

**NORTH BRANFORD LOCAL
TAX CREDIT APPLICATION
(Town Ordinance #221)
(Filing Period February 1, - May 15, 2010)**

2009 GRAND LIST

1. NAME (Last) (First) (Middle Initial) YOUR BIRTH DATE SOCIAL SECURITY NUMBER

2. SPOUSE'S NAME (First) (Middle Initial) SPOUSE'S BIRTHDATE SOCIAL SECURITY NUMBER

3. MAILING ADDRESS (NO. & STREET) (TOWN) (STATE) (ZIP CODE)

4. PROPERTY ADDRESS (ONLY IF DIFFERENT FROM NO. 3) (TOWN) (STATE) (ZIP CODE)

FILING STATUS

5. CHECK ONLY ONE _____ MARRIED _____ UNMARRIED _____ SURVIVING SPOUSE (AGE 60)

RESIDENCY

6. HAVE YOU BEEN A RESIDENT OF NORTH BRANFORD FOR MORE THAN TWO (2) YEARS? _____ YES _____ NO

DO YOU OWN PROPERTY IN ANOTHER STATE? (If yes, you must provide address) _____

7. DID YOU FILE A FEDERAL INCOME TAX RETURN FOR THE GRAND LIST YEAR? _____ YES (Attach Copy) _____ NO

8. IF APPLICANT IS TOTALLY DISABLED CHECK HERE _____ (Proof required)

9. INCOME RECEIVED DURING LAST CALENDAR YEAR:

A) TAXABLE INCOME – Includes: Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to wages, Lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. **A. \$ _____**

B) NON-TAXABLE INTEREST – Example: Interest from Tax Exempt Government Bonds. **B. \$ _____**

C) SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME – Add Medicare premiums. **C. \$ _____**

D) ANY INCOME NOT REFLECTED IN THE ABOVE – Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments and any other income not listed above. **D. \$ _____**

E) TOTAL INCOME (add lines 9a through 9d) **E. \$ _____**

10. APPLICANT'S AUTHORIZED AGENT'S AFFIDAVIT: The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under provisions of the Connecticut General Statutes and local North Branford ordinance. The property, for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b, section 12-170d, in any town. The penalty for making false affidavit is the refund of all credits improperly taken. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT _____ DATE (Mo/Day/Yr) _____ APPLICANT'S OR AGENT'S PHONE NO. _____ AGENT'S RELATIONSHIP _____

PLEASE DO NOT WRITE BELOW THIS LINE – ASSESSOR'S USE ONLY

TAX LIABILITY: Tax Collector to Verify

11. Are **ALL TAXES** and **CHARGES CURRENT**? _____ YES _____ NO

Signature of Tax Collector or Collector's Staff _____

12. Applicant **meets** all necessary requirements. _____ YES This claim is **disallowed** for the following reason: _____

13. Date Application Received: _____ List # _____ Qualifying Income _____ Tax Credit To Be Applied _____

SIGNATURE OF ASSESSOR OR STAFF MEMBER _____ DATE SIGNED - (Mo/Day/Yr) _____