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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: Call the Property Tax Reimbursement Hotline:

www.njtaxation.org 1-800-882-6597

## 2016 Form PTR-1 New Jersey Property Tax Reimbursement

("Senior Freeze") Application

- File your application by June 1, 2017
- For more information call 1-800-882-6597

## **IMPORTANT**

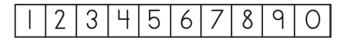
This form is for applicants who did not receive a **2015** property tax reimbursement.

## **2016 Form PTR-1 Property Tax Reimbursement** ("Senior Freeze") Application

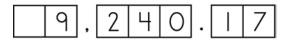
## What You Need To Know

- Use only blue or black ink when completing your application.
- Fill in the applicable ovals completely like this: 
   . This will ensure that your application is scanned successfully.
- Complete all three pages and sign the application on the last page.
- Do not staple, paper clip, tape, or use any other fastening device.
- Enclose copies of your 2015 and 2016 property tax bills and proof of payment or Form PTR-1A. Mobile home owners, enclose documentation of annual site fees due and paid or Form PTR-1B.
- Homeowners who enclose Form PTR-1A *must* use the amounts of 2015 and 2016 property taxes from the boxes at Line 5 in Part II of that form to complete Lines 13 and 14 of Form PTR-1.
- Mobile home owners who enclose Form PTR-1B *must* use the amounts of 2015 and 2016 property taxes (site fees × 0.18) from the boxes at Line 6 in Part III of that form to complete Lines 13 and 14 of Form PTR-1.
- Enclose proof of age or disability for 2015 and 2016.
- If you met the eligibility requirements for both **2015** and **2016**, you **must** file this application in order to use the amount of your **2015** property taxes to calculate your reimbursement in future years.
- Enter numbers within the boundaries of each box. Do not use dollar signs or dashes.

#### Print or type numbers like this:



#### Show dollar amounts like this:



7. TOTAL 2015 INCOME

## **IMPORTANT**!

**2015 Reimbursement Recipients.** If you applied for and received a 2015 property tax reimbursement, you should have received a personalized application (Form PTR-2) preprinted with information you provided last year. If you qualify for a 2016 property tax reimbursement, use the personalized application. If you have not received your personalized application, call 1-800-882-6597.

#### Introduction

The Property Tax Reimbursement ("Senior Freeze") Program reimburses senior citizens and disabled persons for property tax increases. For applicants who met **all** the eligibility requirements for 2015, and again for 2016, the amount of the 2016 reimbursement will be the difference between the amount of property taxes that were due and paid by the applicant for 2015 and the amount of property taxes that were due and paid for 2016, provided the amount paid for 2016 was greater than the amount paid for 2015. For mobile home owners, property tax means 18% of the annual site fees paid to the owner of a mobile home park.

Homeowners and mobile home owners who are receiving homestead benefits and/or property tax credits or deductions may also receive the property tax reimbursement if they meet the eligibility requirements. However, the total of all property tax relief benefits that you receive for 2016 (property tax reimbursement, homestead benefit, property tax deduction for senior citizens/disabled persons, and property tax deduction for veterans) cannot exceed the amount of 2016 property taxes (or rent/site fees constituting property taxes) paid for your residence.

**Spouse/Civil Union Partner.** Any reference in this booklet to a spouse also refers to a spouse who entered into a valid same-sex marriage in another state or foreign nation and a partner in a civil union (CU) recognized under New Jersey law.

### **Impact of State Budget**

Eligibility requirements, including income limits, and benefits available under the Senior Freeze Program are subject to change by the State Budget.

Any changes to the eligibility requirements and benefit amounts for 2016 property tax reimbursements will not be finalized until the completion of the State Budget that must be adopted by July 1, 2017. This means that the requirements for a 2016 reimbursement, including the income limits, that are listed under "Eligibility Requirements" in these instructions may be changed by the State Budget.

For 2015 the amount appropriated for property tax relief programs in the State Budget affected reimbursement payments. Only applicants filing Form PTR-1 whose 2014 income did not exceed \$85,553 and whose 2015 income did not exceed \$70,000 (the original limit was \$87,007) were eligible to receive reimbursement payments for 2015, provided they met all the other requirements.

For updated information on changes to the Senior Freeze Program for 2016, check the Division of Taxation's website at www.state.nj.us/treasury/ taxation/ptr/index.shtml or call 1-800-323-4400.

## **Eligibility Requirements**

To qualify for the 2016 reimbursement, an applicant must meet all of the following requirements. (Also see "Impact of State Budget" above.)

