



TULALIP TAX & LICENSING DIVISION
6406 Marine DR NW - Tulalip, WA 98271
Main Phone: 360.716.4209
Email: TLD@TULALIPTRIBES-NSN.GOV

SENIOR CITIZEN/DISABLED/VETERAN PERSON(S) LOW INCOME CREDIT APPLICATION LAND OCCUPATION USE TAX

A low income credit reduces your Land Use and Occupation Tax amount by 60%. Eligibility for each year is based on the combined disposable income for the previous year, residency, age, and/or disability status.

See instructions below – incomplete applications will not be processed and will returned to the applicant.

DOCUMENTATION REQUIRED

You must provide documentation for all income and/or expenses listed, or this application will be returned to you.

If you file a tax return, this documentation must include a full copy of your tax return, and all documents used to prepare your return, such as Social Security statements, retirement or pension statements, disability payments, W-2 forms, 1040 forms and 1099 forms.

If you do not file a tax return, this documentation must include copies of your Social Security statement, retirement or pension statement, W-2 form and any 1099 forms.

You must also include documentation for any allowed out-of-pocket expenses you are deducting from your income.

If you have a disability, provide a copy of your Social Security award of disability letter, your Veterans Administration award of disability letter, or a current, physician-signed disability form noting the year the disability occurred and whether the disability is temporary or permanent.

Proof of age for applicants age 61 or older in the form of a valid government issued ID.

If you have any questions, please contact the Tax & Licensing Division at (360) 716.4209.

INSTRUCTIONS

NUMBERS LISTED BELOW CORRESPOND TO THE NUMBER ON THE APPLICATION

1. **Type of Residence:** Mark the box that applies to you. If your residence is a mobile home, enter the year and the make or model of your mobile home.
2. **Type of Ownership:** Mark the box that applies to you. If you have a life estate you must attach a copy of that portion of the deed, lease or trust that shows the life estate. Provide the month and year you purchased your property and the year you first occupied your property.
3. **Taxpayer's Information:** Mark the box that applies to you. If "Yes", give most recent year received. Provide full name(s), physical address, mailing address, and date of birth.
4. **Parcel or Account Number:** You can find your parcel or account number in the upper left corner of your most recent tax statement.
5. **Certification of age and/or disability.** Mark the boxes that apply to you. (If you are disabled and under 61 years of age). Attach appropriate documentation as indicated.
6. **Taxpayer Annual Disposable Income:** Use PRIOR year's income and expense information for each taxpayer (includes spouse, co-tenant, domestic partner, etc if residing with primary taxpayer). Maximum allowed \$40,000. You must report from all income sources - taxable and non-taxable. Attach documents as indicated; must be originals - these will be returned to you. Combine each taxpayer's disposable income totals in 6C.



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LAND OCCUPATION USE TAX
 LOW INCOME CREDIT APPLICATION
 SENIOR CITIZEN/ DISABLED/ VETERAN PERSON(S)

Documentation Required For All Income and/or Deductions

6A. Gross Annual Income and/or Deductions of Taxpayer(s) (Claimant(s), Spouses, Co-Tenants, and/or Domestic Partners). Maximum Allowed Income \$40,000

TAXPAYER A INCOME		TAXPAYER A DEDUCTIONS (NON-REIMBURSED)	
A. Social Security (Box 5 of your SS 1099's)	\$ _____	J. Medicare Premiums ONLY Parts A, B, C or D & Medicare Advantage Premiums	\$ _____
B. Pension, Annuities and/or Retirement bonds	\$ _____	K. Nursing Home, Boarding Home Wages or Adult Family Home Costs	\$ _____
C. Interest, Exempt Interest Dividends and/or IRA Withdrawals	\$ _____	L. Adjustments to income on your Tax Return (line 36) except penalties for early withdrawals	\$ _____
D. Wages	\$ _____	M. In-Home Care Expenses	\$ _____
E. Capital Gains -Includes all gains from Schedule D or 1099's. Losses cannot offset gains.	\$ _____	N. Prescription Drug Expenses	\$ _____
F. Net Rental and/or Business Income, excluding Depreciation. No Losses allowed.	\$ _____	O. SUB-TOTAL FROM LINE H OF INCOME	\$ _____
G. Disability Income (other than VA Benefits or Social Security payments)	\$ _____	P. DEDUCTIONS SUB-TOTAL	\$ _____
H. Any other income	\$ _____	Q. DISPOSABLE INCOME ²⁰ (Income Less Deductions)	\$ _____
I. INCOME SUB-TOTAL	\$ _____		



