PTR-1

For Privacy Act Notification, See Instructions

Your Social Security Number

Spouse's Social Security Number

County/Municipality Code (See Table page 9)

Last Name, First Name and Initial (Joint applicants enter first name and initial of each - Enter spouse last name ONLY if different)

Home Address (Number and Street, including apartment number or rural route)

City, Town, Post Office   State   Zip Code

Place label on form you file. Make all necessary changes on label.

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1. RESIDENCY STATUS: ◯ Homeowner   ◯ Mobile Home Owner

TO BE ELIGIBLE FOR THE REIMBURSEMENT YOU MUST:
A. Be age 65 or over OR receiving Federal Social Security disability benefits;
B. Own a home OR lease a site in a mobile home park;
C. Be domiciled in New Jersey for at least 10 consecutive years and have been a homeowner or tenant during that time;
D. Have owned and lived in the home for which the reimbursement is being claimed for at least 3 years;
E. Have total annual income in 1999 of less than $18,151, if single or, if married, have total annual income combined with spouse less than $22,256.
F. Have total annual income in 2000 of less than $18,587, if single or, if married, have total annual income combined with spouse less than $22,791.

If you did not satisfy requirements A through D for both 1999 and 2000 you are not eligible for the reimbursement and you should not file this application. If you satisfied requirements A through D for both 1999 and 2000 you must now complete the worksheets on the back to determine whether you also satisfy the income requirements in E and F.

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2. Enter the amount of 1999 Total Income from Worksheet A, Line p. (See reverse) . . . . **2.**

3. 1999 Marital Status: ◯ Single   ◯ Married

4. Did you meet all of the eligibility requirements as of December 31, 1999? If "Yes" check the box ☐ and proceed to Worksheet B. If "No" you are not eligible for the reimbursement and you should not file this application.

5. Enter the amount of 2000 Total Income from Worksheet B, Line p. (See reverse) . . . . **5.**

6. 2000 Marital Status: ◯ Single   ◯ Married

7. Did you meet all of the eligibility requirements as of December 31, 2000? If "Yes" check the box ☐ . If "No" you are not eligible for the reimbursement and you should not file this application.

8. Enter the address for which you are claiming the reimbursement if different from above.

   Street address _____ Municipality _____

9. Homeowners: Enter the block and lot number of the residence for which the property tax reimbursement is being claimed.

   Block   Lot   Qualifier

10. Enter your total 2000 property taxes due and paid on your principal residence.
    (Mobile Home Owners enter 18% of total 2000 site fee due and paid $_____ x .18)   **10.**

11. Enter your total 1999 property taxes due and paid on your principal residence.
    (Mobile Home Owners enter 18% of total 1999 site fee due and paid $_____ x .18)   **11.**

REIMBURSEMENT AMOUNT
12. Subtract Line 11 from Line 10. . . . . **12.**

   If Line 12 is less than or equal to zero you are not eligible for a property tax reimbursement and you should not file this application.

Division Use   1 ☐   2 ☐   3 ☐   4 ☐   5 ☐   6 ☐

SIGN HERE

Under the penalties of perjury, I declare that I have examined this 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 Signature (if applying jointly, BOTH must sign)

Paid Preparer's Signature   Federal Identification Number

Firm's Name   Federal Employer Identification Number

Due Date: March 15, 2001

Mail your completed application to:

NJ Division of Taxation
Revenue Processing Center
Property Tax Reimbursement
PO Box 635
Trenton, NJ 08646-0635

Tax Reimbursement Hotline:
1-800-882-6597

WORKSHEET A 1999 TOTAL INCOME	WORKSHEET B 2000 TOTAL INCOME
If you were married as of December 31, 1999, you must combine your income with your spouse's income.	Only complete Worksheet B if you answered "Yes" on Line 4 and checked the box. If you were married as of December 31, 2000, you must combine your income with your spouse's income.

a. Social Security Benefits . . . . _____ (including Medicare Part B premiums)	a. Social Security Benefits . . . . _____ (including Medicare Part B premiums)
b. Total Pension Income . . . . _____ (including IRA and annuity income)	b. Total Pension Income . . . . _____ (including IRA and annuity income)
c. Salaries and Wages . . . . _____	c. Salaries and Wages . . . . _____
d. Bonuses, Commissions & Fees . . _____	d. Bonuses, Commissions & Fees . . _____
e. Unemployment Benefits . . . . _____	e. Unemployment Benefits . . . . _____
f. Interest (taxable & exempt) . . . . . _____	f. Interest (taxable & exempt) . . . . . _____
g. Dividends . . . . _____	g. Dividends . . . . _____
h. Net Capital Gains . . . . _____	h. Net Capital Gains . . . . _____
i. Net Rental Income . . . . _____	i. Net Rental Income . . . . _____
j. Net Business Income . . . . _____	j. Net Business Income . . . . _____
k. Support Payments . . . . _____	k. Support Payments . . . . _____
l. Inheritances . . . . _____	l. Inheritances . . . . _____
m. Royalties . . . . _____	m. Royalties . . . . _____
n. Gambling & Lottery Winnings . . _____ (including New Jersey)	n. Gambling & Lottery Winnings . . _____ (including New Jersey)
o. All Other Income . . . . _____	o. All Other Income . . . . _____
p. TOTAL . . . . _____	p. TOTAL . . . . _____

If you were SINGLE, and

- Your total 1999 income was less than $18,151, enter the total amount on Line 2 and continue completing the application.
  or
- Your total 1999 income was $18,151 or more, you are not eligible for the reimbursement and you should not file this application.

If you were MARRIED, and

- Your total 1999 income was less than $22,256, enter the total amount on Line 2 and continue completing the application.
  or
- Your total 1999 income was $22,256 or more, you are not eligible for the reimbursement and you should not file this application.

If you were SINGLE, and

- Your total 2000 income was less than $18,587, enter the total amount on Line 5 and continue completing the application.
  or
- Your total 2000 income was $18,587 or more, you are not eligible for the reimbursement and you should not file this application.

If you were MARRIED, and

- Your total 2000 income was less than $22,791, enter the total amount on Line 5 and continue completing the application.
  or
- Your total 2000 income was $22,791 or more, you are not eligible for the reimbursement and you should not file this application.