- You must have been age 65 or older as of December 31, 2015, OR actually receiving Federal Social Security disability benefit payments on or before December 31, 2015, and on or before December 31, 2016. You do NOT qualify if the Federal Social Security disability benefits you (or your spouse) were receiving were received on behalf of someone else; and
- You must have lived in New Jersey continuously since December 31, 2005, or earlier as either a homeowner or a renter; **and**
- You must have owned and lived in your home (or have leased a site in a mobile home park on which you have placed a manufactured or mobile home that you own) since December 31,

#### 2016 Form PTR-1 Instructions

2012, or earlier (and you still owned and lived in that home on December 31, 2016); **and** 

• You must have paid the **full amount** of the property taxes due on your home:

For 2015: By June 1, 2016, **and** For 2016: By June 1, 2017; **and** 

• Your total annual income must have been: For 2015: \$87,007 or less, **and** 

For 2016: \$87,007 or less, **an** 

These limits apply regardless of your marital/ civil union status. However, if your status at Line 1 and/or Line 2, Form PTR-1, was married/ CU couple, and you lived in the same household, you must combine your incomes for that year.

You may **not** apply for a reimbursement for a:

- Vacation home or "second home"; or
- Property that you rent to someone else; or
- Property that consists of more than four units; or
- Property with four units or less that contains more than one commercial unit.

You also may **not** apply if you:

- Received a 100% exemption from paying property taxes as a totally and permanently disabled veteran.
- Made P.I.L.O.T. (Payments-in-Lieu-of-Tax) payments to your municipality. These payments are not considered property taxes.

Life Estate (Life Tenancy). You are considered the owner of the property if you have life estate rights or hold a lease for 99 years or more. You must include with your application a copy of an official document (e.g., deed, lease) establishing your right to occupy the property.

#### If you moved to your current home between January 1, 2013, and December 31, 2014, AND

you filed for and received a reimbursement for property taxes (or mobile home park site fees) paid for the last full tax year that you occupied your previous home, you may be eligible to file a reimbursement application for 2016 if you meet all the other eligibility requirements. Go to www.state. nj.us/treasury/taxation/ptr2year.shtml to see if you qualify, then call the Property Tax Reimbursement Hotline at 1-800-882-6597 for assistance.

### Reminder

The Homestead Benefit and Property Tax Reimbursement ("Senior Freeze") Programs are separate programs, and separate applications must be filed every year for each program.

## **Income Standards**

With very few exceptions, **ALL INCOME** that you received during the year, including income that you are not required to report on your New Jersey income tax return, must be taken into account to determine eligibility for the property tax reimbursement. Income limits for eligibility are subject to adjustment annually.

If you have a loss in one category of income, you may apply it against income in the same category. However, if you have a net loss in one category of income, you **cannot** apply it against income or gains in a different category. In the case of a net loss in any category, leave that line blank.

## Examples of possible sources of income (gross amounts unless otherwise noted):

- Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of the applicant
- Pension and Retirement Benefits (including annuity or IRA distributions and benefit payments from foreign countries)
- Salaries, Wages, Bonuses, Commissions, and Fees
- Unemployment Benefits
- Disability Benefits, whether public or private (including veterans' and black lung benefits)
- Interest (taxable and exempt)
- Dividends
- Capital Gains
- Net Rental Income
- Net Profits From Business
- Net Distributive Share of Partnership Income
- Net Pro Rata Share of S Corporation Income
- Support Payments
- Inheritances
- Royalties

- Fair Market Value of Prizes and Awards
- Gambling and Lottery Winnings (including New Jersey Lottery)
- Bequests and Death Benefits
- All Other Income

## Sources of income that should NOT be taken into account to determine eligibility:

- Reparation or restitution payments to victims of National Socialist (Nazi) persecution; returns of property (tangible or intangible) seized, lost, or misappropriated as a result of Nazi actions or policies and any cash values in replacement of such property; payments of insurance policies purchased by victims of Nazi persecution; and any accumulated or accrued interest on such
- Benefit amounts received under the New Jersey State Lifeline Credit Program/Tenants Lifeline Assistance Program
- Benefits received as either New Jersey homestead, FAIR, or SAVER rebates
- Benefits received as property tax reimbursements
- Capital gains on the sale of a principal residence of up to \$250,000 if single, and up to \$500,000 if married/CU couple. Capital gains in excess of the allowable exclusion must be included in income. (Capital gains and the exclusion of all or part of the gain on the sale of a principal residence are computed in the same manner for both Federal and State income tax purposes.)
- Stipends from the Volunteers in Service to America (VISTA), Foster Grandparents, and Workforce 55+ programs; and programs under Title V of the Older Americans Act of 1965
- Proceeds received from a spouse's life insurance policy
- Proceeds received by the beneficiary of a Special Needs Trust
- Proceeds received from viatical settlements
- Agent Orange Payments
- Reparation payments to Japanese Americans by the Federal Government pursuant to sections 105 and 106 of the Civil Liberties Act of 1988,

