PTR-1



New Jersey 2019 Senior Freeze (Property Tax Reimbursement) Application

				,					
	Place preprinted label below ONLY if the information is corre You must enter your Social Security number below Otherwise print or type your name and address.								
ions	Your Social Security Number Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter								
e Instruct		spouse's/CU partner's last name ONLY if different.)							
ion, Se	Spouse's/CU Partner's SSN Home Addre	Home Address (Number and Street, including apartment number)							
t Notificat									
For Privacy Act Notification, See Instructions	County/Municipality Code (See instructions) City, Town, F	ost Office		State	ZIP C	Code			
ŭ L	This is a four-page application. You must c	omplete all four pages	. Fill in	ovals co	mplete	ly.			
	PROOF OF AGE OR DISABILITY FOR 2018 AN Age 65 or Older: Copy of one – Birth Cert Receiving Federal Social Security Disab	ificate, Driver's License, Cl	hurch Re	ecords		N			
Ma	nrital/Civil Union Status								
1.	Your Marital/Civil Union Status on December 31, 20	18: Single		M arri	ied/CU C	ouple			
2.	Your Marital/Civil Union Status on December 31, 20	19: Single		Marri	ied/CU C	ouple			
Ag	e/Disability Status								
3а.	On December 31, 2018, were you age 65 or older?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
3b.	On or before December 31, 2018, were you actually receiving federal Social Security disability benefit payments?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
4a.	On December 31, 2019, were you age 65 or older?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
4b.	On or before December 31, 2019, were you actually receiving federal Social Security disability benefit payments?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
par	plicant(s) must meet the age or disability requirements ther met the requirements, you are not eligible for the gibility Requirements" on page 1 of instructions.								
Re	sidency Requirements								
5.	Have you lived in New Jersey continuously since De or earlier as either a homeowner or a renter?	cember 31, 2008,	0	Yes	0	No			
	If "No," STOP. You are not eligible for the reimbu	rsement, and you should	l not file	this appl	ication.				
6.	Have you owned and lived in the same New Jersey December 31, 2015, or earlier? (Mobile Home Owned		0	Yes	0	No			

If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.



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Name(s) as shown on Form PTR-1 Your Social Security Number

Determining Total Income (Line 7): Enter your annual income for 2018. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a 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 of 2018 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2018 Income

	Was your total 2018 income on line 7 \$89 ☐ Yes. See 2019 income eligibility. ☐ No. STOP. You are not eligible for the reimburse	
7.	Enter total 2018 income on line 7. (Add lines a-q)	
	q. All Other Income	q.
	p. Gambling and Lottery Winnings (including New Jersey Lottery)	p. , , , , , , , , , , , , , , , ,
	o. Royalties	0.
	n. Inheritances, Bequests, and Death Benefits	n.
	m. Support Payments	m.
	I. Net Pro Rata Share of S Corporation Income	l. ,
	k. Net Distributive Share of Partnership Income	k. , , , , , , , , , , , , , , , ,
	j. Net Profits From Business	j.
	i. Net Rental Income	i. , , , , , , , , , , , , , , , ,
	h. Capital Gains	h.
	g. Dividends	g.
	f. Interest (taxable and exempt)	f.
	e. Disability Benefits, whether public or private (including veterans' and black lung benefits)	e. , , , , , , , , , , , , , , , ,
	d. Unemployment Benefits	d.
	c. Salaries, Wages, Bonuses, Commissions, and Fees	c.
	b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount	b.
	 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-10 	99a.



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Name(s) as shown on Form PTR-1 Your Social Security Number

Determining Total Income (Line 8): Enter your annual income for 2019. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a 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 of 2019 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2019 Income

	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 	.a		<u> </u>		I].[
	b.	b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount	.b.		<u> </u>		Ι].[П	
	C.	c. Salaries, Wages, Bonuses, Commissions, and Fees	. c.	\coprod	<u></u> ,		1].[П	
	d.	d. Unemployment Benefits	. d.].[
	e.	e. Disability Benefits, whether public or private (including veterans' and black lung benefits)	. e.	П	<u></u>		1].[
	f.	f. Interest (taxable and exempt)	f.		□ ,					
	g.	g. Dividends	.g				I].[
	h.	h. Capital Gains	.h].[
	i.	i. Net Rental Income	i		<u> </u>].[
	j.	j. Net Profits From Business	j.				I].[
	k.	k. Net Distributive Share of Partnership Income	. k.				1].[
	I.	I. Net Pro Rata Share of S Corporation Income	I].[
	m	m. Support Payments	m.].[
	n.	n. Inheritances, Bequests, and Death Benefits	.n		<u> </u>].[
	0.	o. Royalties	.o				I].[
	p.	p. Gambling and Lottery Winnings (including New Jersey Lottery)	.p		 ,].[
	q.	q. All Other Income	. q.				I].[
8.	E	Enter total 2019 income on line 8. (Add lines a-q)	8.				I].[
	_									
		Was your total 2019 income on line 8 \$91,505			-					
		(See "Impact of State Budget" on page 1 of instructions, which explains h	ow the state	budge	et may	reduc	e the ir	ncome I	limit.)	
ı		Yes. Go to page 4.								
		No. STOP. You are not eligible for the reimbursement.	and you's	hould	not	file th	nis an	nlicati	on	



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Name(s) as shown on Form PTR-1

Your Social Security Number

Principal Residence						
ç	Status (fill in appropriate oval): Homeowner Mobile Home Owner					
10	Homeowners: Enter the block and lot numbers of your 2019 principal residence. Block Lot Qualifier					
	2018 2019					
118	Did you share ownership of this property with anyone other than your spouse/CU Partner? (Mobile Home Owners, see instructions)					
111	If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)					
12	Did this property consist of multiple units?					
121	b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence					
lf y	u answered "Yes" at line 11a or 12a, see instructions before completing lines 13 and 14.					
14 Rei	Property Taxes Proof of Property Taxes Due and Paid for 2018 and 2019 Must be Submitted With Application. See Instructions. If you are claiming property taxes for additional lots, check box. (See instructions) 13. Enter your total 2019 property taxes due and paid (including any credits/deductions) on your principal residence. See instructions. (Mobile Home Owners: Property taxes = total site fees paid X 0.18)					
If line 15 is zero or less, you are not eligible for a reimbursement, and you should not file this application.						
RE	If enclosing copy of death certificate for deceased applicant, check box. (See instructions) Under penalties of perjury, I declare that I have examined this Senior Freeze (Property Tax Reimbursement) 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 applicant, this declaration is based on all information of which the preparer has any knowledge. Due Date: November 2, 2020 Mail your completed application to: NJ Division of Taxation					
SIGN HERE	/our Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Revenue Processing Center Senior Freeze (PTR)					
IGN	/our daytime telephone number and/or email address (optional) PO Box 635 Trenton, NJ, 08646-0635					
0,	Paid Preparer's Signature Federal Identification Number Senior Freeze (PTR) Hotline: 1-800-882-6597					
	Firm's name Federal Employer Identification Number					
Div	ion Use 1 2 3 4 5 6 7					