

**ROCK ISLAND COUNTY
Supervisor of Assessments
1504 Third Avenue
Rock Island, Illinois 61201
Phone (309) 558-3660**

Rock Island County Senior Citizen:

Please read these instructions thoroughly before sending in your form.

Enclosed is your **Senior Freeze** application.

YOU ARE NO LONGER REQUIRED TO RENEW YOUR SENIOR HOMESTEAD EXEMPTION. You will continue to receive the Senior Homestead as long as you continue to own and reside in this property.

If your total *household income is \$55,000 or less, fill out this freeze form. If your income is over \$55,000 discard this freeze form. **You will still continue to receive the Senior Homestead exemption.**

**FAILURE TO COMPLETE THIS FORM MAY RESULT IN A SUBSTANTIAL INCREASE
IN YOUR TAX BILL.**

*"Household income" means the 2009 income of **all** persons (spouses, siblings, children, grandchildren, friends, etc.) who use the home as their principal residence.

Should you need assistance in filling out this form, bring in your 2009 Federal Income Tax Forms, or if you do not file, bring in any information you have regarding your retirement income, interest income, and your 1099 Social Security form.

Completed, notarized forms must be mailed or delivered to the County Office Building, or township office, at the addresses above, no later than, July 1, 2010. **Incomplete applications will be returned to you.**

Make sure all income amounts are filled in and all forms are notarized!

You may complete this application on your own, have it notarized at your bank or credit union, and mail or bring the form to this office. FREE NOTARY service is available in this office. If you have questions or need assistance filling out your application, help is available at the Rock Island County Office Building and at most local township assessors' offices. If you have any questions please call (309) 558-3660.

PTAX-340 2010 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Last date to apply: JULY 1, 2010

Part 1: Applicant information (Please type or print.)

1 _____
First name MI Last name

2 _____
Mailing address

3 _____ / _____ / _____
Date of birth (month, day, year)

City State ZIP

4 _____
Telephone number (include area code)

Part 2: Property information

1 _____
Street address of property for which this exemption application is filed Township

City IL ZIP County

2 The Parcel number is shown on your property tax bill. You also _____
may obtain it from your chief county assessment officer (CCAO). Property parcel number

3 Have you or your spouse received this exemption for this property previously? Yes No

4 If your spouse maintains a separate residence, has he or she applied for this exemption? Yes No

Part 3: Household income for 2009

You must include the income of you, your spouse, and all other individuals who live in your household.

- | | |
|---|----------|
| 1 Social Security and SSI benefits. Include Medicare deductions in this total. | 1 _____ |
| 2 Railroad Retirement benefits. Include Medicare deductions in this total. | 2 _____ |
| 3 Civil Service benefits | 3 _____ |
| 4 Annuities, federally taxable pensions and retirement plan distributions. | 4 _____ |
| 5 Human Services and other governmental cash public assistance benefits | 5 _____ |
| 6 Wages, salaries, and tips from work | 6 _____ |
| 7 Interest and dividends received | 7 _____ |
| 8 Net rental, farm, and business income or (loss). (See instructions for Line 8.) | 8 _____ |
| 9 Net capital gain or (loss). (See instructions for Line 9.) | 9 _____ |
| 10 Other income or (loss). (See instructions for Line 10.) | 10 _____ |
| 11 Add Lines 1 through 10. | 11 _____ |

12 Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040, Line 36, or U.S. 1040A, Line 20.

Subtraction item	Amount
12a _____	_____
12b _____	_____

Add the amounts on Lines 12a and 12b, and write the result. 12 _____

13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2009. If the amount is greater than \$55,000, **STOP**. You do not qualify for this exemption. 13 _____

Do not write in this space.

Income verified Yes No

PLEASE NOTE: You may also qualify for the real estate tax deferral under the Senior Citizens Real Estate Tax Deferral Act (320 ILCS 30-1). For further information, on the Senior Citizens Real Estate Tax Deferral, or an application for the tax deferral, contact the ROCK ISLAND COUNTY TREASURER at (309)558-3510, or by writing to LOUISE A. KERR, TREASURER, 1504 THIRD AVENUE, ROCK ISLAND, IL, 61201.

