

Department of Taxation and Finance Office of Real Property Tax Services

RP-425-E

Application for Enhanced STAR Exemption for the 2022-2023 School Year

You must submit Form RP-425-IVP, Supplement to Form RP-425-E, with this form.

Note: The STAR exemption program is closed to new applicants. This form is primarily for use by property owners with Basic STAR exemptions who wish to apply and are eligible for the Enhanced STAR exemption. If you are a new homeowner or first-time STAR applicant, you may be eligible for the STAR credit. Register with the NYS Tax Department at www.tax.ny.gov/star. For a list of who else should use this form, see the instructions on page 2.

	Name(s) of owner(s)						
F	Property identification: Tax map number or section/block/lot (see to	lax bill or as	sessment roll)			· · · · · · · · · · · · · · · · · · ·	
L	ocation of property (street address)					Unit numbe	er
7	City, town, or village	 		State	ZIP code	1	······································
٨	Mailing address of owner(s) (number and street - include unit number -	or PO Box)	City, village, or post office		State	ZIP cod	de
F	Phone number		Email address				
7	s this property held in a: Frust? Yes No Life estate? Yes No	*If yes, w	l hat is the legal name of the	trust?			
1	Did you have a STAR exemption on this property for the Enhanced STA for the Enhanced STAR credit. Register at www.	AR exem	nption. However, you r	? nay be elig	jible	Yes 🗌	No 🗌
2	Will all owners be at least 65 years of age as of Deby a married couple or by siblings, will at least one of age as of December 31, 2022?	e of the s	pouses or siblings be	at least 65	Veare	Yes 🗍	No 🗍
3	Is the total 2020 combined income of all the owner premises, less than or equal to \$92,000? (See Income)	rs. and o	f any owners' spouses	s residina d	nn the	Yes [No 🗆
	Note: If you answered Yes to both questions 2 or 2020 state income tax returns for all owners, needs tax schedules and tax form attachments, require proof of age.	and 3, y includin	ou must attach a copy g nonresident owners	of the 20	20 federal		
	If you were not required to file a federal or New Form RP-425-Wkst, <i>Income for STAR Purposes</i>	York Sta Worksh	ite income tax return for	or 2020, st	ıbmit		
	If you answered <i>No</i> to either question 2 or 3, the exemption, but may continue to receive Basic S	en you d TAR.	lo not qualify for the E	inhanced s	STAR		
4	Do you or your spouse own another property that is York State or a residency-based tax benefit in anot exemption?	ther state	e, such as the Florida	Homestea	d	Yes 🗌	No 🗍
exemption? If Yes, attach a list with the address and exemption or benefit information of each property.							

(continued)

Certification

Caution: Anyone who misrepresents his or her primary residence, age, or income:

- will be subject to a penalty of the greater of \$100 or 20% of the improperly received tax savings
- · will be prohibited from receiving the STAR exemption or STAR credit for six years, and
- may be subject to criminal prosecution.

	Date	Signature	Date
Signature	Date	Signature	, Date
	This Area for Ass	sessor's Use Only	
Date application received:		Form RP-425-IVP received:	Yes No
	Yes No	Approved:	Yes No
Proof of age:	· · · · · · · · · · · · · · · · · · ·		
Proof of age: Proof of income:	Yes No		
-	Yes No Yes No		
Proof of income:		3.4.1.	

Instructions

You must include this form when applying or reapplying for the Enhanced STAR exemption.

General information

To apply for the Enhanced STAR exemption, submit this application and Form RP-425-E, *Application for the Enhanced STAR Exemption* to your assessor.

You must also provide proof of income as described on the above forms

When submitting this form, you must supply the Social Security numbers of all owners of the property and of any owner's spouse who resides on the premises.

In the first year, the assessor will verify your eligibility based on the income information you provide. (See *Income information.)* In the following years, the New York State Department of Taxation and Finance will verify your income eligibility. You will not need to reapply for the exemption or provide copies of your tax returns to your local assessor.

