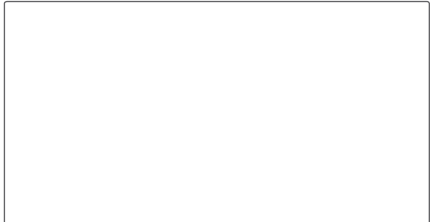




Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



Affidavit of Personal Service Income - 2020 Tier 3, Tier 4 and Tier 6 Disability Retirees

This form is to be completed annually by all Tier 3, Tier 4 and Tier 6 Disability Retirees. The purpose of this form is to verify your eligibility for continued disability benefits by reporting any Personal Service Income you received throughout the year. If NYCERS does not receive this affidavit, as well as the appropriate documents, your retirement benefit could be suspended until the information is received. **NOTE: If the address you provide on this form is different from your address in NYCERS' system, the new address will become your official address in NYCERS' records.** Should you have any questions, please contact NYCERS' Call Center at 347-643-3000.

Pension Number	Last 4 of SSN	Cell Phone Number	Daytime Phone Number
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	(<input style="width:15%;" type="text"/>) <input style="width:15%;" type="text"/>	(<input style="width:15%;" type="text"/>) <input style="width:15%;" type="text"/>
First Name	M.I.	Last Name	
<input style="width:95%;" type="text"/>	<input style="width:15%;" type="text"/>	<input style="width:95%;" type="text"/>	
Address			Apt. Number
<input style="width:95%;" type="text"/>			<input style="width:15%;" type="text"/>
City		State	Zip Code
<input style="width:95%;" type="text"/>		<input style="width:15%;" type="text"/>	<input style="width:15%;" type="text"/>

Personal Service Income is considered to be any income, including income earned from both the public and the private sectors, you received for the year **excluding** the following:

- Your NYCERS' Pension Check
- Social Security
- Workers' Compensation
- Income earned from: rental property, stocks, bonds, IRAs and interest earned on deposits in bank accounts.

Any income earned from the above list does not have to be reported to NYCERS on this form.

A. Please answer the following questions:

1. Excluding the income listed above, have you earned any other monies for the year **2020**? Yes No
2. If you checked yes in **question # 1**, these monies you received are considered "Personal Service Income." Please calculate **only** your Personal Service Income for 2020 and place the amounts in the appropriate boxes below:

(income earned from the Public sector within NYS)

(income earned from the Private Sector, Federal, or Public Sector outside of NYS)

B. You must submit a copy of your Federal Tax Return (Form 1040) and your W-2 forms for 2020. If you are married and filed a joint return, you must also submit a copy of your spouse's W-2 forms. If you did not file taxes for 2020, you still are required to submit copies of any W-2 forms you received.

You must select the option that applies to you from the following:

- I am including with this affidavit a copy of my signed Federal Tax Return (Form 1040) for the year of 2020 and my W-2 forms (if married and filed jointly please also include W-2 forms for your spouse).
- I did not file my Federal Tax Return for the year of 2020 but I have attached my W-2 forms.
- I did not file my Federal Tax Return for the year of 2020 and I have 0.00 Personal Service Income and no W-2 forms to submit.





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Pension Number	Last 4 Digits of SSN

C. This section is for Disability Retirees Under RSSL §§506 or 507 only

As a retiree under the provisions of **RSSL §§506 or 507**, your eligibility for Social Security disability benefits qualified you for the NYCERS disability benefit. In order to remain eligible for your NYCERS disability benefit, you must provide proof of your continued eligibility to receive Social Security disability benefits.

Are you currently eligible for, and do you currently receive, Social Security disability benefits?

- Yes** – Please provide a copy of an official current record showing that you are eligible for, and receive, Social Security disability benefits. This official record can be obtained from your local Social Security office.
- No** – I am no longer eligible for Social Security Benefits as of: ____/____/____ (mm/dd/yyyy)

To verify my eligibility for continued benefits, I have included the required documents with this affidavit.

Signature of Member	Date

Pursuant to The Penal Law of the State of New York, offering a document containing false statements or false information constitutes a felony punishable by a maximum of 4 years imprisonment. All documents suspected of containing false statements will be referred to The New York City Department of Investigation for investigation.

This form must be acknowledged before a Notary Public or Commissioner of Deeds.

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____ to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

If you have an official seal, AFFIX IT