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 SENIOR CITIZEN/ DISABLED/ VETERAN PERSON(S)
 APPLICATION

Documentation Required For All Income and/or Deductions

6B. Gross Annual Income and/or Deductions of Taxpayer(s) (Claimant(s), Spouses, Co-Tenants, and/or Domestic Partners). Maximum Allowed Income \$40,000

TAXPAYER B INCOME		TAXPAYER B DEDUCTIONS (NON-REIMBURSED)	
A. Social Security [Box 5 of your SS 1099's]	\$ _____	A. Medicare Premiums ONLY Parts A, B, C or D & Medicare Advantage Premiums	\$ _____
B. Pension, Annuities and/or Retirement bonds	\$ _____	B. Nursing Home, Boarding Home Wages or Adult Family Home Costs	\$ _____
C. Interest, Exempt Interest Dividends and/or IRA withdrawals	\$ _____	C. Adjustments to income on your Tax Return (line 36) except penalties for early withdrawals	\$ _____
D. Wages	\$ _____	D. In-Home Care Expenses	\$ _____
E. Capital Gains -Includes all gains from Schedule D or 1099's. Losses cannot offset gains.	\$ _____	E. Prescription Drug Expenses	\$ _____
F. Net Rental and/or Business Income - Excluding Depreciation No Losses allowed	\$ _____	F. SUB-TOTAL FROM LINE F OF INCOME	\$ _____
G. Disability Income (other than VA Benefits or Social Security payments)	\$ _____	G. DEDUCTIONS SUB-TOTAL	\$ _____
H. Any other income	\$ _____	H. DISPOSABLE INCOME ²⁰ (Income Less Deductions)	\$ _____
I. INCOME SUB-TOTAL	\$ _____		

6C. Gross Annual Income - Combined Disposable Income Total

DISPOSABLE INCOME TOTAL FROM LINE H OF 6A \$ _____

DISPOSABLE INCOME TOTAL FROM LINE H OF 6B \$ _____

TOTAL DISPOSABLE ANNUAL DISPOSABLE INCOME \$ _____



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 APPLICATION

THE TAXPAYER(S) MUST SIGN BELOW AND INCLUDE A PHONE NUMBER. THE TAXPAYER'S SIGNATURE MUST BE WITNESSED BY TWO WITNESSES. If you have no one to witness your signature(s), you may present your application in person and an Employee of the Tax & Licensing Division will act as a witness. If someone other than the claimant is signing this document, please attach proof of authority, such as Power of Attorney.

I SWEAR UNDER THE PENALTIES OF PERJURY THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND THAT THE CREDIT SOUGHT IS FOR AN IMPROVEMENT OF WHICH IS MY PRIMARY RESIDENCE AND OCCUPIED BY ME FOR SEVEN OR MORE MONTHS A YEAR.

_____	_____	(_____)_____	Sole Taxpayer/Owner
Signature of Taxpayer A or Power of Attorney (if applicable)	Date	Phone Number of Taxpayer A	Joint Taxpayer/Owner

_____	_____	(_____)_____	Joint Taxpayer/Owner
Signature of Taxpayer B or Power of Attorney (if applicable)	Date	Phone Number of Taxpayer B	

_____	_____	_____	_____
Witness Name to Taxpayer A listed above	Date	Witness Signature	Date

_____	_____	_____	_____
Witness Name to Taxpayer B listed above	Date	Witness Signature	Date

_____	_____
Tax & Licensing Division	Date

Additional information is available <https://www.tulaliptribes-nsn.gov/Visitors/TLD>. If you have questions, please call the Tax & Licensing Division Office at (360) 716-4209. Return your completed application and all required documentation to: 6406 Marine Drive, Tulalip, WA 98271 – Attn Tax & Licensing.