**Renewal for Real Property Tax Exemption  
for Non-Profit Organizations  
I – Organization Purpose**(General information & instructions are contained on the  
New York State Department of Taxation & Finance website @ [www.tax.ny.gov](http://www.tax.ny.gov))

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File before **12/31/19**  
for Tax Year  
**2020/21**

1. Name of organization: Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Organization ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact Name: Telephone #:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Tax Map Number or Section / Block / Lot)

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

a. A change has occurred in the purpose(s) of the organization.

*If YES*, please attach a detailed explanation. 􀀀Yes 􀀀No

b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).

*If YES*, please attach a detailed explanation. 􀀀Yes 􀀀No

c. A change has occurred in the organization’s status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

*If YES*, please attach a detailed explanation. 􀀀Yes 􀀀No

**􀀀 STATEMENT OF CHANGE**

I hereby certify that all of the changes, as indicated above, that have occurred since application for exemption was last filed have been noted. The explanations of such changes are true and correct to the best of my knowledge and belief.

**􀀀 STATEMENT OF NO CHANGE**

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

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Signature Title Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines): (Note: Assessor may request a copy of forms filed)

􀀀 Form 1023 (Application for Recognition of Exemption under Section 501 (c) (3) of the Internal Revenue Code)

􀀀 Form 1024 (Application for Recognition of Exemption under Section 501 (a))

􀀀 Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)

􀀀 Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))

􀀀 Form 990-PF (Return of Private Foundation Exempt from Income Tax)

􀀀 Form 990-AR (Annual Report of Private Foundation)

􀀀 Form 990-T (Exempt Organization Business Income Tax Return)

􀀀 None of these

**Renewal for Real Property Tax Exemption  
for Non-Profit Organizations  
II – Property Use**(General information & instructions are contained on the  
New York State Department of Taxation & Finance website @ [www.tax.ny.gov](http://www.tax.ny.gov))

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File before **12/31/19**  
for Tax Year  
**2020/21**

1. Name of organization: Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Organization ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact Name: Telephone #:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Tax Map Number or Section / Block / Lot)

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

a. A change has occurred in the ownership of all or part of the property. 􀀀Yes 􀀀No

b. A change has occurred in the use or uses of the property by the owner. 􀀀Yes 􀀀No

c. A change has occurred in that all or part of the property is now being offered for sale or lease. 􀀀Yes 􀀀No

d. All or part of the property is occupied by an organization other than the owner: the user organization(s) makes payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s). 􀀀Yes 􀀀No

e. Physical changes in the property (such as construction, alterations, or demolition) have occurred. 􀀀Yes 􀀀No

f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property. 􀀀Yes 􀀀No

g. One of the organization’s purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities 􀀀Yes􀀀No

**􀀀 STATEMENT OF CHANGE**

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such charges are true and correct to the best of my knowledge and belief.

**􀀀 STATEMENT OF NO CHANGE**

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

**EXPLANATION OF CHANGE THAT HAS OCCURRED** (continue on back if necessary)

Change #: \_\_\_\_\_\_\_\_\_\_\_\_Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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