



For Privacy Act Notification, See Instructions	Your Social Security Number [][]-[][]-[][][][]	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)		Place label on form you file. Make all necessary changes on label.
	Spouse's Social Security Number [][]-[][]-[][][][]	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 45) [][][][]	City, Town, Post Office	State	
FILING STATUS	1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)		RESIDENCY STATUS 6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From MM/DD/YY To MM/DD/YY	

7. On December 31, 2000, I (and/or my spouse) was a. ← Age 65 or older b. ← Blind or disabled c. ← Not 65 or blind or disabled
 Fill in only **one** oval. See instructions on Page 42.

8. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions

8 [][] [][] [][] [][]

9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and fill in

9 [][] [][] [][] [][]

10. TOTAL GROSS INCOME (Add Line 8 and Line 9)

10 [][] [][] [][] [][]

STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE. FURTHER RESTRICTIONS MAY BE APPLIED.

11. Enter your New Jersey residence on December 31, 2000 if different than above. If you were not a resident on December 31, 2000 enter your last New Jersey residence.

Street Address _____ Municipality _____

12. Fill in your residency status during 2000: a. ← HOMEOWNER b. ← TENANT c. ← BOTH

13. If you indicated "Homeowner" or "Both" on Line 12, enter the block and lot number of the residence for which the rebate is claimed.

Block [][][][] [][][][]
 Lot [][][][] [][][][]
 Qualifier [][][][] [][][][]

- 14a. Did you live at more than one New Jersey residence during the year? ← Yes ← No
- b. Did you share ownership of a principal residence during the year with anyone, other than your spouse? ← Yes ← No
- c. Did any principal residence you owned during the year consist of multiple dwelling units? ← Yes ← No
- d. Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year? ← Yes ← No

If you answered "Yes" to any of the above, you MUST complete Schedule HR-A.

HOMEOWNER 15. Enter the total 2000 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2000

15 [][] [][] [][] [][] [][] [][]

IF YOU COMPLETED SCHEDULE HR-A, PART I, enter:

16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5)

16a [][] [][] [][] [][] [][] [][]

16b. Number of days as an owner (Sch. HR-A, PART I, Line 4)

16b [][][] Days

TENANT 17. Enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 2000

17 [][] [][] [][] [][] [][] [][]

IF YOU COMPLETED SCHEDULE HR-A, PART II, enter:

18a. Total Rent Paid (Sch. HR-A, PART II, Line 11)

18a [][] [][] [][] [][] [][] [][]

18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10)

18b [][][] Days

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

If you are ONLY filing a Homestead Rebate Application:

• Mail your application in the envelope provided.

• Affix the mailing label for PO Box 197

Your Signature _____ Date _____ Spouse's Signature (If filing jointly, BOTH must sign) _____

If you do not need forms mailed to you next year, fill in (See instruction page 15)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature _____ Federal Identification Number _____

Firm's Name _____ Federal Employer Identification Number _____