

Assessor's Office  
100 Main Street  
Huntington, NY 11743



Phone: (631) 351-3226  
Fax: (631) 425-0128

Enclosed is the **2024-25 Disability Low Income Partial Tax Exemption Renewal Application RP 459-C RNW**.  
The completed application and all supporting paperwork must be submitted **no later than March 1st, 2024**.

New for 2024/2025 Tax Year:

**INCOME YEAR USED IS 2022**

**INCOME LIMIT \$58,400**

**FOR ALL OWNERS AND SPOUSES.**

**TO PROVE FEDERAL ADJUSTED GROSS INCOME, YOU MUST SUBMIT PHOTOCOPIES OF THE FOLLOWING:**  
**(We DO NOT make copies and originals WILL NOT be returned to you)**

**ALL INCOME SUBMITTED MUST BE FROM THE **2022** TAX YEAR.**

<b><u>Non-Income Tax Filers:</u></b>	<b><u>Income Tax Filers:</u></b>
<input type="checkbox"/> Form 4506-T (See last page of this application for instructions.)	<input type="checkbox"/> Copy of FULL Federal Income Tax Return and ALL schedules
<input type="checkbox"/> 2022 Social Security (copy of SSA 1099)	<input type="checkbox"/> 2022 Social Security (copy of SSA 1099)
<input type="checkbox"/> 2022 Wages, Salaries, Tips (copy of W-2's)	<input type="checkbox"/> Unreimbursed Medical- Attach <b>copies</b> of all receipts/print outs from doctors' offices and pharmacies in 2022 to this application.
<input type="checkbox"/> 2022 Pension and Annuities (attach copies of all 1099-R's)	
<input type="checkbox"/> 2022 IRA Distributions (copies of 1099-R's)	
<input type="checkbox"/> Total 2022 Interest & Dividends (copies of 1099's)	
<input type="checkbox"/> 2022 Unemployment compensation (copy of 1099-G)	
<input type="checkbox"/> 2022 Workers Compensation	
<input type="checkbox"/> Rental income to household (attach rent receipts from 2022)	
<input type="checkbox"/> 2022 Alimony (attach proof of payment)	
<input type="checkbox"/> 2022 Business Income (attach proof)	
<input type="checkbox"/> Capital Gains 2022	
<input type="checkbox"/> Other Income (ie gambling winnings)	
<input type="checkbox"/> Unreimbursed Medical- Attach <b>copies</b> of all receipts/print outs from doctors' offices and pharmacies in 2022 to this application.	

**TOWN OF HUNTINGTON**  
**RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL**  
**PROPERTY OF LOW-INCOME DISABILITY**

<u>Names of ALL Owners</u>	<u>Birth Date</u>	<u>Marital Status</u>	<u>Mailing Address</u>

1) Name of any spouse (not listed under owners)

\_\_\_\_\_

2) Telephone Number – Day (        ) \_\_\_\_\_ Evening (        ) \_\_\_\_\_

3) Location of property/street address

\_\_\_\_\_

Tax Map Number (Section/Block/Lot) \_\_\_\_\_

4) Do you or any owners own additional property in, or out, of NY State? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Address of additional property:

\_\_\_\_\_

5) Is property in a trust? Yes \_\_\_\_\_ No \_\_\_\_\_ (if Yes, attach entire trust) \_\_\_\_\_ pages

6) Do all owners of the property presently reside on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is no, is an owner receiving medical care as an in-patient in a health-care facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," specify anticipated length of stay and return home date: \_\_\_\_\_

\_\_\_\_\_

If answer to #6 is "No," is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, separation or abandonment? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is "No," please explain: \_\_\_\_\_

\_\_\_\_\_

7) Does a child (or children), including those of tenants, reside on the property and attend a public-school Graded Pre-K to 12? Yes # \_\_\_\_\_ No # \_\_\_\_\_ Name and Location of school(s)

\_\_\_\_\_

\_\_\_\_\_

8) Did Owner(s) or Spouse file a **Federal Income Tax Return** for year **2022**?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," attach copies of tax returns with all schedules.

