EBC CODE SEC. 12-811 1000 PERMANENT TOTAL DISABILITY

CITY OF BRISTOL

111 North Main Street
Bristol, Connecticut 06010
860- 584-6240

RE ___ Acct No: _____ MV___ Marker Plate _____ List No._____

NAME Last First Middle Birth Date / / Social Security / /

SPOUSE Last First Middle Birth Date / / Social Security / /

ADDRESS

Married: _____ Single: _____ PHONE NO: _____

Have you filed a Social Security Award Certificate? YES_____ NO_____

Are you a resident of City of Bristol? YES_____ NO_____

Did you file a Federal Income Tax Return? YES_____ NO_____

INCOME FROM ALL SOURCES DURING THE TAX YEAR: _____

A. Taxable Income – wages, bonuses, commission fees, gratuities, payment for Jury Duty (excludes travel allowance) lottery winnings, taxable portion of pension (includes Veteran's) annuities, interest and dividends, net rent or proceeds from sales of property, etc. $_____

B. Non-taxable Interest – Interest from tax exempt government bonds or All Saver Certificates. $_____

C. Social Security or Railroad Retirement Income $_____

D. Any Income Not Reflected in the Above – Federal Supplemental Security Income, Non-taxable portion of Pension, excludable portion of dividends per IRS Income Maintenance, etc. $_____

Sub-total (B thru D) $_____

TOTAL $_____

Signature of Applicant or Authorized Agent: _____ Date: _____ Agent's Phone No: _____

Signature of Assessor/Member of Assessor's Staff: _____ Date: _____

INCOME REQUIREMENTS: Married: $_____ Single: $_____

This form must be filed ANNUALLY before October 1st.