INSERT

Application for Senior Freeze Property Tax Reimbursement (New Jersey Form PTR-1)

Filing Deadline Extended to

➔ October 18, 2017 🡸

NOTE: The State Budget has set the following qualifications for Senior Freeze payments: Applicants are eligible if their income did not exceed $87,007 for 2015 and $70,000 for 2016, as long as they meet all other requirements. Applicants whose income was over $70,000 but was $87,007 or less can establish their eligibility for future reimbursements by filing an application by the due date. Applying also ensures the Division will mail them applications next year.

FOR INFORMATION:

Visit the Division of Taxation Website:	**www.njtaxation.org**
Call the Property Tax Reimbursement Hotline:	**1-800-882-6597**

PTR-1

049PW01160

STATE OF NEW JERSEY

2016 PROPERTY TAX REIMBURSEMENT APPLICATION

You must enter your social security number below

For Privacy Act Notification, See Instructions

Your Social Security Number	Last Name, First Name and Initial (Joint applicants, enter first name and initial of each. Enter spouse/CU partner last name ONLY if different)
Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or rural route)
County/Municipality Code (See instructions)	City, Town, Post Office State Zip Code

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

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

MARITAL/CIVIL UNION STATUS

1. Your Marital/Civil Union Status on December 31, 2015: ← Single ← Married/CU Couple
2. Your Marital/Civil Union Status on December 31, 2016: ← Single ← Married/CU Couple

AGE/DISABILITY STATUS

3a. On December 31, 2015, were you age 65 or older?
Yourself ← Yes ← No
Spouse/CU Partner ← Yes ← No

3b. On or before December 31, 2015, were you actually receiving Federal Social Security disability benefit payments?
Yourself ← Yes ← No
Spouse/CU Partner ← Yes ← No

4a. On December 31, 2016, were you age 65 or older?
Yourself ← Yes ← No
Spouse/CU Partner ← Yes ← No

4b. On or before December 31, 2016, 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 2015 and 2016.** 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.

PROOF OF AGE OR DISABILITY FOR 2015 AND 2016 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.

RESIDENCY REQUIREMENTS

5. Have you lived in New Jersey continuously since December 31, 2005, 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 application.

6. Have you owned and lived in the same New Jersey home since December 31, 2012, 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.

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

DETERMINING TOTAL INCOME: LINES 7 and 8: Enter your annual income for 2015 and 2016. See "Income Standards" and "Determining Total Income" in the instructions for information on possible sources of income and how to determine the amount to be reported in each category. If you had no income in a particular 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 either 2015 or 2016, and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

INCOME CATEGORIES	2015	2016
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 annuity income) See instructions for calculating amount.		
c. Salaries, Wages, Bonuses, Commissions, and Fees		
d. Unemployment Benefits		
e. Disability Benefits, whether public or private (including veterans' and black lung benefits).		
f. Interest (taxable and exempt).		
g. Dividends		
h. Capital Gains		
i. Net Rental Income		
j. Net Profits From Business		
k. Net Distributive Share of Partnership Income		
l. Net Pro Rata Share of S Corporation Income		
m. Support Payments		
n. Inheritances, Bequests, and Death Benefits		
o. Royalties		
p. Gambling and Lottery Winnings (including New Jersey Lottery)		
q. All Other Income		
Add lines a-q in each column. Enter total 2015 income on Line 7 and total 2016 income on Line 8.	**7. TOTAL 2015 INCOME**	**8. TOTAL 2016 INCOME**
Total annual income cannot → exceed amounts shown.	Was your total 2015 income on Line 7 $87,007* or less? ☐ **Yes.** See 2016 income eligibility. ☐ **No. STOP.** You are not eligible for the reimbursement, and you should not file this application. *Subject to change. See "Impact of State Budget" on page 1 of instructions.	Was your total 2016 income on Line 8 $87,007* or less? ☐ **Yes.** Go to page 3. ☐ **No. STOP.** You are not eligible for the reimbursement, and you should not file this application. *Subject to change. See "Impact of State Budget" on page 1 of instructions.

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

PRINCIPAL RESIDENCE

9. Status (fill in appropriate oval): ← Homeowner ← Mobile Home Owner

10. Homeowners: Enter the block and lot numbers of your 2016 principal residence.

Block . Lot . Qualifier

	2015	2016
11a. Did you share ownership of this property with anyone other than your spouse/CU partner? (Mobile Home Owners, see instructions) . . .	☐ Yes ☐ No	☐ Yes ☐ No
11b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)	%	%
12a. Did this property consist of multiple units?	☐ Yes ☐ No	☐ Yes ☐ No
12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence.	%	%

See instructions before completing Lines 13 and 14 if you:

- Answered "Yes" at Line 11a or Line 12a; or
- Received any deduction(s) and/or credit(s) on your property tax bills.

PROPERTY TAXES

Proof of Property Taxes Due and Paid for 2015 and 2016 Must be Submitted With Application. See instructions.

13. Enter your total 2016 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18). . . . . 13. , .

14. Enter your total 2015 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18). . . . . 14. , .

REIMBURSEMENT 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) . . . . . 15. , .

If Line 15 is zero or less, you are not eligible for a reimbursement, and you should not file this application.

SIGN HERE

If enclosing copy of death certificate for deceased applicant, check box. (See instructions) ☐

Under the penalties of perjury, I declare that I have examined this 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.

→ Your Signature Date → Spouse's/CU Partner's Signature (if applying jointly, BOTH must sign)

Your daytime telephone number and/or email address (optional)

Paid Preparer's Signature | Federal Identification Number

Firm's Name | Federal Employer Identification Number

Due Date: June 1, 2017

Mail your completed application to:

NJ Division of Taxation
Revenue Processing Center
Property Tax Reimbursement
PO Box 635
Trenton, NJ 08646-0635

Property Tax Reimbursement Hotline: 1-800-882-6597

Division Use 1 2 3 4 5 6 7