



Income Worksheet for 2026 STAR Benefit

Confirmation number: _____

Location of property

Street address		
City or town	ZIP code	Property key

Section A: Owner information for all owners and owner's spouses

Note: A life tenant or trust beneficiary is considered to be the owner for STAR purposes. For more information visit our website (search: *eligibility*).

	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? <i>(If No, skip Section B and complete Certification.)</i>	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"/>

Section B: 2024 income information for all resident owners and owners' spouses who reside at the property

Eligibility for a 2026 STAR benefit is based on the 2024 income for all resident owners and their spouses who reside at the property. Enter the total amounts that were or would have been reported on your 2024 income tax returns. Round to the nearest whole dollar.

Note: Provide income information only for resident owners and their spouses who reside at the property.

Type of income	Person 1	Person 2	Person 3	Person 4
Name (print)				
1 2024 annual wages, salary, and tips				
2 2024 annual taxable interest income and dividends				
3 2024 annual unemployment compensation				
4 2024 annual pensions and annuities (excluding IRA distributions)				
5 2024 annual Social Security benefits (including Medicare premiums)				
6 2024 annual taxable IRA distributions				
7 2024 annual other income				

Certification

I (we) certify that all of the above information is correct under penalty of law. **Each** owner and resident spouse **must** sign and date.

	Person 1	Person 2	Person 3	Person 4
Name (print)				
Signature				
Date				

Fax: 518-435-8634

Mail: NYS TAX DEPARTMENT
ORPTS STAR RESOLUTION UNIT-WC
W A HARRIMAN CAMPUS
ALBANY NY 12227-0801

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request for personal information, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website, or, if you do not have Internet access, call 518-457-2036 and request Publication 54, *Privacy Notification*.