



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

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

Names of owners Joseph Wilson		
Mailing address of owners (number and street or PO box) 170 Mount Hope Drive		Location of property (street address) 170 Mount Hope Drive
City, village, or post office Albany	State NY	ZIP code 12202
Daytime contact number	Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 87.23-2-36
Account number (as appears on tax bill) 822.12	Amount of taxes paid or payable 822.12	Date of payment 01-28-2020
Reasons for requesting a refund or credit: Application (attached) was submitted timely but exemption failed to appear on assessment roll. The attached financial information demonstrates an Aged exemption (41800) in the amount of 50% should have been applied to the property		

I hereby request a refund or credit of real property taxes levied by City of Albany for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant 	Date 1/28/20
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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 1/28/20	Date warrant annexed 12/31/20
Last day for collection of taxes without interest 1/31/20	Recommendation Approve application* <input checked="" type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official 	Date 1/29/20

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-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 paid \$ 822.12	Amount of taxes due \$ 411.06	Amount of refund or credit \$ 411.06
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Application denied (reason): _____ _____
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Signature of chief executive officer or official designated by resolution	Date
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CITY OF ALBANY - 2020 PROPERTY TAXES

FISCAL YEAR: 1/1/2020 to 12/31/2020	WARRANT: 12/31/2019	ESTIMATED COUNTY STATE AID: \$91,269,848
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MAKE CHECKS PAYABLE TO:
CITY OF ALBANY

TO PAY IN PERSON:
City Hall Room 110
24 Eagle Street
Albany, NY 12207
(518) 434-5035

BANK	BILL	TAX MAP NUMBER
	214266	87-23-2-36

PROPERTY INFORMATION:

ACCOUNT #: 01414
DIMENSION: 18.75 X 120.07
ROLL: 1
LOCATION: 170 Mount Hope Dr
SCHOOL: 010100

PROPERTY OWNER:
Wilson Joseph T
170 Mount Hope Dr
Albany, NY 12202

FULL MARKET VALUE:	58,763
UNIFORM % OF VALUE:	97.00%
TOTAL ASSESSMENT:	57,000
TAXABLE VALUE:	57,000
EXEMPTION	VALUE FULL VALUE TAX PURPOSE

PROPERTY TAX PAYERS BILL OF RIGHT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE FROM PRIOR YEAR LEVY	TAXABLE VALUE OR UNITS	RATE	TAX AMOUNT
County Tax	17,676,006	1.5%	28,500	57.000	206.04
City Tax	58,850,000	0.5%	28,500	10.808400	616.08

TOTAL BASE TAXES DUE: \$822.12

Exemption: 41800-Aged 5090 \$28,500

Date Paid Amount Paid
\$0.00

Pay By 1/31/2020 Tax Amount Interest Total Due
\$822.12 \$0.00 \$822.12

TOTAL TAX DUE: \$822.12*

*Total Amount Due: \$822.12. OR 1st Installment of \$411.06 due by 1/31/2020, and 2nd Installment of \$411.06 plus interest due no later than 12/31/2020.



CITY OF ALBANY - 2020 PROPERTY TAXES

FISCAL YEAR: 1/1/2020 to 12/31/2020		WARRANT: 12/31/2019		ESTIMATED COUNTY STATE AID: \$91,269,848	
		BANK	BILL 214266	TAX MAP NUMBER 87.23-2-36	

MAKE CHECKS PAYABLE TO:
CITY OF ALBANY

TO PAY IN PERSON:
City Hall Room 110
24 Eagle Street
Albany, NY 12207
(518) 434-5035

PROPERTY OWNER:
Wilson Joseph T
170 Mount Hope Dr
Albany, NY 12202

PROPERTY INFORMATION:

ACCOUNT #:	01414
DIMENSION:	18.75 X 120.07
ROLL:	1
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SCHOOL:	010100
FULL MARKET VALUE:	58,763
UNIFORM % OF VALUE:	97.00%
TOTAL ASSESSMENT:	57,000
TAXABLE VALUE:	57,000

EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE

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LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE FROM PRIOR YEAR LEVY	TAXABLE VALUE OR UNITS	RATE	TAX AMOUNT
County Tax	17,676,006	1.5%	57,000	3.614679	206.04
City Tax	58,850,000	0.5%	57,000	10.808400	616.08
TOTAL BASE TAXES DUE:					\$822.12

Date Paid	Amount Paid
1/28/2020	\$822.12

Tax Amount	Interest	Total Due
\$822.12	\$0.00	\$0.00

Pay By 1/31/2020

TOTAL TAX DUE: \$0.00



Department of Taxation and Finance
Office of Real Property Tax Services

RP-467-Rnw

(7/18)

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

FEB 27

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

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

New for 2019. This form no longer serves as the application for the Enhanced STAR exemption. 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.

To apply for the Enhanced STAR exemption, you must file Forms RP-425-E, *Application for Enhanced STAR Exemption for the 2019-2020 School Year*, and RP-425-IVP, *Supplement to Forms RP-425-E and RP-425-Rnw*, with your assessor by taxable status date. You may obtain those forms from your assessor or download them from www.tax.ny.gov. Note: If you do not already have a STAR exemption you may not apply for a new STAR exemption, but you may be eligible for a STAR credit, which is provided in the form of a check. For more information about the STAR credit, visit www.tax.ny.gov/STAR or call 518-457-2036.

Name of	87.23-2-36			
Mailing address	Wilson, Joseph T. 170 Mount Hope Dr. Albany, NY 12202	Location of property (street address)		
City, village, or post office	Albany	State	ZIP code	
Daytime contact number		Evening contact number		
Email address (optional)		School district	ALBANY	

1 Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot SEE MAILING LABEL ABOVE

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 ☒

RECEIVED

(continued on page 2)

MAR 01 REC'D

Department Of
Assessment & Taxation
City Of Albany N.Y.

- 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-I, *Instructions for Form RP-467*, for income to be included.

Income does not include:

- gifts,
- inheritances,
- a return of capital,
- proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income),
- reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program.

Name of owner(s)	Source of income	Amount of income
Joseph T Wilson	Social Security	11,196.00
	Vanguard Wages	4,240.00
4a Total income of owner(s)		4a 15,436

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)

4b Total income of spouse(s)	4b
4c Total income of owner(s) and spouse(s) (add all income sources)	4c 15,436
4d Of the income on line 4c, 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)	4d
4e Subtract line 4d from line 4c	4e 15,436

- 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 4e minus line 5a)	5b 15,436

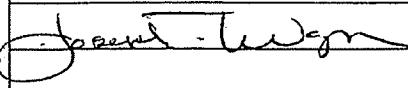
- 6 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following:

Veteran's disability compensation received. Attach proof; enter 0 if not applicable

6	0
7 Total income of owner(s) and spouse(s) (line 5b subtotal minus line 6)	7 15,436

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
	Single	518-727-1541	2/1/19

(continued on page 3)