FRESNO COUNTY ASSESSOR'S OFFICE
DISABLED VETERAN'S HOUSEHOLD INCOME WORKSHEET
Attach to Claim for Disabled Veteran's Property Tax Exemption

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 (if the claim is for **2016** tax year, the income would be for the calendar year **2015**).

The term "household" includes the claimant and all other person, 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 the yearly income of you and your spouse.

Complete lines 1 through 17.

1	Wages, salaries, tips, and other employee compensation……	$_____
2	Social security, including the amount deducted for Medi-Care premiums……	$_____
3	Railroad retirement……	$_____
4	Interest and dividends……	$_____
5	Pensions, annunities and disability retirement payments……	$_____
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), APSB (Aid to the Potentially Self-supporting Blind)……	$_____
7	Rental Income (or loss)……	$_____
8	Net income (or loss) from a business……	$_____
9	Income (or loss) from the sale of capital assets……	$_____
10	Life insurance proceeds that exceeds expenses……	$_____
11	Veterans benefits received from the Veterans Administration……	$_____
12	Gifts and inheritances in excess of $300, except between members of the household……	$_____
13	Unemployment insurance benefits……	$_____
14	Workers compensation for temporary disability (not for permanent disability)……	$_____
15	Amounts contributed on behalf of the claimant to a tax sheltered or deferred compensation plan (also a deduction), see Line 22 below……	$_____
16	Sick leave payments……	$_____
17	Nontaxable gain from the sale of a residence……	$_____

STEP C Enter the income of other household members.

18	Do not include income of minors, students, renters, your spouse and you……	$_____
19	Add lines 1 through 18 and enter total here……	$_____

Please Continue On The Back

DISABLED VETERAN'S HOUSEHOLD INCOME WORKSHEET SIDE 2

STEP D **Adjustments to income.**

Complete lines 20 through 25

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

20 Forfeited interest penalty…… $_____

21 Alimony paid…… $_____

22 Individual retirement arrangement such as Keogh (HR 10), or Simplified Employee Plan (SEP) subject to certain limitations…….. $_____

23 Employee business expenses…… $_____

24 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 Add lines 20 through 24 and enter total here…… $_____

STEP E **Total household income**

26 Subtract line 25 from line 19 and enter total here…… $_____

STEP F **Please sign and date this form. Enter your telephone number.**

I hereby declare the foregoing facts to be true and correct to the best of my knowledge. I make this statement under penalty of perjury under the Laws of the State of California.

_____ _____

Signature Date

_____

Daytime Telephone Number