PTR-1



New Jersey ____ 2019 Senior Freeze (Property Tax Reimbursement) Application

	You must enter your Social Security number below		Otherwise print or type y			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.)					
otification, See	Spouse's/CU Partner's SSN	Home Address (Number and Street, including apartment number)					
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	y.
*	PROOF OF AGE OR DISABILITY FO Age 65 or Older: Copy of one Receiving Federal Social Sec	– Birth Certifi curity Disabi	icate, Driver's License, C	hurch Re cial Sec	cords		ı
Ма	arital/Civil Union Status						
1.	Your Marital/Civil Union Status on Decer	nber 31, 2018	8: Single		☐ Mar	rried/CU Co	ouple
2.	Your Marital/Civil Union Status on Decer	nber 31, 2019	9: Single		☐ Mar	rried/CU Co	ouple
Ag	ge/Disability Status						
3a.	On December 31, 2018, were you age 6	5 or older?	Yourself Spouse/CU Partner		Yes Yes		No No
3b.	On or before December 31, 2018, were receiving federal Social Security disabilit payments?	R (45)	Yourself Spouse/CU Partner		Yes Yes		No No
4a.	On December 31, 2019, were you age 6	5 or older?	Yourself Spouse/CU Partner		Yes Yes		No No
4b.	On or before December 31, 2019, were receiving federal Social Security disabilit payments?		Yourself Spouse/CU Partner		Yes Yes		No No
par	plicant(s) must meet the age or disability of ther met the requirements, you are not eligibility Requirements" on page 1 of instru	requirements ligible for the					
Re	esidency Requirements			2 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		E-7 (00 - 20 To	
5.	Have you lived in New Jersey continuou or earlier as either a homeowner or a rel		cember 31, 2008,		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 I December 31, 2015, or earlier? (Mobile	10			Yes		No
l	If "No," STOP. You are not eligible for	the reimbur	sement, and you should	d not file	this ap	plication.	



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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 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 (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. 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.
	Net Pro Rata Share of S Corporation Income	1.
	m. Support Payments	m.
	n. Inheritances, Bequests, and Death Benefits	n.
	o. Royalties	0.
	Gambling and Lottery Winnings (including New Jersey Lottery)	р.
	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 \$89,0	013 or less?
	Yes. See 2019 income eligibility.	- Calabi Calabi - C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-
	No. STOP. You are not eligible for the reimbursement	ent, and you should not file this application.
		



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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 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-1099 b. Pension and Retirement Benefits (including IRA and 	a.
	annuity income) See instructions for calculating amount	b.
	c. Salaries, Wages, Bonuses, Commissions, and Fees	С.
	d. Unemployment Benefits	d.
	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	l. 9
	m. Support Payments	m.
	n. Inheritances, Bequests, and Death Benefits	n.
	o. Royalties	0.
	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.
	Was your total 2019 income on line 8 \$91,50 (See "Impact of State Budget" on page 1 of instructions, which explains	
	Yes. Go to page 4.	
	No. STOP. You are not eligible for the reimbursemen	nt, and you should not file this application.



lame(s) as shown on Form PTR-1	Your Social Security Number
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Pri	ncipal Residence
1	2. Status (fill in appropriate oval): Homeowner Mobile Home Owner
10	Homeowners: Enter the block and lot numbers of your 2019 principal residence. Block Lot Qualifier 2018 2019
11:	
11	o. 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?
12	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	from line 13)
»	ne 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)
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 2, 2020 Mail your completed application to:
HER	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) NJ Division of Taxation Revenue Processing Center Senior Freeze (PTR)
SIGN	Your daytime telephone number and/or email address (optional) PO Box 635 Trenton, NJ, 08646-0635
S	Paid Preparer's Signature Federal Identification Number Senior Freeze (PTR) Hotline: 1-800-882-6597
	Firm's name Federal Employer Identification Number
Div	ision Use 1 2 3 4 5 6 7