



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

TC106SUP
2024/25

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 2024/25 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 2024/25
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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

YES NO I AM ATTACHING EITHER i) A COPY OF MY COMPLETE AND SIGNED 2022 FEDERAL INCOME TAX RETURN, OR ii) OTHER PROOF OF MY 2022 INCOME AND AN EXPLANATION AS TO WHY I WAS NOT REQUIRED TO FILE A FEDERAL RETURN FOR 2022.

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

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

Print name: _____

Signed: _____ Date: _____

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

Sworn to before me:

County _____ State _____ Date: _____

Signature of person administering oath _____

NOTARY STAMP