RESIDENCE A \$900,000? (SEE INSTRUCTION The above applicant or author complete. | ND ALL PERSONAI IS ON PAGE 1). YES SWORN A | NO . | D THEREIN) EXCEEDING | ₹ |
| | Signature of applicant or a | | | | |