## PTR-1



## State of New Jersey 2018 Senior Freeze (Property Tax Reimbursement) Application

No

Place preprinted label below ONLY if the information is correct. You must enter your Social Security number below Otherwise print or type your name and address. Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter Your Social Security Number For Privacy Act Notification, See Instructions spouse's/CU partner's last name ONLY if different.) Spouse's/CU Partner's SSN Home Address (Number and Street, including apartment number) City, Town, Post Office State ZIP Code County/Municipality Code (See instructions) This is a four-page application. You must complete all four pages. Fill in ovals completely. PROOF OF AGE OR DISABILITY FOR 2017 AND 2018 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. Your Homestead Benefit Identification Number (optional): **Marital/Civil Union Status** Your Marital/Civil Union Status on December 31, 2017: Single Married/CU Couple Your Marital/Civil Union Status on December 31, 2018: Married/CU Couple Single Age/Disability Status 3a. On December 31, 2017, were you age 65 or older? Yourself No Yes Spouse/CU Partner Yes No Yourself 3b. On or before December 31, 2017, were you actually Yes No receiving federal Social Security disability benefit Spouse/CU Partner Yes No payments? 4a. On December 31, 2018, were you age 65 or older? Yourself Yes No Spouse/CU Partner Yes No 4b. On or before December 31, 2018, were you actually Yourself No Yes receiving federal Social Security disability benefit Spouse/CU Partner No payments? Applicant(s) must meet the age or disability requirements for both 2017 and 2018. 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** 5. Have you lived in New Jersey continuously since December 31, 2007, or earlier as either a homeowner or a renter? Yes No 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, 2014, or earlier? (Mobile Home Owners, see instructions)

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 2017. 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 2017, and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

## 2017 Income

7.	. Enter total 2017 income on line 7. (Add lin	es a-q)
_	q. All Other Income	
	p. Gambling and Lottery Winnings (including New Jersey Lottery)	
	o. Royalties	
	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. , , , , , , , , , , , , , , , ,
	Disability Benefits, whether public or private (ir veterans' and black lung benefits)	· · · · · · · · · · · · · · · · · · ·
	d. Unemployment Benefits	d. , ,
	c. Salaries, Wages, Bonuses, Commissions, and	Feesc.
	<ul> <li>Pension and Retirement Benefits (including IR annuity income) See instructions for calculating</li> </ul>	
	amount from Box 5 of Form SSA-1099 or Forn	n RRB-1099a.



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**Determining Total Income: Line 8:** 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

ć	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.	
ŀ	<ul> <li>Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amountb.</li> </ul>	
(	c. Salaries, Wages, Bonuses, Commissions, and Feesc.	
(	d. Unemployment Benefitsd.	
(	e. Disability Benefits, whether public or private (including veterans' and black lung benefits)e.	
1	f. Interest (taxable and exempt)f.	
Ç	g. Dividendsg.	
ı	n. Capital Gainsh.	
i	. Net Rental Incomei.	
j	. Net Profits From Businessj.	
I	k. Net Distributive Share of Partnership Incomek.	
ı	. Net Pro Rata Share of S Corporation Income	
ı	m. Support Paymentsm.	
ı	n. Inheritances, Bequests, and Death Benefitsn.	
(	o. Royaltieso.	
ı	o. Gambling and Lottery Winnings (including New Jersey Lottery)p.	
(	q. All Other Incomeq.	
<b>3.</b>	Enter total 2018 income on line 8. (Add lines a-q)	8.
	Was your total 2018 income on Line 8 \$89,013 or	
	(See "Impact of State Budget" on page 1 of instructions, which explains how t	The state budget may reduce the income limit.)
	☐ Yes. Go to page 4.	
	■ No. STOP. You are not eligible for the reimbursement, and	you snould not file this application.

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Name(s) as shown on Form PTR-1

Your Social Security Number

**Principal Residence** Status (fill in appropriate oval): Homeowner Mobile Home Owner Homeowners: Enter the block and lot numbers of your 2018 principal residence. 10. Block Qualifier Lot 2017 2018 Did you share ownership of this property with anyone other 11a. than your spouse/CU Partner? (Mobile Home Owners, see instructions).... Yes Yes 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) ..... 12a. Did this property consist of multiple units? If you answered "Yes," indicate the share (percentage) of the property 12b. % % that you (and your spouse/CU partner) used as your principal residence. ... See instructions before completing Lines 13 and 14 if you: • Answered "Yes" at Line 11a or Line 12a; or • Received any deduction(s) and/or credit(s) on your property tax bills. **Property Taxes** Proof of Property Taxes Due and Paid for 2017 and 2018 Must be Submitted With Application. See Instructions. 13. Enter your total 2018 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18)..... 14. Enter your total 2017 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18)..... **Reimbursement Amount** (See "Impact of the State Budget" on page 1 of instructions.) 15. Reimbursement. (Amount to be sent to you. Subtract Line 14 from Line 13)..... If Line 15 is zero or less, you are not eligible for a reimbursement, and you should not file this application. 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 Due Date: October 31, 2019 complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has Mail your completed application any knowledge. HERE NJ Division of Taxation Revenue Processing Center Your Signature Spouse's/CU Partner's Signature (if filing jointly,BOTH must sign) Senior Freeze (PTR) Z U PO Box 635 Your daytime telephone number and/or email address (optional) Trenton, NJ, 08646-0635 Paid Preparer's Signature Federal Identification Number Senior Freeze (PTR) Hotline: 1-800-882-6597 Firm's name Federal Employer Identification Number **Division Use**