

OFFICE OF THE PLACER COUNTY ASSESSOR
DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET

Attach to Claim for Disabled Veterans' Property Tax Exemption

2020 - 2021

Household Income (Section 20504)

"Household Income" means all income received by all persons of a household while members of such household. Include only the income of persons who were members of the household during the calendar year prior to the year of this claim (Example: The claim is for the 2020-2021 tax year, the income would be for the calendar year 2019).

The term "household" includes the claimant and all other persons, except bona fide renters, minors, or students.

STEP A. Enter your name and Assessor's Parcel Number.

NAME _____ ASSESSOR'S
 _____ PARCEL NUMBER _____

STEP B. Enter total yearly income of you and your spouse. Complete lines 1 through 17.

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| 1. Wages, salaries, tips, and other employee compensation | 1. \$ _____ |
| 2. Social security, including the amount deducted for Medi-Care premiums | 2. \$ _____ |
| 3. Railroad retirement | 3. \$ _____ |
| 4. Interest and dividends..... | 4. \$ _____ |
| 5. Pensions, annuities and disability retirement payments | 5. \$ _____ |
| 6. SSI/SSP (Supplemental Security Income/State Supplemental Plan), AB (Aid to the Blind) and ATD (Aid to Totally Disabled), AFDC (Aid to Families with Dependent Children), and APSB (Aid to the Potentially Self-Supporting Blind)..... | 6. \$ _____ |
| 7. Rental income (or loss) | 7. \$ _____ |
| 8. Net income (or loss) from a business | 8. \$ _____ |
| 9. Income (or loss) from the sale of capital assets | 9. \$ _____ |
| 10. Life insurance proceeds that exceed expenses..... | 10. \$ _____ |
| 11. Veterans benefits received from the Veterans Administration..... | 11. \$ _____ |
| 12. Gifts and inheritances in excess of \$300, except between members of the household | 12. \$ _____ |
| 13. Unemployment insurance benefits | 13. \$ _____ |
| 14. Workers compensation for temporary disability (not for permanent disability) | 14. \$ _____ |
| 15. Amounts contributed on behalf of the claimant to a tax sheltered or deferred compensation plan (also a deduction), see Line 23 | 15. \$ _____ |
| 16. Sick leave payments | 16. \$ _____ |
| 17. Nontaxable gain from the sale of a residence | 17. \$ _____ |

STEP C. Enter the Income of Other Household Members.

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| 18. Do not include income of minors, students, or renters | 18. \$ _____ |
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STEP D. Subtotal. Enter here and on line 20 on the back.

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| 19. SUBTOTAL. Add lines 1 through 18..... | 19. \$ _____ |
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PLEASE CONTINUE ON THE BACK

DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET (SIDE 2)

20. TOTAL FROM LINE 19..... 20. \$ _____

STEP E. Adjustments to Income. Complete lines 21 through 27 (if applicable).

Section 17072 of the Revenue and Taxation Code provides for an "adjusted gross income," which means, in the case of an individual, gross income minus the following deductions:

- 21. Forfeited interest penalty 21. \$ _____
- 22. Alimony paid..... 22. \$ _____
- 23. Individual retirement arrangement, Keogh (HR 10),
Simplified Employee Plan (SEP), or SIMPLE plans
subject to certain limitations 23. \$ _____
- 24. Employee business expenses 24. \$ _____
- 25. Moving expenses and deductions of expenses
(already taken) for the production of income
(or loss) reported in Items 7 (rental),
8 (business), and 9 (sale of capital assets)
included in "income." 25. \$ _____
- 26. Student loan interest 26. \$ _____
- 27. Medical savings account 27. \$ _____

STEP F. Adjustments to Income.

28. Add lines 21 through 27..... 28. \$ _____

STEP G. Total Household Income.

29. Subtract line 28 from line 20 29. \$ _____

STEP H. Certification. Please sign and date this form. Enter your telephone number.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE

DATE

DAYTIME TELEPHONE NUMBER