



Name(s) as shown on Form PTR-1	Your Social Security Number
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Determining Total Income (Line 8): Enter your annual income for 2020. 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 2020 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2020 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.		,			.	
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount b.						
c. Salaries, Wages, Bonuses, Commissions, and Fees c.						
d. Unemployment Benefits d.						
e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e.						
f. Interest (taxable and exempt)..... f.						
g. Dividends..... g.						
h. Capital Gains..... h.						
i. Net Rental Income..... i.						
j. Net Profits From Business..... j.						
k. Net Distributive Share of Partnership Income k.						
l. Net Pro Rata Share of S Corporation Income l.						
m. Support Payments..... m.						
n. Inheritances, Bequests, and Death Benefits n.						
o. Royalties..... o.						
p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p.						
q. All Other Income..... q.						
8. Enter total 2020 income on line 8. (Add lines a-q).....	8.					

Was your total 2020 income on line 8 \$92,969 or less?

(See "Impact of State Budget" on page 1 of instructions, which explains how the state budget may reduce the income limit.)

- Yes.** Go to page 4.
- No. STOP.** You are not eligible for the reimbursement, and you should not file this application.



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Principal Residence (Main Home)

9. Status (fill in appropriate oval): Homeowner Mobile Home Owner

10. Homeowners: Enter the block and lot numbers of your 2020 main home.
 Block . Lot . Qualifier

	2019	2020
11a. Did you share ownership of this property with anyone other than your spouse/CU Partner? (Mobile Home Owners, see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %
12a. Did this property consist of multiple units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home.	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %

If you answered "Yes" at line 11a or 12a, see instructions before completing lines 13 and 14.

Property Taxes

Proof of property taxes due and paid for 2019 and 2020 must be submitted with application. See instructions.

If you are claiming property taxes for additional lots, check box. (See instructions)

13. Enter your total 2020 property taxes due and paid (including any credits/deductions) on your main home. See instructions. (Mobile Home Owners: Property taxes = total site fees paid × 0.18) 13. , .

14. Enter your total 2019 property taxes due and paid (including any credits/deductions) on your main home. See instructions. (Mobile Home Owners: Property taxes = total site fees paid × 0.18) 14. , .

Reimbursement Amount (See "Impact of State Budget" on page 1 of instructions.)

15. Reimbursement. (Amount to be sent to you. Subtract line 14 from line 13) 15. , .

If line 15 is zero or less, you are not eligible for a reimbursement, and you should not file this application.

SIGN HERE	If enclosing copy of death certificate for deceased applicant, check box. (See instructions) <input type="checkbox"/>		Due Date: November 1, 2021 Mail your completed application to: NJ Division of Taxation Revenue Processing Center Senior Freeze (PTR) PO Box 635 Trenton, NJ, 08646-0635 Senior Freeze (PTR) Hotline: 1-800-882-6597
	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.		
	Your Signature _____	Date _____ Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____	
	Your daytime telephone number and/or email address (optional) _____		
	Paid Preparer's Signature _____	Federal Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Firm's name _____	Firm's Federal Employer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Division Use			<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/> 4 <input type="text"/> <input type="text"/> 5 <input type="text"/> <input type="text"/> 6 <input type="text"/> <input type="text"/> 7 . <input type="text"/> <input type="text"/>