The Tax Department will **not** disclose your income to the assessor. It will only disclose whether or not your income is below the applicable income standard.

Nassau County homeowners: Complete Form RP-425-IVP along with the county's *Enhanced STAR Property Tax Exemption Application*, which is available at Nassau County's website at *www.nassaucountyny.gov* (search: *STAR*). Submit both forms to the address on page 2 of Nassau County's application.

Income information

This is the income that the assessor will use to verify your eligibility in your first year of applying for the Enhanced STAR exemption.

- Calculated income Refer to Proof of income for STAR purposes on page 3 of Form RP-425-E for instructions on how to calculate income.
- Tax year Income is based on the tax year two years prior to the year for which you are applying for an exemption. For example, if you are applying for an Enhanced STAR exemption for the 2024-2025 school year, income is based on the 2022 tax year.
- Income documentation Indicate the income tax form that was used to document income. If you did not file a Federal or New York State income tax return for the required year, complete Form RP-425-Wkst, Income for STAR Purposes Worksheet, and submit it with Form RP-425-E and this form.

Privacy notification

The Privacy Act of 1974 requires us to advise you that the law which allows us to ask for your Social Security numbers is New York Real Property Tax Law section 425 (4)(b). It is mandatory that you furnish your Social Security numbers. Once you furnish them, they will be forwarded to the New York State Department of Taxation and Finance, which will use them to verify, or

attempt to verify, whether your income is greater than the applicable income standard for purposes of the Enhanced STAR exemption. If you do not furnish your Social. Security numbers, you will be unable to receive an Enhanced STAR exemption.

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Department of Taxation and Finance Office of Real Property Tax Services

RP-425-B

(8/21)

Application for Basic STAR Exemption for the 2022-2023 School Year

Note: The STAR exemption program is closed to new applicants. If you are a new homeowner or first-time STAR applicant, you may be eligible for the STAR credit. Register with the NYS Tax Department at www.tax.ny.gov/star. For a list of who should use this form, see the instructions on page 2.

Name(s) of owner(s)	,					
Mailing address of owner(s) (numi	ber and street - inc	lude unit number - or PC	Box)	ocation of property (street add	dress; include unit numbe	r)
City, village, or post office	State	e ZIP code		City, town, or village	State	ZIP code
Daytime contact number	Evening cor	ntact number	1	School district	1100	
E-mail address			F	Property identification: Tax map nu	ımber or section/block/lot	(see tax bill or assessment roli
Name(s) of any non-owner spouse	(s)					
Address(es) of primary residence(s) if different from	above			um di la mangangaga	
 Did you have a STAR exertif No, you are not eligible the Basic STAR credit. Is the total 2020 combine than or equal to \$250,000 of No, then you do not than or equal to \$500,0 	ole for the Ba Register at the d income of a O? (See Incorqualify for the	sic STAR exemp www.tax.ny.gov/s all the owners ar me for STAR pur e Basic STAR ex	otion. I star. nd spo poses emptie	However, you may be enuses residing on the property on page 2.)	eligible for emises less	_
3 Do you or your spouse ov York State or a residency If Yes, attach a list with	vn another pr tax benefit in	roperty that is eit n another state, s	ther re such a	eceiving a STAR exemp as the Florida Homestea	otion in New ad exemption?	Yes 🗌 No 🗀
Certification Caution: Anyone who misre will be subject to a penalty will be prohibited from reco	of the greate eiving the ST	er of \$100 or 20% AR exemption or	% of th	e improperly received t		
(we) certify that all of the all primary residence. I (we) uprimary residence and prov	nderstand it i /ide any docu	s my (our) oblig umentation of elig	gation gibility	to notify the assesso that is required.	or if I (we) relocat	it is my (our) e to another
All resident owners must sig			addit		ary.	
Signature		Date		Signature		Date
Signature		Date		Signature		Date

Return this form and proof of income to your local assessor by taxable status date (see Deadline on page 2).

Instructions

General information

The Basic STAR exemption reduces the school tax liability for qualifying homeowners by exempting a portion of the value of their home from the school tax.

