

PTR-1



New Jersey
2023 Senior Freeze
(Property Tax Reimbursement) Application

You must enter your Social Security number below

Place preprinted label below ONLY if the information is correct.
Otherwise print or type your name and address.

Form with fields for Social Security Number, Last Name, Spouse's/CU Partner's SSN, Home Address, County/Municipality Code, City/Town/Post Office, State, and ZIP Code.

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

PROOF OF AGE OR DISABILITY FOR 2022 AND 2023 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.

Marital/Civil Union Status

- 1. Your Marital/Civil Union Status on December 31, 2022: [ ] Single [ ] Married/CU Couple
2. Your Marital/Civil Union Status on December 31, 2023: [ ] Single [ ] Married/CU Couple

Age/Disability Status

- 3a. On December 31, 2022, were you age 65 or older? Yourself [ ] Yes [ ] No, Spouse/CU Partner [ ] Yes [ ] No
3b. On or before December 31, 2022, were you actually receiving federal Social Security disability benefit payments? Yourself [ ] Yes [ ] No, Spouse/CU Partner [ ] Yes [ ] No
4a. On December 31, 2023, were you age 65 or older? Yourself [ ] Yes [ ] No, Spouse/CU Partner [ ] Yes [ ] No
4b. On or before December 31, 2023, were you actually receiving federal Social Security disability benefit payments? Yourself [ ] Yes [ ] No, Spouse/CU Partner [ ] Yes [ ] No

Applicant(s) must meet the age or disability requirements for both 2022 and 2023. 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 owned and lived in the same New Jersey home since December 31, 2019, or earlier? (Mobile Home Owners, see instructions) [ ] Yes [ ] No

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



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

**Determining Total Income (Line 6):** Enter your annual income for 2022. 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 2022 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

## 2022 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-1099..... a. | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount ..... b.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| c. Salaries, Wages, Bonuses, Commissions, and Fees ..... c.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| d. Unemployment Benefits ..... d.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| e. Disability Benefits, whether public or private (including veterans' and black lung benefits) ..... e.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| f. Interest (taxable and exempt) ..... f.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| g. Dividends ..... g.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| h. Capital Gains ..... h.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| i. Net Rental Income ..... i.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| j. Net Profits From Business ..... j.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| k. Net Distributive Share of Partnership Income ..... k.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| l. Net Pro Rata Share of S Corporation Income ..... l.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| m. Support Payments ..... m.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| n. Inheritances, Bequests, and Death Benefits ..... n.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| o. Royalties ..... o.   | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| p. Gambling and Lottery Winnings (including New Jersey Lottery) ..... p.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| q. All Other Income ..... q.  | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>           |
| <b>6. Enter total 2022 income on line 6. (Add lines a–q).....</b>   | <b>6.</b> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

**Was your total 2022 income on line 6 \$150,000 or less?**

- Yes.** See 2023 income eligibility.
- No. STOP.** You are not eligible for the reimbursement, and you should not file this application.





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

**Determining Total Income (Line 7):** Enter your annual income for 2023. 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 2023 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

### 2023 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-1099..... a. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount ..... b.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Salaries, Wages, Bonuses, Commissions, and Fees ..... c.   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Unemployment Benefits ..... d.   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Disability Benefits, whether public or private (including veterans' and black lung benefits)..... e.   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. Interest (taxable and exempt)..... f.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. Dividends..... g.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. Capital Gains..... h.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i. Net Rental Income..... i.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| j. Net Profits From Business..... j.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| k. Net Distributive Share of Partnership Income ..... k.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| l. Net Pro Rata Share of S Corporation Income ..... l.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| m. Support Payments..... m.   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| n. Inheritances, Bequests, and Death Benefits ..... n.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| o. Royalties..... o.  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| p. Gambling and Lottery Winnings (including New Jersey Lottery)..... p.   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| q. All Other Income..... q.   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>7. Enter total 2023 income on line 7. (Add lines a-q).....</b>   | <b>7.</b>            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Was your total 2023 income on line 7 \$163,050 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 reimbursement, and you should not file this application.



Name(s) as shown on Form PTR-1

Your Social Security Number

Principal Residence (Main Home)

8. Status (fill in appropriate oval): [ ] Homeowner [ ] Mobile Home Owner

9. Homeowners: Enter the block and lot numbers of your 2023 main home.

Block [ ][ ][ ][ ][ ] . [ ][ ][ ][ ][ ] Lot [ ][ ][ ][ ][ ][ ] . [ ][ ][ ][ ][ ][ ] Qualifier [ ][ ][ ][ ][ ][ ]

10a. Did you share ownership of this property with anyone other than your spouse/CU Partner? (Mobile Home Owners, see instructions) .... [ ] Yes [ ] No
10b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions) ..... [ ][ ] %
11a. Did this property consist of multiple units? ..... [ ] Yes [ ] No
11b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home. .... [ ][ ] %

If you answered "Yes" at line 10a or 11a, see instructions before completing lines 12 and 13.

Property Taxes

Proof of property taxes due and paid for 2022 and 2023 must be submitted with application. See instructions.

If you are claiming property taxes for additional lots, check box. (See instructions) [ ]

12. Enter your total 2023 property taxes due and paid (including any credits/deductions) on your main home. See instructions. (Mobile Home Owners: Property taxes = total site fees paid x 0.18) ..... 12. [ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

13. Enter your total 2022 property taxes due and paid (including any credits/deductions) on your main home. See instructions. (Mobile Home Owners: Property taxes = total site fees paid x 0.18) ..... 13. [ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

Reimbursement Amount (See "Impact of State Budget" on page 1 of instructions.)

14. Reimbursement. (Amount to be sent to you. Subtract line 13 from line 12) ..... 14. [ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

If line 14 is zero or less, you are not eligible for a reimbursement, and you should not file this application.

SIGN HERE section containing signature lines, dates, phone numbers, and identification numbers for both applicant and preparer.

Due Date: October 31, 2024
Mail your completed application to:
NJ Division of Taxation
Revenue Processing Center
Senior Freeze (PTR)
PO Box 635
Trenton, NJ 08646-0635
Senior Freeze (PTR) Hotline:
1-800-882-6597

Division Use [1][ ] [2][ ] [3][ ] [4][ ] [5][ ] [6][ ] [7][ ]