

DRIVER'S LICENSE

DL

Governor: B:Ph



4d DL NO. 054758015 3 DOB 03/16/1975

4b EXP 03/16/2029

CLASS CM

BENJAMIN F

NEWKIRK

8 1400 WHITAKER RD CLYO, GA 31303-3806 **EFFINGHAM**

12 REST A

NONE 9a END

02/17/2021 4a ISS

15 SEX

180 lb 5'-10" 16 HGT

402935880020000

ORGAN DONOR



SECTION C1:	COM	PLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR NET IN	COME REQUIREMENT						
If fil		Applicant must complete Column 1A only. If filing separat		must be completed.					
		INCOME FOR TAX YEAR ENDING DECEMBER 31, 20							
			COLUMN 1A	COLUMN 1B					
			APPLICANT	SPOUSE					
Line 1		Private retirement, disability or pension system							
Line 2	Total Income from Social Sec	eurity .							
Line 3	Total Income from both retirement and Social Security (Line 1 plus Line 2)								
Line 4	Maximum Social Security amount (from Tax Receiver)								
Line 5	Retirement Income over maximum Social Security (Line 3 - Line 4) - If less than 0, use 0								
Line 6	Other income from all sources								
Line 7	Adjusted Income (Line 5 plus Line 6)								
Line 8	Standard or Itemized Deductions from Georgia Income Tax Return								
Line 9	Personal Exemption amount to								
Line 10	Net Income (Line 7 less Lines	8 and 0)							
If filing Joint I	ncome Tax Return, Line 10, Co	umn 1A must be less than \$10,000. If filing Separately, total of	of Line 10, Column 1A plus 1B	must be less than \$10,000.					
SECTION C2		COMPLETE THIS SECTION TO DETERMINE ELIGIB	ILITY						
		FOR FEDERAL ADJUSTED GROSS INCOME REQUIRE							
	For each member in the ho			anged below					
	. o. out member in the no	usehold, complete the social security number & federal a		spaced below					
		INCOME FOR TAX YEAR ENDING DECEMBER 31, 20		T					
			SOCIAL SECURITY NUMBER	FEDERAL ADJUSTED GROSS INCOME					
Line 1	Name of Household Member								
Line 2	Name of Household Member								
Line 3	Name of Household Member								

Line 4

Line 5

Line 6

Line 7

Name of Household Member

Name of Household Member

Name of Household Member

Name of Household Member

ADJUSTED GROSS INCOME - TOTAL OF LINES 1 THRU 7 MUST BE LESS THAN \$30,000 >>>>>>>

LGS-Homestead	Rev 10-08			APPLICATION F					Homestead Year: 2018		
The second second second second	exemptions provided for licants seeking a home	r in this Application for stead exemption sho	orm are those authori ould contact the local	Tax Commissioner o	I TAX NECEIVER TO I	additional inform	for local homestead exempation. If this application is	ptions that may v denied, an appe	vary from the ones shown on this eal may be filed in accordance with		
SECTION A					CANT INFORM						
List below the ad	dress of any other prop	perty where you or yo	ur spouse have appli	ied for and been gran	nted a homestead e	kemption of the	current year:		/		
Are you and you	r spouse a Georgia resi	ident US citizen or a	lien with legal authori	ization from the US In	mmigration and Nat	uralization Serv	ice?		[DYES []NO		
	citizen with legal author										
Applicant	Name	NEWKIRK BENJAM	IN F & LORI M			Spouse:	Name				
гррповт	Street Address	209 MYRTLE ST					Street Address	Street Address			
	City State Zip	RINCON, GA 31326					City State Zip				
	Social Security No		GA DL#				Social Security No		***.**		
	Year of Birth	1975	Phone Number	() -		4. 1	Year of Birth		Phone:		
	County where registe) <u></u>	County where registere	ed to vote:			
	County where car is a	registered If you or your spouse are in the military			are in the military ser	vice, list state sho	state shown as your home of record:				
If you answer Ye requirements.	es to Question #1, pleas								itional information and qualifications rmine whether you meet certain gross and/o		
1 1,52		net income requirements.									
[]YES	2.	Is the applicant or spouse a 100% disabled veteran or is the applicant the unremarried surviving spouse of a 100% disabled veteran?									
[]YES	3.	Are you the unmarried surviving spouse of a US service member killed in action?									
[]YES	4.	Are you the unmarried surviving spouse of a firefighter or peace officer killed in the line of duty?									
OF OTION B				PROP	ERTY INFORM	ATION					
SECTION B	+ (Street Address): 1400	WHITAKER RD R	D				Lot Size or Number of	Acres: 38.00			
	erty (Street Address): 1400	VINITAREN NO N	From Whom Purcha	sed:			Map/Parcel Number: 04	Map/Parcel Number: 04400001			
	rchased: 12/16/2009	0.000	Amount of Lien:				Land Lot:		Land District:		
Purchased Price	assed Price						Deed Recorded: 1904	185			
Is any part of the property used for business purposes? [] YES [\(\frac{1}{N}\) NO If yes, what kind of business & how much of the property is used?							Is any part of the property rented? [] YES [YNO If yes, what kind is rented?				
If yes, what kind o	of business & how much o	of the property is used?		AFFIC	DAVIT OF APPL	ICANT					
I, the undersign same on Janua Section 48-5-40	ry 1 of the year for which	that the above settler th application is made in has been made in Applicant Sig	collusion with another	ort of this application a	are true and correct mestead exemption btaining a from estea	that I am the b applied for, qua d exemption co	There & Maryan	subscribed to be	APR 0 2 2018		
Tax C	commissioner or Receiv	ver		[] APPROVE			Board of Tax Asse	essors	Date		
	TAX ASSESSOR USE ON			CODE	AMOUNT						
			STATE TAX >>								
			COUNTY TAX >>			-					
			SCHOOL TAX >>]					
						, ,					

Homestead Year: 2018