AS-EX-2B (09/15)

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COUNTY OF SAN DIEGO
DISABLED VETERANS' EXEMPTION

NOTE: This worksheet is provided for calculation of household income **all income received by all persons of the household.** Enter the total on Line 4 of your claim. **Please return this worksheet with your claim form.** Please keep a copy for audit purposes.

GROSS INCOME FOR PRIOR YEAR

Must include **taxable and non-taxable** income

	COLUMN A Yearly income of Veteran and Spouse	COLUMN B Yearly income of other household members
1. Wages, salaries, tips, other employee compensation		
2. Social Security (including amount deducted for Medi-Care premiums)		
3. Retirement		
4. Interest and dividends		
5. Pensions, annuities, disability retirement payments		
6. SSI/SSP (Supplemental Security Income/State Supplemental Plan), AB (Aid to the Blind), ATD (Aid to Totally Disabled), AFDC (Aid to Families with Dependent Children), APSB (Aid to the Potentially Self-Supporting Blind), or other public assistance		
7. Rental income		
8. Income from business		
9. Income from sale of capital assets		
10. Life insurance proceeds that exceed expenses		
11. Veterans benefits from V.A. or other agency		
12. Gifts and inheritances in excess of $300 except between members of household		
13. Unemployment insurance benefits		
14. Workers Compensation for **temporary** disability		
15. Amounts contributed on behalf of claimant to a tax sheltered or deferred compensation plan (also a deduction B see below)		
16. Sick leave payments		
17. Non taxable gain from sale of residence		
18. TOTAL GROSS INCOME (Lines 1 through 17)	**$**	**$**

DEDUCTIONS

(a) Forfeited interest penalty		
(b) Alimony paid		
(c) Individual retirement arrangement such as Keogh (HR 10), or Simplified Employee Plan (SEP) subject to certain limitations		
(d) Employee business expenses		
19. TOTAL DEDUCTIONS (Lines a through e)	**$**	**$**
20. TOTAL (Subtract Line 19 from Line 18)	**$**	**$**
21. HOUSEHOLD INCOME (Add Columns A and B)	**$**	