

## Addendum to the Homestead Exemption Application for Senior Citizens, Disabled Persons and Surviving Spouses

(Only for applicants who did not file an Ohio income tax return for the prior year)

In order to qualify an applicant for the homestead reduction, your county auditor is required to verify an applicant's total income for the year prior to the year of application. Generally, the auditor is able to verify total income (the income of the applicant and the applicant's spouse), through use of the portal designed specifically for the county auditor or by a review of the tax return(s) of the applicant and the applicant's spouse for the year prior to the year of application.

You have received this form because the auditor has been unable to verify your income through a review of the portal or tax returns. So that the auditor may verify income, please complete the worksheet below. If you are married, the amounts must include income and deductions for both you and your spouse. The auditor will use the result for purposes of qualifying you for the Homestead Exemption. The estimate of income derived is not an indication of whether or not you or your spouse were required to file income tax returns.

Applicant's name \_\_\_\_\_

Home address \_\_\_\_\_

County \_\_\_\_\_ Tax Year \_\_\_\_\_

### Estimated Ohio Adjusted Gross Income Calculator for Homestead Deduction Only

<u>Income</u>	<u>Amount</u>
1. W-2 and W-2G income.....	\$ _____
2. 1099-R income from retirement plans.....	\$ _____
3. 1099-DIV and 1099-INT income .....	\$ _____
4. Other income (1099-MISC, etc.; do not include Social Security benefits) .....	\$ _____
5. Total income (add lines 1-4).....	\$ _____
 <u>Deductions</u>	
6. Uniformed services retirement income and Military Injury Relief Fund amounts .....	\$ _____
7. Disability and survivorship benefits (do not include pension continuation benefits) .....	\$ _____
8. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses.....	\$ _____
9. Total deductions (add lines 6-8).....	\$ _____
10. Estimated Ohio adjusted gross income (subtract line 9 from line 5).....	\$ _____

I declare under penalty of perjury that my (our) income for the prior year is reflected in the information provided above.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Spouse Date