



Application for an Extension of the Enhanced STAR Deadline For 2022

File this form with the Tax Department at the address shown in the instructions if you missed the deadline to apply for the 2022 Enhanced STAR exemption with the assessor. See the instructions to determine eligibility.

Deadline: The deadline to submit this form is the last day that school taxes are due without penalty or interest.

Part A – Contact information

Contact name	Telephone number ()	Email address
Mailing address of contact (<i>number and street - include unit number - or PO Box</i>)		
City, village, or post office	State	ZIP code
Property address (<i>number and street - include unit number</i>)		
City, village, or post office	State	ZIP code

Briefly explain the reason why the deadline for the Enhanced STAR exemption application was missed:	
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Part B – Income and ownership information

All owners of the property, and any owner's spouse who resides on the property, must provide the information requested below.

Failure to do so will result in denial of your application. Attach additional sheets if necessary.

	Person 1	Person 2	Person 3	Person 4
Name (print)				
Social Security number				
Date of birth				
Owner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-owner spouse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property your primary residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the sibling of any other owner listed? If Yes, print name(s).				

Note: The income of all owners and any owner's spouse who resides on the property must be accounted for. Attach additional sheets if necessary.

- Is the property owned by a trust? Yes No
If Yes, what is the name of the trust? _____
- Is the property held in a life estate? Yes No
If Yes, who is the life tenant? _____
- Do any owners or resident spouses own another property that is **either** receiving a STAR exemption in New York State **or** a residency-based tax benefit in another state, such as the Florida Homestead exemption? Yes No
If Yes, then you do not qualify for the Enhanced STAR exemption on this property.
- Is the total 2020 combined income of all owners and of any resident spouses less than or equal to \$92,000?
(See Proof of income for STAR purposes on enclosed Form RP-425-GC-1) Yes No

Owners and any owner’s spouse who resides on the property who did not file a 2020 tax return: Complete lines 1-7 of the following table.

All owners and any owner’s spouse who resides on the property: Complete lines 5 and 7.

	Person 1	Person 2	Person 3	Person 4
1. 2020 total wages, salary, and tips	\$	\$	\$	\$
2. 2020 taxable interest income and dividends	\$	\$	\$	\$
3. 2020 unemployment compensation	\$	\$	\$	\$
4. 2020 total pensions and annuities (excluding IRA distributions)	\$	\$	\$	\$
5. 2020 Social Security benefits (including Medicare premiums)	\$	\$	\$	\$
6. 2020 taxable IRA distribution	\$	\$	\$	\$
7. 2020 other income	\$	\$	\$	\$

Part C – Certification and authorization

All resident owners **must** sign and date below. **Caution:** Anyone who misrepresents their primary residence, age, or income:

- will be subject to a penalty of the greater of \$100 or 20% of the improperly received tax savings, up to \$2,500,
- will be prohibited from receiving the STAR exemption for six years, and
- may be subject to criminal prosecution.

I (we) certify that all of the above information is correct, **that I (we) own the property listed on page 1 and it is my (our) primary residence.** I (we) understand **it is my (our) obligation to notify the assessor if I (we) relocate to another primary residence** and to provide any documentation of eligibility that is requested. In addition, I (we) authorize the New York State Department of Taxation and Finance to annually verify, using my (our) Social Security number(s) supplied above, whether my (our) income is greater than the applicable annual income standard for purposes of the Enhanced STAR exemption.

Signature	Date	Signature	Date
Signature	Date	Signature	Date