Part 4: Affidavit

LAST DAY TO APPLY: JULY 1, 2010

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

- a** ___ On January 1, 2010, this property was my principal residence.
- b** ___ On January 1, 2010 this property is either unoccupied or used as my spouse's principal residence. I am now a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or MR/DD (mentally retarded/developmentally disabled) Community Care Act.

Name of facility

Mailing address

2 (Mark the statement that applies.)

- On January 1, 2010, I
- a** ___ was the owner of record of the property.
 - b** ___ had a legal or equitable interest in the property.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1.

Note: If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2, and 3 for this property on January 1, 2009.

4 (Mark the statement that applies.)

- a** ___ In 2010, I am, or will be, 65 years of age or older.
- b** ___ In 2010, my spouse, who died in 2010, would have been 65 years of age or older. (Complete the following information.)

Deceased spouse's name

_____/_____/_____
Date of death (month, day, year)

5 The property identified in Part 2, Line 1, is the only property for which I am applying for a senior citizens assessment freeze homestead exemption for 2010.

6 The amount reported in Part 3, Line 13, of this form includes the income of all persons living in my household and the total household income for 2009 is \$55,000 or less.

7 On January 1, 2010, the following individuals also used this property for their principal residence. My spouse is included if he or she used the property as his or her principal dwelling place on January 1, 2010. The total income of the individuals and my spouse (regardless of his or her principal residence) are included in Part 3.

First and last name

Age

- a** _____
- b** _____

8 (Mark the statement that applies.)

On January 1, 2010, I was

- a** ___ single, widow(er), or divorced.
- b** ___ married and living together.
- c** ___ married, but not living together.

My spouse's name and address is

First name

MI

Last name

Street Address

City

State

ZIP

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.

Signature of applicant

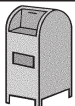
_____/_____/_____
Date (month, day, year)

Subscribed and sworn to before me this

____ day of _____, 20____.

Notary public

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.



Mail your completed Form PTAX-340 to:

If you have any questions, please call:

CHIEF COUNTY ASSESSMENT OFFICER

(309) 558-3660

1504 3rd Avenue

Rock Island, IL 61201

Form PTAX-340 General Information

What is the Senior Citizens Assessment Freeze Homestead Exemption (SCAFHE)?

The Senior Citizens Assessment Freeze Homestead Exemption (35 ILCS 200/15-172) allows you, as a qualified senior citizen, to have your home's equalized assessed value (EAV) "frozen" at a base year value and prevent or limit any increase due to inflation. The base year generally is the year before the year you first qualify and apply for the exemption. For example, if you first qualify and apply in 2010, your property's EAV will be "frozen" at the 2009 EAV. Freezing your property's EAV does not mean that your property taxes will not increase, however. Other factors also affect your tax bill. For example, your tax bill could increase if the tax rate, which is based on the amount of revenues taxing districts request, increases. Your EAV and tax bill may also increase if you add improvements to your home. However, if your home's EAV decreases in the future, you will benefit from any reduction.

Who is eligible?

The senior citizens assessment freeze homestead exemption qualifications for the 2010 tax year (for the property taxes you will pay in 2011), are listed below.

- You will be 65 or older during 2010.
- Your total household income in 2009 was \$55,000 or less.
- On January 1, 2009, **and** January 1, 2010, you
 - used the property as your principal place of residence,
 - owned the property, or had a legal or equitable interest in the property as evidenced by a written instrument, or had a leasehold interest in the property used as a single-family residence, and
 - were liable for the payment of property taxes.

You do **not** qualify for this exemption if your property is assessed under the mobile home privilege tax.

Surviving spouse — Even if you are not 65 or older during 2010, you are eligible for this exemption for 2010 (and possibly 2009) if your spouse died in 2010 and would have met all of the qualifications.

Residents in a health facility — Even if you did not use the property as your principal place of residence on January 1, 2010, you qualify for this exemption if you are a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, or MR/DD (mentally retarded/developmentally disabled) Community Care Act, and you meet all other requirements, have received this exemption previously, **and** your property is either unoccupied or is occupied by your spouse.

Residents of cooperatives — If you are a resident of a cooperative apartment building or cooperative life-care facility, you qualify for this exemption if you are liable for the payment of the property taxes on your residence and meet the other eligibility requirements.

