



Department of Taxation and Finance
Office of Real Property Tax Services

STAR Reimbursement Revision Form
School Tax Levy for the 20___-20___ Fiscal Year

(For prior year revisions where interest has been collected on rescinded exemptions)

School code _____ County name _____ School district name _____

| Muni Code | Municipal name | Class | (1) Total number of basic STAR exemptions | (2) Total assessed value of basic STAR exemptions | (3) Total number of enhanced STAR exemptions | (4) Total assessed value of enhanced STAR exemptions | (5) Total assessed value of all STAR exemptions <i>(columns 2 + 4)</i> | (6) STAR reimbursement amount (excluding interest) <i>(see instructions)</i> | (7) Interest, if any <i>(see instructions)</i> |
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| School district totals | | | | | | | | | |

I hereby certify that the information contained in this report constitutes a true statement of fact: _____
Signature of State Aid Designee

Name (print) _____ Title _____ Date _____

Telephone number _____ Fax number _____ E-mail address _____



Instructions for Form RP-6704-B1-Rev
STAR Reimbursement Revision Form for the 20__-20__ Fiscal Year
(For prior year revisions where interest has been collected on rescinded exemptions)

This form is to be used for revisions to prior year STAR reimbursement where interest has been collected on rescinded exemptions. The form may also be used for all other prior year revisions. Use separate forms for changes to multiple years.

The instructions for columns 1-6 below are for municipalities with revised data. For municipalities with no revisions, enter the numbers from the last submitted reimbursement application for the year being revised.

- Heading - Enter the fiscal year for which the corrections apply.
- Muni Code - Enter the codes for all of the municipalities in the district, as they appear on the originally submitted Form RP-6704-B1.
- Municipal name - Enter the names of the municipalities corresponding to the Muni Codes.
- Class - Enter the class code from the originally submitted Form RP-6704-B1. Leave blank if not applicable.
- Column 1 - Enter the **corrected** number of basic STAR exemptions granted to properties.
- Column 2 - Enter the **corrected** aggregate of the basic STAR exempt amounts (sum of the basic STAR exempt assessed values).
- Column 3 - Enter the **corrected** number of enhanced STAR exemptions granted to properties.
- Column 4 - Enter the **corrected** aggregate of the enhanced STAR exempt amounts (sum of the enhanced STAR exempt assessed values).
- Column 5 - Enter the sum of columns (2) and (4).
- Column 6 - Enter the **corrected** reimbursement total for the municipality (or municipality/class). If the amount has not been given to you, you might be able to calculate it yourself. If the corrections in columns 1-4 are at the full certified exemption amounts for that municipality, the change in reimbursement will be the lower of the capped or calculated savings amounts on Form RP-6704-B2. As applicable, add or subtract that savings amount from the previous reimbursement total to arrive at the new total. If you can't calculate the new total on your own, obtain it from the person/office that directed the correction. **Do not** include in the total any interest collected on rescinded exemptions (see column 7).
- Column 7 - **Rescinded exemptions only:** If the district collects interest on rescinded prior year exemptions, that money must be returned to New York State. Indicate the dollar amount of the interest **only** in this column. **Do not** include this amount in the reimbursement total (see column 6).
- Certification - The appropriate person for the school district must sign and date the form. Provide the name, title, telephone number, fax number, and e-mail address of the person to contact if there are questions regarding the data provided on this form.

NEW YORK STATE TAX DEPARTMENT
OFFICE OF REAL PROPERTY TAX SERVICES
STAR UNIT - ATTN TOM SIEBERT
W A HARRIMAN CAMPUS
ALBANY NY 12227-0801

Phone: (518) 474-2819 Fax: (518) 435-8635
E-mail: orpts.star@tax.ny.gov