

STATE OF NEW JERSEY **PTR**
2018 SENIOR FREEZE (PROPERTY TAX REIMBURSEMENT) INCOME REPORT

Social Security Number: _____ - _____ Spouse's/CU Partner's Social Security Number: _____ - _____

Name: _____

DETERMINING INCOME

See the instructions for information on possible sources of income and how to determine the amount to be reported in each category. If you had no income in a particular category, leave that line blank. Losses in one category of income cannot be used to reduce total income.

If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

| INCOME CATEGORIES | 2017 | | 2018 | |
|---|------|--|------|--|
| a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter total amount from Box 5 of Form SSA-1099 or Form RRB-1099 | | | | |
| b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount. | | | | |
| c. Salaries, Wages, Bonuses, Commissions, and Fees | | | | |
| d. Unemployment Benefits | | | | |
| e. Disability Benefits, whether public or private (including veterans' and black lung benefits). | | | | |
| f. Interest (taxable and exempt). | | | | |
| g. Dividends | | | | |
| h. Capital Gains | | | | |
| i. Net Rental Income | | | | |
| j. Net Profits From Business | | | | |
| k. Net Distributive Share of Partnership Income | | | | |
| l. Net Pro Rata Share of S Corporation Income | | | | |
| m. Support Payments | | | | |
| n. Inheritances, Bequests, and Death Benefits | | | | |
| o. Royalties | | | | |
| p. Gambling and Lottery Winnings (including New Jersey Lottery) | | | | |
| q. All Other Income | | | | |

| | | |
|--------------------------------------|--|--|
| Add lines a-q in each column. | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> , </div> <p>TOTAL 2017 INCOME</p> | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> , </div> <p>TOTAL 2018 INCOME</p> |
|--------------------------------------|--|--|

| | | |
|--|--|--|
| <p>Total annual income cannot → exceed amounts shown.</p> | <p>Was your total 2017 income \$87,268 or less?</p> <p><input type="checkbox"/> Yes. See 2018 income eligibility.</p> <p><input type="checkbox"/> No. STOP. You are not eligible for the reimbursement, and you should not file this application.</p> | <p>Was your total 2018 income \$89,013 or less?</p> <p><small>(See "Impact of State Budget" on page 1 of the instructions which explains how the State Budget may reduce the income limit.)</small></p> <p><input type="checkbox"/> Yes. You met 2018 income limit.</p> <p><input type="checkbox"/> No. STOP. You are not eligible for the reimbursement, and you should not file this application.</p> |
|--|--|--|