What is a household?

A household includes you, your spouse, and all other persons who used your residence as a principal dwelling place on January 1, 2010.

What is included in household income?

Household income includes your income, your spouse's income, and the income of **all** individuals living in the household. Examples of income that must be included in your household income are listed below. (For specific questions, see Part 3 on Page 4.)

- alimony or maintenance received
- annuities and other pensions
- Black Lung benefits
- business income
- capital gains
- cash assistance from the Illinois Department of Human Services and other governmental cash public assistance
- cash winnings from such sources as raffles and lotteries
- Civil Service benefits

- damages awarded in a lawsuit for nonphysical injury or sickness (for example, age discrimination or injury to reputation)
- dividends
- farm income
- Illinois Income Tax refund (only if you received Form 1099-G)
- interest
- interest received on life insurance policies
- long term care insurance (federally taxable portion only)
- lump sum Social Security payments
- miscellaneous income, such as from rummage sales, recycling aluminum, or baby sitting
- military retirement pay based on age or length of service
- monthly insurance benefits
- pension and IRA benefits (federally taxable portion only)
- Railroad Retirement benefits (including Medicare deductions)
- rental income
- Illinois Cares Rx rebate (only if you took an itemized deduction for health insurance in the prior year on your federal income tax return)
- Social Security income (including Medicare deductions)
- Supplemental Security Income (SSI) benefits
- unemployment compensation (amount over \$2,400 exemption)
- wages, salaries, and tips from work
- Workers' Compensation Act income
- Workers' Occupational Diseases Act income

What is not included in household income?

Some examples of income that are not included in household income are listed below. (For specific income questions, see Part 3 on Page 4.)

- cash for clunkers
- cash gifts
- child support payments
- Circuit Breaker grants
- COBRA subsidy payments
- damages awarded in a lawsuit for a physical personal injury or sickness
- Economic recovery payments
- Energy Assistance payments
- federal income tax refunds
- IRA's "rolled over" into other retirement accounts, unless "rolled over" into a Roth IRA
- lump sums from inheritances
- lump sums from insurance policies
- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from Foster Parent and Foster Grandparent programs
- Veterans' benefits

What if I have a net operating loss or capital loss carryover from a previous year?

You cannot include any carryover of net operating loss or capital loss from a previous year. You can include only a net operating loss or capital loss that occurred in 2009.

Will my information remain confidential?

All information received from your application is confidential and may be used only for official purposes.

When must I file?

File Form PTAX-340 with the CCAO by the due date printed on the bottom of Page 2. You must file Form PTAX-340 **every year** and meet the qualifications for that year to continue to receive the exemption.

Note: The CCAO may require additional documentation (*i.e.*, birth certificates, tax returns) to verify the information in this application.

What if I need additional assistance?

If you have questions about this form, please contact your CCAO, also known as the supervisor of assessments, or county assessor, at the address and phone number printed at the bottom of Page 2.

Form PTAX-340 Step-by-Step Instructions

Part 1: Applicant information

Lines 1 through 5 — Type or print the requested information.

Part 2: Property information

Lines 1 and 2 — Identify the property for which this application is filed.

Lines 3 and 4 — Answer the questions by marking an “X” next to your statement. If you answered “Yes” to the question on Line 3 and you know the base year, write it in the space provided.

Part 3: Household income for 2009

“**Income**” for this exemption means 2009 federal adjusted gross income, **plus** certain items subtracted from or not included in your federal adjusted gross income (320 ILCS 25/3.07). These include tax-exempt interest, dividends, annuities, net operating loss carryovers, capital loss carryovers, and Social Security benefits. Income also includes public assistance payments from a governmental agency, SSI, and certain taxes paid. These Step-by-Step instructions provide federal return line references and reporting statement references, whenever possible.

The amounts written on each line must include the 2009 income for you, your spouse, and **all** the other individuals living in the household.

Line 1 — Social Security and Supplemental Security Income (SSI) benefits

Write the total amount of retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received from the Social Security Administration (shown on Form SSA-1099, box 3 or use box 5 only if there is a reduction of benefits). You also must include any Supplemental Security Income (SSI) the entire household received and any benefits to dependent children in the household. Do not include reimbursements under Medicare/Medicaid for medical expenses.

