



TAX COMMISSION OF THE CITY OF NEW YORK
 1 Centre Street, Room 2400, New York, NY 10007

TC106SUP
Supplemental
2017

ADDITIONAL OWNER'S INFORMATION AND CERTIFICATION
THIS FORM MUST BE ATTACHED TO A TC106A OR TC106S.
IT IS INVALID IF FILED SEPARATELY.

This form must be completed to provide information for each additional owner of property for which a form TC106A or TC106S is being filed to protest the denial or revocation of an exemption for the 2017/18 assessment year. Do not leave any item blank. Your Social Security Number will not be disclosed.

PROPERTY IDENTIFICATION – Do not leave any item blank.			
BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR 2017/18

ADDITIONAL OWNER INFORMATION - IF THE ABOVE PROPERTY HAS MORE THAN ONE OWNER, A SEPARATE COPY OF THIS FORM MUST BE COMPLETED FOR EACH ADDITIONAL OWNER.

OWNER FIRST NAME _____ LAST NAME _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER ____/____/____

PHONE NUMBER ____-____-____ EMAIL ADDRESS _____

RELATIONSHIP TO OTHER OWNER(S) _____

YES NO THE ABOVE PROPERTY IS MY PRIMARY RESIDENCE

YES NO I AM RECEIVING AN EXEMPTION ON ANOTHER PROPERTY

OATH You must read the application (TC106A or TC106S) to which this form is being attached.

The signer **must** appear and acknowledge the signature before a notary.

Print name of person(s) signing : _____

I have read this entire form and the application to which it is attached before signing below, including all relevant instructions, whether on this form or on another. I am personally responsible for the accuracy of the information pertaining to me provided on the application to which it is attached, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

Signature: _____ Date: _____

Sworn to before me:

County _____ State _____ Date ____/____/____

Signature of person administering oath: _____

NOTARY STAMP