PTR-1



## New Jersey \_\_\_\_ 2020 Senior Freeze (Property Tax Reimbursement) Application

	You must enter your Social Security number below  Place preprinted label below ONLY if the information is corre Otherwise print or type your name and address.				orrect.		
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.)  Home Address (Number and Street, including apartment number)					
lotification, See	Spouse's/CU Partner's SSN						
For Privacy Act Notification, See Instructions	County/Municipality Code (See instructions)	City, Town, Po	st Office		State	ZIP C	ode
	This is a four-page application. Y	ou must co	omplete all four pages	. Fill in	ovals c	ompletel	ly.
	PROOF OF AGE OR DISABILITY FO Age 65 or Older: Copy of one Receiving Federal Social Sec	– Birth Certifi urity Disabi	icate, Driver's License, C	hurch Re	ecords		N
Ma	arital/Civil Union Status						
1.	Your Marital/Civil Union Status on Decen	nber 31, 2019	9: Single		Mar	ried/CU C	ouple
2.	Your Marital/Civil Union Status on Decen	nber 31, 2020	D: Single	ā	Mar	ried/CU C	ouple
Αg	ge/Disability Status						
3a.	On December 31, 2019, were you age 6	5 or older?	Yourself Spouse/CU Partner		Yes Yes		No No
3b.	On or before December 31, 2019, were y receiving federal Social Security disability payments?	SALES OF THE PROPERTY OF SALES OF SALES	Yourself Spouse/CU Partner		Yes Yes		No No
4a.	On December 31, 2020, were you age 6	5 or older?	Yourself Spouse/CU Partner		Yes Yes		No No
4b.	On or before December 31, 2020, were y receiving federal Social Security disabilit payments?	(I)	Yourself Spouse/CU Partner		Yes Yes		No No
pai	plicant(s) must meet the age or disability r tner met the requirements, you are not eli igibility Requirements" on page 1 of instru	gible for the					
Re	Residency Requirements						
5.	Have you lived in New Jersey continuously since December 31, 2009, 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 app					olication.		
6.	Have you owned and lived in the same No December 31, 2016, or earlier? (Mobile				Yes		No
1	If "No," STOP. You are not eligible for	If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.			this app		



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Name(s) as shown on Form PTR-1	Your Social Security Number

**Determining Total Income (Line 7):** 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.	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.	<ul> <li>b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount</li></ul>	b		
	c.	c. Salaries, Wages, Bonuses, Commissions, and Fees	с.		
		d. Unemployment Benefits	d,		
	e.	Disability Benefits, whether public or private (including veterans' and black lung benefits)	e. ,		
	f.	f. Interest (taxable and exempt)	.f.		
	g.	g. Dividends	g.		
	h.	h. Capital GainsI	h		
	i.	i. Net Rental Income	i. , , , , , , , , , , , , , , , , , , ,		
	j.	j. Net Profits From Business	j. , , , , , , , , , , , , , , , , , , ,		
	k.	k. Net Distributive Share of Partnership Income	k		
	1.	l. Net Pro Rata Share of S Corporation Income	.l. ,,		
	m	m. Support Paymentsn	n. , , , , , , , , , , , , , , , , , , ,		
	n.	n. Inheritances, Bequests, and Death Benefitsr	n. , , , , , , , , , , , , , , , , , , ,		
	0.	o. Royalties	o		
	p.	p. Gambling and Lottery Winnings (including New Jersey Lottery)r	р.		
	q.	q. All Other Income	q,		
7.	E	Enter total 2019 income on line 7. (Add lines a-q)	7		
72-2	Was your total 2019 income on line 7 \$91,505 or less?				
	Yes. See 2020 income eligibility.  No. STOP. You are not eligible for the reimbursement, and you should not file this application.				
			12-		



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Name(s) as shown on Form PTR-1	Your Social Security Number

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

_	71.00					
	<ul> <li>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.</li> </ul>	a.	,			
	<ul> <li>Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount</li> </ul>	b.				
	c. Salaries, Wages, Bonuses, Commissions, and Fees	c.	5			
	d. Unemployment Benefits	d.				
	e. Disability Benefits, whether public or private (including veterans' and black lung benefits)	e.				
	f. Interest (taxable and exempt)	f.	5			
	g. Dividends	g.	5			
	h. Capital Gains	h.				
	i. Net Rental Income	i.				
	j. Net Profits From Business	j.				
	k. Net Distributive Share of Partnership Income	k.				
	Net Pro Rata Share of S Corporation Income	I.				
	m. Support Payments	m. '				
	n. Inheritances, Bequests, and Death Benefits	n.				
	o. Royalties	0.	7			
	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	8.			
	V	olim -				
	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 reimburseme	ent, and	you should not file this application.			



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Name(s) as shown on Form PTR-1	Your Social Security Number

Pri	ncipal Residence (Main Home)				
9	. Status (fill in appropriate oval):	Homeowner	Nobile Home Owner		
10	Homeowners: Enter the block and lot numbers of your 2020 main home.  Block Lot Qualifier				
11a	. Did you share ownership of this property than your spouse/CU Partner? (Mobile I	019 2020 s □ No □ Yes □ No			
11b	1b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)				
128	. Did this property consist of multiple unit	s?	s No Yes No		
12k					
lf yo	ou answered "Yes" at line 11a or 12a, see	instructions before completing lines 13	and 14.		
	perty Taxes of of property taxes due and paid for 2019 a	and 2020 must be submitted with application	on. See instructions.		
lf :	ou are claiming property taxes for additiona	al 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)					
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)					
Rei	mbursement 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)					
lf lin	e 15 is zero or less, you are not eligible f	for a reimbursement, and you should no	t file this application.		
	If enclosing copy of death certificate for deceased applicant, check box. (See instructions)				
RE	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 1, 2021 Mail your completed application to:  NJ Division of Taxation				
SIGN HERE	Your Signature Date Spo	<del></del>			
CN	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:		
	Firm's name	Firm's Federal Employer Identification Number			
Div	sion Use 1 2	3 4 5	6 7		