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New Jersey 2021 Senior Freeze (Property Tax Reimbursement) Application

	You must enter your Social Security number below	Place preprinted label below ONLY if the information is correct. DW Otherwise print or type your name and address.				
ee Instructions	Your Social Security Number	Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)				
Privacy Act Notification, See	Spouse's/CU Partner's SSN	Home Address (Number and Street, including apartment number)				
For Privacy Act	County/Municipality Code (See instructions)	City, Town, Post Office	State	ZIP Code		

This is a four-page application. You must complete all four pages. Fill in ovals completely.

PROOF OF AGE OR DISABILITY FOR 2020 AND 2021 MUST BE SUBMITTED WITH APPLICATION				
Age 65 or Older: Copy of one – Birth Certificate, Driver's License, Church Records				
Receiving Federal Social Security Disability Benefits: Copy of Social Security Award Letter				
See instructions for more information.				

IVIa	Marital/Civil Union Status							
1.	Your Marital/Civil Union Status on December 31, 2020:	0	Single	0	Married/CU Couple			
2.	Your Marital/Civil Union Status on December 31, 2021:	0	Single	0	Married/CU Couple			

Age/Disability Status

3a.	On December 31, 2020, were you age 65 or older?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No
3b.	On or before December 31, 2020, were you actually receiving federal Social Security disability benefit payments?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No
4a.	On December 31, 2021, were you age 65 or older?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No
4b.	On or before December 31, 2021, were you actually receiving federal Social Security disability benefit	Yourself Spouse/CU Partner	00	Yes Yes	00	No No

Applicant(s) must meet the age or disability requirements **for both 2020 and 2021.** If neither you nor your spouse/CU partner met the requirements, you are not eligible for the reimbursement, and you should not file this application. See "Eligibility Requirements" on page 1 of instructions.

Residency Requirements

payments?

5. Have you lived in New Jersey continuously since December 31, 2010, or earlier as either a homeowner or a renter?

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

6. Have you owned and lived in the same New Jersey home since December 31, 2017, or earlier? (Mobile Home Owners, see instructions)

Yes 🔿 No

No

Yes

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



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Determining Total Income (Line 7): 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-1099a.
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amountb.
c. Salaries, Wages, Bonuses, Commissions, and Feesc.
d. Unemployment Benefitsd.
e. Disability Benefits, whether public or private (including veterans' and black lung benefits)e.
f. Interest (taxable and exempt)f.
g. Dividendsg.
h. Capital Gainsh.
i. Net Rental Incomei.
j. Net Profits From Business
k. Net Distributive Share of Partnership Incomek.
I. Net Pro Rata Share of S Corporation IncomeI.
m. Support Paymentsm.
n. Inheritances, Bequests, and Death Benefitsn.
o. Royaltieso.
p. Gambling and Lottery Winnings (including New Jersey Lottery)p.
q. All Other Incomeq.
Enter total 2020 income on line 7. (Add lines a–q) 7.

Was your total 2020 income on line 7 \$92,969 or less?

Yes. See 2021 income eligibility.

7.

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



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Determining Total Income (Line 8): Enter your annual income for 2021. 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 2021 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

Name(s) as shown on Form PTR-1

2021 Income

E	nter total 2021 income on line 8. (Add lines a–q)	· · · · · · · · · · · · · · · · · · ·
q.	All Other Incomeq.	
p.	. Gambling and Lottery Winnings (including New Jersey Lottery)p.	
	. Royaltieso.	
n.	. Inheritances, Bequests, and Death Benefitsn.	
m	n. Support Paymentsm.	
I.	Net Pro Rata Share of S Corporation IncomeI.	
k.	Net Distributive Share of Partnership Incomek.	
j.	Net Profits From Businessj.	
i.	Net Rental Incomei.	
h.	. Capital Gainsh.	
g.	. Dividendsg.	
f.	Interest (taxable and exempt)f.	
e.	. Disability Benefits, whether public or private (including veterans' and black lung benefits)e.	
d.	. Unemployment Benefitsd.	
c.	Salaries, Wages, Bonuses, Commissions, and Feesc.	
b.	. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amountb.	
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-1099a.	

Was your total 2021 income on line 8 \$94,178 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.

8.

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

Principal Residence (Main Home)

9.	Status (fill in appropriate oval):	0	Homeowner	0	Mobile Hor	me Owner
10.	Homeowners: Enter the block and lot n Block	umbers of Lot	your 2021 main home	2.	Qualifier	
					2020	2021
11a.	Did you share ownership of this propert than your spouse/CU Partner? (Mobile				Yes 🗌 No	Yes No
11b.	If you answered "Yes," indicate the shar owned by you (and your spouse/CU pa see instructions)	rtner) (Mo	bile Home Owners,	[%	%
12a.	Did this property consist of multiple unit	s?			Yes 🗌 No	Yes No
12b.	If you answered "Yes," indicate the sha that you (and your spouse/CU partner)			[%	%

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 2020 and 2021 must be submitted with application. See instructions.

If you are claiming property taxes for additional lots, check box. (See instructions)							
13	Enter your total 2021 property taxes du credits/deductions) on your main home (Mobile Home Owners: Property taxes],					
14	Enter your total 2020 property taxes du credits/deductions) on your main home (Mobile Home Owners: Property taxes	. See instructions.],				
Re	mbursement Amount (See "Impact of	State Budget" on page 1 of instructions.)					
15	6. Reimbursement. (Amount to be sent to from line 13)],				
lf li	ne 15 is zero or less, you are not eligible t	for a reimbursement, and you should not f	ile this application.				
	If enclosing copy of death certificate for deceased app						
RE	Under penalties of perjury, I declare that I have examined this including accompanying schedules and statements, and to th complete. If prepared by a person other than applicant, this de any knowledge.	Due Date: October 31, 2022 Mail your completed application to : NJ Division of Taxation					
SIGN HERE	Your Signature Date Spo	ouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Revenue Processing Center Senior Freeze (PTR)				
5	Your daytime telephone number and/or email address (option	PO Box 635 Trenton, NJ, 08646-0635					
S	Paid Preparer's Signature	Federal Identification Number	Senior Freeze (PTR) Hotline: 1-800-882-6597				
	Firm's name	Firm's Federal Employer Identification Number					
Div	Division Use 1 2 3 4 5 6 7.						