To qualify, the home must be:

- · owner-occupied, and
- · the homeowners' primary residence.

The combined 2020 income of the owners and spouses who reside on the property must be less than or equal to \$250,000 and you must have had a STAR exemption on the same property for the 2015-2016 school year. If your income is more than \$250,000 but less than or equal to \$500,000, you may qualify for the STAR credit. Register at www.tax.ny.gov/star.

Who should use this form: You are not generally required to reapply annually for the exemption, but you must advise the assessor if the property is no longer your primary residence. You are required to reapply for the exemption if the ownership of the property has changed due to:

- · marriage,
- divorce,
- surrender of interest by a co-owner.
- · survivorship,
- trusts.
- · life estates,
- name change(s).

Deadline: You must file the application and proof of income with your local assessor on or before the applicable *taxable status date*, which is generally March 1.

- In the Village of Bronxville it is January 1;
- In Nassau County it is January 2;
- · In Westchester towns it is either May 1 or June 1;
- · In cities, check with your assessor.

For further information, ask your local assessor. Visit our website or your locality's website to find your local assessor's contact information.

Do not file this form with the New York State Department of Taxation and Finance or the Office of Real Property Tax Services.

Application instructions

Print the name and mailing address of each person who owns and primarily resides in the property. (If the title to the property is in a trust or is held in a life estate, the trust beneficiaries or life tenants are deemed to be the owners for STAR purposes.) There is no single factor which determines whether the property is your primary residence, but the assessor will consider factors such as voting location, automobile registrations, and the length of time you occupy the property each year. The assessor may ask you to provide proof of residency and ownership.

You can find the parcel identification number on either the assessment roll or your tax bill.

Date application received:	This Area for As	sessor's Use Only Approved:
Proof of income:	Yes No	. ,
Proof of residency:	Yes No	
Assessor's signature	D	ate

Proof of income for STAR purposes

You are required to submit proof of income with this form. Proof of income is your 2020 federal or state income tax return. Do not submit your 2021 tax forms. If you were not required to file a federal or New York State income tax return for 2020, complete Form RP-425-Wkst, *Income for STAR Purposes Worksheet*, and submit it to the assessor along with this form. To determine your income eligibility, use the following table to identify line references on your 2020 federal or state income tax returns.

Form number	Title of income tax form	Income for STAR purposes
Federal Form 1040	U.S. Individual Income Tax Return	Adjusted gross income (line 11) minus taxable portion of IRA distributions (line 4b)
NYS Form IT-201	Resident Income Tax Return	Federal adjusted gross income (line 19) minus taxable portion of IRA distributions (line 9)



Department of Taxation and Finance Office of Real Property Tax Services

RP-425-IVP

Supplement to Form RP-425-E
Mandatory for all Enhanced STAR Applicants

(8/20)

When applying for the Enhanced STAR exemption, you **must** submit this form to your assessor along with your Enhanced STAR application form and proof of income. For more information, see page 3.

Name(s) of owner(s)		· · · · · · · · · · · · · · · · · · ·			
Location of property (street address; inc	lude unit number)	Mailing address o	f owner(s) <i>(numt</i>	per and street - includ	de unit number - or PO Box
City, town, or village	State ZIP code	City, village, or pos	st office	State	ZIP code
School district		Daytime contact n	umber	Evening cont.	act number
Property identification Tax map number or sec	tion/block/lot (see tax bill or assessment i	roll) Email address			
All owners of the property, and a numbers and sign the authoriza Authorization I (we) authorize the New York S number(s) supplied below, whet ourposes of the Enhanced STAF First owner information – Provide	tate Department of Taxation her my (our) income is less R exemption.	o will result in de n and Finance to al than or equal to th	nial of the E nnually verify ne applicable	nhanced STA v, using my (ou annual incom	R exemption.
First name and middle initial	· · · · · · · · · · · · · · · · · · ·	ast name			Suffix
Social Security number	Date of birth (mm/dd/yy)	yy)	Is this you	r primary residend	ce?
Mark all that apply: Owner		of another owner			and siblings below.
ncome information for first year of applic	cation (see Instructions):				
Calculated income \$	Tax year .		Ir	icome documenta	tion (mark one below)
Federal Form 1040	NYS Form IT-201	F		<st (see="" instructions<="" td=""><td></td></st>	
iling status: Single Married	I filling joint Married filling		d of household	-	widow(er)
ignature			Date	,	
ontinues on page 2)					
or assessor's use only					
Municipal code	0 0 Ownership code (En	ter M or C if this property i	s a mobile home o	or a cooperative)	