- **IF YOU ARE NOT REQUIRED TO FILE A TAX RETURN, YOU MUST SUPPLY PHOTOCOPY PROOF OF ALL SOURCES OF INCOME INCLUDING ALL 1099'S. WE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND/OR AN OFFICIAL TAX RETURN TRANSCRIPT FROM THE IRS.**

**TOWN OF HUNTINGTON**  
**RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL  
PROPERTY OF LOW-INCOME DISABILITY**

<u>Names of ALL Owners</u>	<u>Birth Date</u>	<u>Marital Status</u>	<u>Mailing Address</u>

1) Name of any spouse (not listed under owners) \_\_\_\_\_

2) Telephone Number – Day (        ) \_\_\_\_\_ Evening (        ) \_\_\_\_\_

3) Location of property/street address \_\_\_\_\_

Tax Map Number (Section/Block/Lot) \_\_\_\_\_

4) Do you or any owners own additional property in, or out, of NY State? Yes \_\_\_\_\_ No \_\_\_\_\_  
Address of additional property: \_\_\_\_\_

5) Is property in a trust? Yes \_\_\_\_\_ No \_\_\_\_\_ (if Yes, attach entire trust) \_\_\_\_\_ pages

6) Do all owners of the property presently reside on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is no, is an owner receiving medical care as an in-patient in a health-care facility? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes," specify anticipated length of stay and return home date: \_\_\_\_\_

If answer to #7 is "No," is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, separation or abandonment? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is "No," please explain: \_\_\_\_\_

7) Does a child (or children), including those of tenants, reside on the property and attend a public-school Graded Pre-K to 12? Yes # \_\_\_\_\_ No # \_\_\_\_\_ Name and Location of school(s) \_\_\_\_\_

8) Did Owner(s) or Spouse file a **Federal Income Tax Return** for year **2022**?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," attach copies of tax returns with all schedules.

- **IF YOU ARE NOT REQUIRED TO FILE A TAX RETURN, YOU MUST SUPPLY PHOTOCOPY PROOF OF ALL SOURCES OF INCOME INCLUDING ALL 1099'S. WE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND/OR AN OFFICIAL TAX RETURN TRANSCRIPT FROM THE IRS.**

**SIGNATURES for ALL OWNERS and SPOUSES are REQUIRED  
for APPLICATION TO BE COMPLETE.  
FAILURE TO DO SO WILL RESULT IN DENIAL OF THE EXEMPTION.**

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief and I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date

**This Area for Assessor's Use Only**

Date application filed \_\_\_\_\_

- ☐ Proof of age submitted
- ☐ Proof of ownership submitted
- ☐ Proof of income submitted
- ☐ Application approved
- ☐ Application disapproved

Exemption applies to taxes levied by or for:

- ☐ County \_\_\_\_\_ %
- ☐ School \_\_\_\_\_ %
- ☐ Village \_\_\_\_\_ %
- ☐ City \_\_\_\_\_ %
- ☐ Town \_\_\_\_\_ %

Assessor's signature

Date



**IF YOU DID NOT FILE A TAX RETURN FOR 2022**

Fill in the enclosed 4506-T form with your name, Social Security number and address (lines 1a, 1b, 2a, 2b & 3). Sign, date and enter your phone number on the bottom "signature" line and **mail to the Internal Revenue Service for processing:**

**INTERNAL REVENUE SERVICE  
RAIVS TEAM  
Stop 6705 S-2  
KANSAS CITY, MO 64999  
(855) 821-0094**

You may also complete the 4506-T form on-line at the IRS website.

<https://www.irs.gov/pub/irs-pdf/f4506.pdf>

**The IRS will then mail you your Wage and Income Transcript.**

**This form is due no later than March 1<sup>st</sup>, 2024**

Please be aware you **must** supply a copy of the received IRS Transcript and photocopy proof of **all** sources of income including **all** 1099's with this application or you will be **denied** from receiving the Partial Tax Exemption for Real Property of Persons with Disabilities and Limited Incomes.

**If you have any questions please contact our office at 631-351-3226 or email [assessorinfo@huntingtonny.gov](mailto:assessorinfo@huntingtonny.gov)**

# Request for Transcript of Tax Return

- **Do not sign this form unless all applicable lines have been completed.**  
► **Request may be rejected if the form is incomplete or illegible.**  
► **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

(Optional)

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► 1040
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
  - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐
  - c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☒

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.
- 12 / 31 / 2022    /    /    /    /    /

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☒ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.**

Phone number of taxpayer on line 1a or 2a

**Sign Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see **Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date, masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip:** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-808-9948.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts; one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (TIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

**Note:** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6528  
Washington, DC 20224

Do not send the form to this address. Instead, see **Where to file** on this page.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.