Note: The amount deducted for Medicare (\$1,156.80 yearly or \$96.40 per month, per person) is already included in the amount in box 3 of Form SSA-1099.

Line 2 — Railroad Retirement benefits

Write the total amount of retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received under the Railroad Retirement Act (shown on Forms SSA-1099 and RRB-1099).

Line 3 — Civil Service benefits

Write the total amount of retirement, disability, or survivor’s benefits the entire household received under any Civil Service retirement plan (shown on Form 1099-R).

Line 4 — Annuities and other retirement income

Write the total amount of income the entire household received as an annuity from any annuity, endowment, life insurance contract, or similar contract or agreement (shown on Form 1099-R). Include only the federally taxable portion of pensions, IRAs, and IRAs converted to Roth IRAs (shown on U.S. 1040, Line 15b and 16b, or U.S. 1040A, Line 11b and 12b). IRA’s are not taxable when “rolled over,” unless “rolled over” into a Roth IRA.

Line 5 — Human Services and other governmental cash public assistance benefits

Write the total amount of Human Services and other governmental cash public assistance benefits the entire household received. If the first two digits of any member’s Human Services case number are the same as any of those in the following list, you must include the total amount of any of these benefits on Line 5.

- | | |
|--------------------|--|
| 01 aged | 04 and 06 temporary assistance to |
| 02 blind | needy families (TANF) |
| 03 disabled | 07 general assistance |

To determine the total amount of the household benefits, multiply the monthly amount each person received by 12. You must adjust your figures accordingly if anyone in the household did not receive 12 equal checks during this period.

Food stamps, medical assistance, and Circuit Breaker benefits anyone in the household may have received are not considered income and should not be added to your total income.

Line 6 — Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips from work for every household member (shown in box 1 of Form W-2).

Line 7 — Interest and dividends received

Write the total amount of interest and dividends the entire household received from all sources, including any government sources (shown on Forms 1099-INT, 1099-OID, and 1099-DIV). You must include both taxable and nontaxable amounts.

Line 8 — Net rental, farm, and business income or (loss)

Write the total amount of net income or loss from rental, farm, business sources, *etc.*, the entire household received, as allowed on U.S. 1040, Lines 12, 17, and 18. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 9 — Net capital gain or (loss)

Write the total amount of taxable capital gain or loss the entire household received in 2009, as allowed on U.S. 1040, Lines 13 and 14, or U.S. 1040A, Line 10. You **cannot** use a net capital loss carryover in figuring income.

Line 10 — Other income or (loss)

Write the total amount of other income or loss not included in Lines 1 through 9, that is included in federal adjusted gross income, such as alimony received, unemployment compensation, taxes withheld from oil or gas well royalties. You **cannot** use any net operating loss (NOL) carryover in figuring income.

Line 11 — Add Lines 1 through 10.

Line 12 — Subtractions

You may subtract only the reported adjustments to income totaled on U.S. 1040, Line 36 or U.S. 1040A, Line 20. For example

- IRA deduction
- Archer MSA deduction
- moving expenses
- alimony or maintenance paid
- health savings account deduction
- student loan interest deduction
- jury duty pay you gave to your employer
- one-half of self-employment tax
- self-employed health insurance deduction
- self-employed SEP, SIMPLE, and qualified plans
- penalty on early withdrawal of savings
- Educator expenses
- Tuition and fees
- Domestic production activities deduction

Line 13 — Total household income

Subtract Line 12 from Line 11. If this amount is greater than \$55,000, **you do not qualify for this exemption.** See Page 3.

Part 4: Affidavit

Lines 1 through 4 — Mark the item that applies. Read the affidavit carefully. The statements **must** apply.

Line 7 — Write the names and ages of the individuals, other than yourself, who used the property for their principal residence on January 1, 2010. Attach an additional sheet if necessary.

Line 8 — Follow the instructions on the form. If your spouse does not reside at this property, be sure to write his or her name and address.

Note: You must sign your Form PTAX-340 and have it notarized before you file it with your CCAO. Return your completed Form PTAX-340 to your CCAO’s office or mail it to the address printed on the bottom of Page 2.