

Town of Berne

OFFICE OF THE ASSESSORS
P.O. BOX 57
BERNE, N.Y. 12023
(518) 872-1448
FAX (518) 872-9303



Michael McGuire, Director
County of Albany
112 State Street
Real Property Tax Service Agency, Room 1300
Albany, NY 12207

March 16, 2021

Re: Correction of Error
Lands of MaryLou Hannan
Parcel No. 68.-2-4
276 Tabor Road

Dear Mr. McGuire:

Enclosed with this letter is an application for a Correction of Taxes (RP-554) for Tax Map Parcel No. 68.-2-4. Mrs. Hannan reported the incorrect income on the Aged All Renewal (RP-467) for the 2020 Assessment Roll. Our office granted a 10% exemption, the proper percentage should have been 50%. Mrs. Hannan is 87 years old and with her age and fear of Covid-19 she made a mistake. A copy of her property tax bill is also enclosed.

Thank you for your assistance with this matter. If you have any questions, please contact our office at (518) 872-1448, ext. 107.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Crawford".

Brian Crawford, Chairman
Assessor

Enclosures

cc: Exemption file



Application for Corrected Tax Roll

RP-554
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners MARY LOU HANNAN & MARYBETH C HANNAN					
Mailing address of owners (number and street or PO box) 276 TABOR ROAD			Location of property (street address) 276 TABOR ROAD		
City, village, or post office BERNE		State NY	ZIP code 12023		
Daytime contact number (518) 872-2174		Evening contact number SAME		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 68.-2-4	
Account number (as appears on tax bill) # 000718			Amount of taxes currently billed \$ 6489.07		
Reasons for requesting a correction to tax roll: OWNER MISTAKENLY REPORTED INCOME, ALED ALL SHOULD HAVE BEEN GRANTED AT 50%					

I hereby request a correction of tax levied by TOWN OF BERNE BERNE BERNE SCHOOL for the year(s) 2020-21.
(County, city, village, etc.)

Signature of applicant <i>Mary Lou Hannan</i>	Date <i>3/13/21</i>
--	------------------------

Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received <i>3/17/2021</i>	Period of warrant for collection of taxes <i>1/1/2021</i>
Last day for collection of taxes without interest <i>1/31/2021</i>	Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official <i>[Signature]</i>	Date <i>3/19/2021</i>

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of _____ who must consider the attached report and recommendation as equivalent of petitions filed under section 553.

Part 3 – For use by the tax levying body or official designated by resolution _____:
(insert number or date, if applicable)

Application approved (mark an X in the applicable box):

Clerical error ☐ Error in essential fact ☐ Unlawful Entry ☐

Amount of taxes currently billed	Corrected tax
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason): _____

Signature of chief executive officer, or official designated by resolution	Date
--	------

Collection: Town & County 2021

Fiscal Year Start: 1/1/2021

Fiscal Year End: 12/31/2021

Warrant Date: 12/31/2020

Total Tax Due (minus penalties & interest) \$6,361.83

Tax Bill #	SWIS	Tax Map #	Status
000718	012000	68.-2-4	Unpaid
Address	Municipality	School	
276 Tabor Rd	Town of Berne	Berne-Knox-Westerlo	

Owners

Hannan Mary Lou
Hannan Marybeth C
276 Tabor Rd
Berne, NY 12023

Property Information

Roll Section: 1
Property Class: Rural res
Lot Size: 27.50

Assessment Information

Full Market Value: 355556.00
Total Assessed Value: 192000.00
Uniform %: 54.00

Exemption	Amount
AG LAND	13621.00
AGED - ALL	89,190 17838.00
AGED - ALL	89,190 17838.00

Description	Tax Levy	Percent Change	Taxable Value	Rate	Tax Amount
County Purposes	1097475	9.0000	89,190 160541.000	6.52153600	\$1,046.97 581.66
Town & Highway 2,3,4	515633	-9.9000	160541.000	3.03352700	\$487.01 270.56
Highway 1	128462	-1.7000	160541.000	0.75575600	\$121.33 67.41
School Relevy	0	0.0000	0.000	0.00000000	\$4,244.95 1,670.60
Helderberg amb dist	61500	11.8000	192000.000	0.34239500	\$65.74
Berne fire district	370291	3.2000	192000.000	2.06161500	\$395.83

Total Taxes: \$6,361.83

3,051.80

FULL PAYMENT OPTION

From:	To:	Tax Amount	Penalty	Notice Fee	Total Due
Jan 02	Jan 31, 2021	\$6,361.83	\$0.00	\$0.00	\$6,361.83
Feb 01	Feb 28, 2021	\$6,361.83	\$63.62	\$0.00	\$6,425.45
Mar 01	Mar 31, 2021	\$6,361.83	\$127.24	\$0.00	\$6,489.07

Estimated State Aid - Type	Amount
County	96037904.00

Mail Payments To:

Gerald J. O'Malley
Tax Collector
P. O. Box # 246 East Berne, NY 12059

Berne-Knox-Westerlo School District

518 - 872 - 5138

Notice of 2020 School Tax

SBL: 68.-2-4

ADDR: 276 TABOR RD

SWIS: 012000 Berne

Bill #: 2020-000687

HANNAN MARY LOU
HANNAN MARYBETH C
276 TABOR RD
BERNE, NY 12023

MAIL PAYMENT WITH REMITTANCE STUB TO:

