PTR-1



New Jersey 2021 Senior Freeze (Property Tax Reimbursement) Application

	You must enter your Social Security number below		Otherwise	print or type your n			L		
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.)							
For Privacy Act Notification, Sea Instructions	Spouse's/CU Partner's SSN	Home Address (Number and Street, including apartme			rtment nur	nt number)			
For Privacy Act	County/Municipality Code (See instructions)	City, Town, Po	st Office		Sta	ate	ZIP Co	ode	
	This is a four-page application. You	ou must co	mplete all fo	ur pages. F	ill in ov	als con	pletel	y.	
PROOF OF AGE OR DISABILITY FOR 2020 AND 2021 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.									
Ma	arital/Civil Union Status								
1.	Your Marital/Civil Union Status on December 31, 2020: Single Married/CU Couple				ouple				
2.	Your Marital/Civil Union Status on Decem	ber 31, 2021	l: 🔲	Single		Marrie	d/CU Co	ouple	
Αg	ge/Disability Status								
За.	On December 31, 2020, were you age 65	or older?	Yourself Spouse/CU P	artner [44.	es es		No No	
3b.	On or before December 31, 2020, were y receiving federal Social Security disability payments?		Yourself Spouse/CU P	artner [es es		No No	
4a.	On December 31, 2021, were you age 65	or older?	Yourself Spouse/CU P	artner [es es		No No	
4b.	On or before December 31, 2021, were y receiving federal Social Security disability payments?	20 20000	Yourself Spouse/CU P	artner [es es		No No	
Applicant(s) must meet the age or disability requirements for both 2020 and 2021. 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.									
Re	esidency Requirements								
5.	Have you lived in New Jersey continuously since December 31, 2010, or earlier as either a homeowner or a renter?			0, [Y	'es		No	
	If "No," STOP. You are not eligible for	the reimbur	sement, and y	ou should no	ot file th	is applic	ation.		
6.	Have you owned and lived in the same New Jersey home since December 31, 2017, or earlier? (Mobile Home Owners, see instructions) Yes No					No			
	If "No," STOP. You are not eligible for the reimbursement, 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 7): 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

 Social Security Benefits (including Medicare F premiums) paid to or on behalf of applicant. E amount from Box 5 of Form SSA-1099 or Form 	nter total			
 Pension and Retirement Benefits (including IF annuity income) See instructions for calculating 				
c. Salaries, Wages, Bonuses, Commissions, and	i Feesc.			
d. Unemployment Benefits	d.			
Disability Benefits, whether public or private (i veterans' and black lung benefits)				
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	I			
m. Support Payments	m. , , , , , , , , , , , , , , , ,			
n. Inheritances, Bequests, and Death Benefits	n. , , , , , , , , , , , , , , , ,			
o. Royalties	o			
p. Gambling and Lottery Winnings (including Ne Jersey Lottery)				
q. All Other Income	q.			
7. Enter total 2020 income on line 7. (Add li	nes a–q)			
Was your total 2020 income on line 7 \$92,969 or less?				
Yes. See 2021 income eligibility. No. STOP. You are not eligible for the reimbursement, 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 2021. 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 2021 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2021 Income

á	а.	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.			
ł	ο.	Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amountb.			
(Э.	Salaries, Wages, Bonuses, Commissions, and Feesc.			
(d.	Unemployment Benefitsd.			
(Э.	Disability Benefits, whether public or private (including veterans' and black lung benefits)e.			
i		Interest (taxable and exempt)f.			
(д.	Dividendsg.			
j	٦.	Capital Gainsh.			
i		Net Rental Incomei.			
j	11 11 11	Net Profits From Businessj.			
I	۲.	Net Distributive Share of Partnership Incomek.			
l		Net Pro Rata Share of S Corporation IncomeI.			
1	n	Support Paymentsm.			
}	٦.	Inheritances, Bequests, and Death Benefitsn.			
	٥.	Royaltieso.			
ļ	ο.	Gambling and Lottery Winnings (including New Jersey Lottery)p.			
	٦.	All Other Incomeq.			
8.	Εı	nter total 2021 income on line 8. (Add lines a–q)			
L	Was your total 2021 income on line 8 \$94,178 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.				



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

Pri	ncipal Residence (Main Home)				
ę	Status (fill in appropriate oval): Homeowner Mo	bile Home Owner			
10		alifier 20 2021			
11a					
11k	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)	% %			
128		□No □Yes □No			
12k	Water	% %			
f yo	ou answered "Yes" at line 11a or 12a, see instructions before completing lines 13 a	nd 14.			
Property Taxes Proof of property taxes due and paid for 2020 and 2021 must be submitted with application. See instructions. If you are claiming property taxes for additional lots, check box. (See instructions)					
13. Enter your total 2021 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 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)					
Rei	imbursement Amount (See "Impact of State Budget" on page 1 of instructions.)				
15 f lir	from line 13)	ile this application.			
	If enclosing copy of death certificate for deceased applicant, check box. (See instructions)				
SIGN HERE	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: October 31, 2022 Mail your completed application to: NJ Division of Taxation			
	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Revenue Processing Center Senior Freeze (PTR)			
	Your daytime telephone number and/or email address (optional)	PO Box 635 Trenton, NJ, 08646-0635			
	Paid Preparer's Signature Federal Identification Number	Senior Freeze (PTR) Hotline: 1-800-882-6597			
	Firm's name Firm's Federal Employer Identification Number				
Div	vision Use 1 2 3 4 5 6	7			