Additional owner or spouse information	ı – Provide informati	on for every ow	ner, and any	spouse eve	n if not an owner.	
First name and middle initial	, and	Last name		<i>j</i> - 1.		Suffix
Social Security number	Date of birth (mm/d	 ld./yyyy)		Is this your p	rimary residence?	1
	*		· .	Ye	s No 🗌	
Mark all that apply: Owner *Spouse o	fan owner 🔲 *Sib	ling of another ov	wner 🗌 🔭 *	Provide name	(s) of spouses and sibling	ıs below.
Name(s) and relationship(s) of spouse or sibling	g/owner:					
Income information for first year of application (see instructions).	•				
Calculated income \$	Tax y	ear		Inco	me documentation (mark o	one below
Federal Form 1040	NYS Form IT-2	on4 🗍	Form		 -	**** ,
Filing status: Single Married filing j	in the second	iling separate	-	_	(see instructions)	. —
Signature Market ming	Offit [_] filanteun	IIIng separate	J Head of	household	Qualifying widow(er) [
end tender perference of	\$1,10			Date		
						
Additional owner or spouse information	Drovida informatio	- for occord over			••	
Additional owner or spouse information First name and middle initial	- Floride infoffiatio	Last name	ner, and any	spouse even	If not an owner.	Suffix
						Guilly
Social Security number	Date of birth (mm/dd	<u> </u> //yyyy)		ls this your pri	imary residence?	
			Continue -	Gran Congress	Spring to the second second	1, 1
Mark all that apply: Owner *Spouse of				Yes		<u> </u>
Name(s) and relationship(s) of spouse or sibling.		ing or anomer ow	ner	,LONIGE USING	s) of spouses and siblings	; below.
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4 <u>15.895</u>
Income information for first year of application (so	and the second second	the state of the s	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Calculated income \$		· = ·				M. Basalla di
					ne documentation (mark or	ne below):
Federal Form 1040	NYS Form IT-20	វ1 📑 🖰	Form f	RP-425-Wkst	(see instructions)	• • • • •
Filing status: Single Married filing jo	int Married fili	ing separate	Head of h	ousehold 🗌	Qualifying widow(er)	
Signature Property Control of the Co				Date		
					· · · · · · · · · · · · · · · · · · ·	
Additional owner or spouse information - First name and middle initial		n for every own Last name	er, and any s	pouse even		- Fee
		LdSt Hattie				Suffix
Social Security number	Date of birth (mm/dd/)	Sunna		e thie your prin	mary residence?	
	Date of bitti (fillings)	<i>үууу)</i>	18			
And all that another Course (,		Yes.	No L	
Mark all that apply: Owner *Spouse of a Name(s) and relationship(s) of spouse or sibling/o		ng of another own	ier 📗 * Pi	rovide name(s) of spouses and siblings	below.
vame(s) and relationship(s) of spouse of siding/	owner:			•		•
ncome information for first year of application (see						<u>_</u>
	e instructions);				•	
Calculated income \$	Tax yea	ar		Incom	ne documentation (mark one	e below);
Federal Form 1040	NYS Form IT-201	1 🔲	Form R	:P-425-Wkst (:	see instructions)	
illing status: Single 🗌 Married filing joi	nt 🔲 Married filir	ng separate		ousehold [Qualifying widow(er)	П
Signature				Date		<u></u>

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