BERNE-KNOX-WESTERLO SCHOOL TAX
PO Box 13745

Albany, NY 12212 - 3745

ASSESSMENT INFORMATION

Full Market Value as of January 01, 2020 \$355,556.00
Total Assessed Value as of July 01, 2020 \$192,000.00
Uniform Percentage of Value 54.00

Exemption**Ex Amt**

41720 AGRICULTURAL DIST. \$13,621.00
41834 ~~ENY~~ STAR \$41,180.00
41800 PERSON AGED 65 YRS OR \$17,838.00
OLD

PROPERTY TAXES

<u>Taxable Assessed</u>		<u>Non-Homestead</u>	
<u>Before STAR</u>	<u>Rate per \$1000</u>	<u>Rate per \$1000</u>	<u>Taxes Due</u>
Sch \$160,541.00	31.09769238		\$4,992.45
89,190			2,773.60
Less STAR Saving:			- \$1,103.00
Total Tax Due:			\$3,889.45

SEND STUB WITH PAYMENT**2020 - 2021 SCHOOL TAX INSTALLMENT #1 68.-2-4**

Mark here [] for receipt Berne-Knox-Westerlo School District

DUE WITHOUT PENALTY BY Oct 05, 2020

**2020-000687-1**

<u>If Paid Between</u>	<u>Penalty Amt</u>	<u>Total Due</u>
Sep 01 - Oct 05	\$0.00	\$3,889.45
Oct 06 - Nov 02	\$77.79	\$3,967.24

1,670.60



Department of Taxation and Finance
Office of Real Property Tax Services

3/25/2020
CPV

RP-467-Rnw

(9/19)

Renewal Application for Partial Tax Exemption for Real Property of Senior Citizens

EXPIRATION
DEADLINE IS
MARCH 1st

To be filed with your local assessor by taxable status date.

Do not file this form with the Office of Real Property Tax Services.

This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may not be used to apply for the Enhanced STAR exemption, which is a separate exemption.

Nar	012000 68.-2-4		
Ma	Mary Lou Hannan	Location of property (street address)	
	Marybeth C. Hannan	276 Tabor Road	
Cit	276 Tabor Rd	ZIP code	City, village, or post office
	Berne, NY 12023		Berne NY 12023
Daytime contact number	518 872 2174		
	Evening contact number		
	518 872 2174		
Email address (optional)	School district		

1 Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot 012000 68.2-4

2 Since filing your application last year, fully describe in the lines below any changes in:

- a title to the property (due to death, addition or deletion of owner);
- b legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse); or
- c use of residence for other than residential purposes (store, office, farm, etc.).
- d Children of owners, tenants or leaseholders living on the premises attending public school grades pre-K-12; if so, give the name and location of the school or schools, and state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

Mark an X in the box if there has been no change in items a, b, c, and d above ☒

Explanation of changes that have occurred as indicated on line 2 (attach additional sheets if necessary).

3 Did the owner or spouse file a federal or New York State income tax return for the preceding year?

If Yes, attach a copy of the return(s)

Yes ☒

No ☒

MCH

MLH

SALY (continued)

BMC

41720
41800-10 %

41834

2/25/2020

- 4 Provide the income of each owner and spouse of each owner for the calendar year immediately preceding the date of application, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Attach additional sheets if necessary. See Form RP-467-1, *Instructions for Form RP-467*, for income to be included.

Names of owner(s) and spouse(s)	Source of income	Amount of annual income
Mary Lou Hannan	Social Security	\$18,024
Marybeth Hannan	work	17,797
		\$35,821

4a Total income of owner(s) and spouse(s) (add all income sources)	4a	
4b Of the income on line 4a, how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable (see instructions)	4b	
4c Subtract line 4b from line 4a	4c	

- 5 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

5a Unreimbursed medical and prescription drug costs (be sure to deduct any amounts reimbursed by insurance)	5a	
5b Subtotal income of owner(s) and spouse(s) (line 4c minus line 5a)	5b	

- 6 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following:

Veteran's disability compensation received. Attach proof; enter 0 if not applicable	6	
7 Total income of owner(s) and spouse(s) (line 5b subtotal minus line 6)	7	

8 Certification

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date
Mary Lou Hannan	Widow	518 8732174	11/25/19
Marybeth Hannan	Single		11/25/19

This Area for Assessor's Use Only

Date renewal application filed

Approved ☐ Disapproved ☐

Exemption applies to taxes levied by or for:

City/Town _____ % ☐ County _____ % ☐

School _____ % ☐ Village _____ % ☐

Assessor's signature	Date
----------------------	------

879

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

- Return completed Form 8879 to your ERO. (Don't send to the IRS.)
► Go to www.irs.gov/Form8879 for the latest information.

CLIENT COPY
2018

Submission Identification Number (SID)

Taxpayer's name

MARYBETH C HANNAN

Spouse's name

Social security number

Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2018 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	17,797
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	578
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	1,431
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	853
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize HRB TAX GROUP INC

ERO firm name

to enter or generate my PIN

11538

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► SIGNATURE AND DATE ON FILE

Date ►

Spouse's PIN: check one box only

☐ I authorize

ERO firm name

to enter or generate my PIN

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only -- continue below**Part III Certification and Authentication -- Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

14085932462

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

hannan

Date ► 02-11-2019

ERO Must Retain This Form -- See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2018)