PTR-1



New Jersey 2019 Senior Freeze (Property Tax Reimbursement) Application

		•			,	• •			
	You must enter your Social Security number below		Place preprinted label below			rrect.			
suo		Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter							
e Instructi	spouse's/CU partner's last name ONLY if different.)								
on, Se	Spouse's/CU Partner's SSN Home Add	dress	(Number and Street, include	ling apartmer	t number)				
Notificati									
For Privacy Act Notification, See Instructions	County/Municipality Code (See instructions) City, Town	n, Pos	t Office		State	ZIP (ode		
<u>г</u> _	This is a four-page application. You must	t co	mplete all four pag	jes. Fill in	ovals c	omplete	ly.		
	PROOF OF AGE OR DISABILITY FOR 2018 A Age 65 or Older: Copy of one – Birth Ce Receiving Federal Social Security Dis See ins	ertifi abil	cate, Driver's License,	Church R Social Sec	ecords		N		
Ma	rital/Civil Union Status								
1.	Your Marital/Civil Union Status on December 31, 2	2018	: Single	•	M arı	ried/CU C	ouple		
2.	Your Marital/Civil Union Status on December 31, 2	2019	: Single	e C	> Marı	ried/CU C	ouple		
Αg	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 actual receiving federal Social Security disability benefit payments?	lly	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 actual receiving federal Social Security disability benefit payments?	lly	Yourself Spouse/CU Partner	00	Yes Yes	00	No No		
par	plicant(s) must meet the age or disability requireme tner met the requirements, you are not eligible for t gibility Requirements" on page 1 of instructions.								
Re	sidency Requirements								
5.	Have you lived in New Jersey continuously since I or earlier as either a homeowner or a renter?	Dece	ember 31, 2008,		Yes		No		
	If "No," STOP. You are not eligible for the reimb	burs	ement, and you sho	uld not file		lication.			
6.	Have you owned and lived in the same New Jerse December 31, 2015, or earlier? (Mobile Home Ow	ey ho	ome since	0	Yes	0	No		

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



PTR-1 (2019) Page 2

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

 Social Security Benefits (inclupremiums) paid to or on beha amount from Box 5 of Form S 	•	
 b. Pension and Retirement Bene annuity income) See instruction 	efits (including IRA and ons for calculating amountb.	
c. Salaries, Wages, Bonuses, C	ommissions, and Feesc.	
d. Unemployment Benefits	d.	
e. Disability Benefits, whether poveterans' and black lung bene	ublic or private (including efits)e.	
f. Interest (taxable and exempt)	f.	
g. Dividends	g.	
h. Capital Gains	h.	
i. Net Rental Income	l.	
j. Net Profits From Business	j.	
k. Net Distributive Share of Part	nership Incomek.	
I. Net Pro Rata Share of S Corp	poration IncomeI.	
m. Support Payments	m.	
n. Inheritances, Bequests, and [Death Benefitsn.	
o. Royalties	0.	
p. Gambling and Lottery Winning Jersey Lottery)	gs (including New p.	
q. All Other Income	q.	
7. Enter total 2018 income on	line 7. (Add lines a-q)	7.
Was your total 2018	income on line 7 \$89,013 or	less?
☐ Yes. See 2019 incom ☐ No. STOP. You are no	e eligibility. ot eligible for the reimbursement, and	I you should not file this application.



PTR-1 (2019) Page 3

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-109 	9a.
	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.
	I. Net Pro Rata Share of S Corporation Income	
	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 2019 income on line 8. (Add lines a-q)	8. 8.
	Was your total 2019 income on line 8 \$91 (See "Impact of State Budget" on page 1 of instructions, which exp	
	No. STOP. You are not eligible for the reimburser	ment, and you should not file this application



PTR-1 (2019) Page 4

Name(s) as shown on Form PTR-1

Your Social Security Number

Pri	ncipal Residence						
ç	9. Status (fill in appropriate oval): Homeowner Mobile Home Owner						
10). Homeowners: Enter the block and lot numbers of your 2019 principal residence. Block						
	2018 2019						
118	than your spouse/CU Partner? (Mobile Home Owners, see instructions) Yes No						
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	a. Did this property consist of multiple units?						
121	o. 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	ou answered "Yes" at line 11a or 12a, see instructions before completing lines 13 and 14.						
	operty Taxes of of Property Taxes Due and Paid for 2018 and 2019 Must be Submitted With Application. See Instructions.						
lf	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)							
14	Enter your total 2018 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)						
Re	imbursement Amount (See "Impact of State Budget" on page 1 of instructions.)						
15 If lie	Reimbursement. (Amount to be sent to you. Subtract line 14 from line 13)						
	If enclosing copy of death certificate for deceased applicant, check box. (See instructions)						
E	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:						
HERE	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) NJ Division of Taxation Revenue Processing Center						
SIGN	Your daytime telephone number and/or email address (optional) Senior Freeze (PTR) PO Box 635 Trenton, NJ, 08646-0635						
SI	Paid Preparer's Signature Federal Identification Number Senior Freeze (PTR) Hotline:						
	Firm's name Federal Employer Identification Number						
Div	ision Use 1 2 3 4 5 6 7						