City of Philadelphia Department of Revenue

MAKE NO MARKS IN THIS AREA -

Return by: October 15, 2007

2008 APPLICATION FOR SENIOR CITIZEN LOW INCOME SPECIAL REAL ESTATE TAX PROVISIONS

New Applicants Only. Prior Program Participants Do Not Need to File this Application.

and taxable portion of Individual Retirement Accounts (IRAs)	Number	unt Nu	/cco	Tax /	ate	l Est	Rea	lence.)	Print Property Address (Must be Primary Reside
Filing Status: Single Married Spouse's Birth Date Print Spouse's Name Spouse's Social Security Number If qualifying spouse is deceased, enter the date of death: Spouse's Birth Date Household Income To qualify, total income must be \$14,500 or less for a single person or \$17,700 or less for a married 1. Total 2006 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)			-		-				
Filing Status: Single Married	lumber	ity Nur	ecur	cial S	Soc	ıer's	Owr		rint Owner's Name
Filing Status: Single Married	-	-		-					
Print Spouse's Name Spouse's Social Security Number If qualifying spouse is deceased, enter the date of death: Spouse's Birth Date Household Income To qualify, total income must be \$14,500 or less for a single person or \$17,700 or less for a married Total 2006 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)			te	th Da	Bir	ner's	Owr		
If qualifying spouse is deceased, enter the date of death: Floure Flou		-			-			Married	iling Status: Single
Household Income To qualify, total income must be \$14,500 or less for a single person or \$17,700 or less for a married 1. Total 2006 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)	Number	rity Nu	Secu	ocial	s Sc	use':	Spo		rint Spouse's Name
Household Income To qualify, total income must be \$14,500 or less for a single person or \$17,700 or less for a married 1. Total 2006 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)	-	-] -					
1. Total 2006 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)		Spouse's Birth Date					Spo	e of death:	qualifying spouse is deceased, enter the date
1. Total 2006 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)		-			-				
1. Total 2006 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)			_						
(Medicare premiums must be included)	or a married coup	ss for	or le	,700	\$17	n or	oerso	ust be \$14,500 or less for a single	ousehold Income To qualify, total income mu
and taxable portion of Individual Retirement Accounts (IRAs)	. 0		,				1.		
and Partnership Income (Do not subtract losses)	. 0		,	I			2.	s' & Railroad Retirement Benefits, counts (IRAs)	Total 2006 Gross Pensions, Annuities, Veterans and taxable portion of Individual Retirement Acc
5. Total 2006 Net Rental Income and Net Business Income (Do not include rent you pay; do not subtract rental or business losses from your total income)	. 0		,				3.		
you pay; do not subtract rental or business losses from your total income)	. 0		,	L			4.	Prizes (Do not subtract losses)	Total 2006 Interest, Dividends, Capital Gains, Pr
Compensation, Alimony, Support Money, Gifts totaling more than \$500, Life Insurance Death Benefit Payments exceeding \$10,000 per person)	. 0		,				5.		
Reminder: To qualify, total income must be \$14,500 or less for a single person or \$17,700 or less for a married coul. Under penalties of perjury, as set forth in 18 PA C.S. §§ 4902-4903 as amended, I swear that I have reviewed this return and accompan	. 0],				6.	totaling more than \$500,	Compensation, Alimony, Support Money, Gifts to
Under penalties of perjury, as set forth in 18 PA C.S. §§ 4902-4903 as amended, I swear that I have reviewed this return and accompan	. 0		,				7.	gh 6)	TOTAL ANNUAL FIGURE (Add Lines 1 through
	married couple.	or a ma	ss fo	or le	,700	\$17 ,	on or	pe \$14,500 or less for a single pers	Reminder: To qualify, total income must be
	and accompanying	eturn an	his re	ewed 1	revie				
Taxpayer Signature DatePhone #				ne #_	_Phc			Date	Taxpayer Signature
Preparer Signature DatePhone #				ne #_	_Phc			Date	Preparer Signature