P.L. 100-383 (50 U.S.C. App. 1989b-4 and 1989b-5)

- Rewards involving health care fraud or abuse that apply to N.J.A.C. 10:49-13.4
- Rollovers from one financial instrument (pension, annuity, IRA, insurance contract or other retirement benefit) to another financial instrument
- Tax-free exchanges of a policy or contract handled between two insurance companies
- Insurance policyholder's original contributions if demutualization of the policy occurs
- Income tax refunds (New Jersey, Federal, and other jurisdictions)

## Filing Requirements

#### Due Date June 1, 2017

Eligible applicants must file the 2016 Property Tax Reimbursement Application (Form PTR-1) on or before June 1, 2017. Applications postmarked on or before the due date are considered to be filed on time. Applications postmarked after the due date are considered to be filed late.

#### **Proof of Age/Disability**

Applicants age 65 or older must submit proof of age with their applications. Examples of acceptable documentation include copies of the following:

- Birth certificate
- Driver's license
- Church records

Applicants who are not age 65 or older, but are receiving Federal Social Security disability benefit payments, must submit a copy of the Social Security Award Letter indicating that the applicant was receiving benefit payments. An applicant does not qualify if receiving benefits on behalf of someone else.

#### **Proof of Payment**

Applicants are required to submit with their applications proof of the amount of property taxes that were due **and** paid. The Division of Taxation will accept copies of the following:

#### 2016 Form PTR-1 Instructions

#### HOMEOWNERS

- 1. Property tax bills for both 2015 and 2016, along with
- 2. Proof of the amount of property taxes paid, which may be either:
  - a. Copies of cancelled checks or receipts for both 2015 and 2016 showing the amount of property taxes paid; or
  - b. Copies of Form 1098 for both 2015 and 2016 that you received from your mortgage company showing the amount of property taxes that were paid out of your escrow account.

**Verification Form.** We realize that you may not be able to locate your 2015 and 2016 property tax bills or proof of the amount of taxes paid. For your convenience, we have included a form in this booklet (Form PTR-1A) that you may submit as proof. Form PTR-1A is also available on the Division of Taxation's website at www.state.nj.us/treasury/taxation/ ptr/printform.shtml.

**Note:** If you use Form PTR-1A, you must have your local tax collector complete and certify Part II as to the amount of property taxes due and paid for both 2015 and 2016. Be sure to enclose the completed verification form with Form PTR-1.

**Co-ops and continuing care retirement facilities.** Residents of cooperative dwelling units and continuing care retirement facilities must obtain a statement from their management indicating their share of property taxes paid for the residential unit they occupy and submit the statement with Form PTR-1.

Multiple owners (if property is owned by more than one person, other than husband and wife or civil union partners). If title to the property is held by the eligible applicant with others as tenants in common or joint tenants (except in the case of a husband and wife or civil union partners), the applicant is only eligible for the proportionate share of the reimbursement that reflects his or her percentage of ownership. This is true even if the other owner(s) did not live there. The shares of ownership of the property are considered to be held equally by all owners. If the shares of ownership are not equal, the applicant must provide documentation as to the percentage of ownership.

Multiple units (if property consists of more than one unit). If the property consists of more than one unit, the applicant is only eligible for the proportionate share of the reimbursement that reflects the percentage of the property used as his or her principal residence.

#### **MOBILE HOME OWNERS**

- A copy of the contract(s) or agreement(s) for both 2015 and 2016 from the mobile home park showing the amount of your site fees, along with
- 2. Proof of the amount of site fees paid, which may be either:
  - Copies of cancelled checks or receipts for both 2015 and 2016 showing the amount of site fees paid; or
  - b. A signed statement from the mobile home park management showing the amount of site fees paid for both 2015 and 2016.

**Verification Form.** In place of 1 and 2 above, mobile home owners may provide a completed Form PTR-1B, which is included in this booklet. Form PTR-1B is also available on the Division of Taxation's website at www.state.nj.us/treasury/ taxation/ptr/printform.shtml.

**Note:** If you use Form PTR-1B, you must have the owner or manager of the mobile home park complete and certify Part II as to the amount of mobile home park site fees due and paid for both 2015 and 2016. Be sure to enclose the completed verification form with Form PTR-1.

#### **Deceased Residents**

If a person met all the eligibility requirements for 2015 and 2016, but died after 12:01 a.m. on December 31, 2016, and before filing an application, Form PTR-1 should be filed by the surviving spouse or personal representative (executor or administrator of an estate or anyone who is in charge of the decedent's personal property).

#### Marital/Civil Union Status

Indicate on Line 1 the marital/civil union status of the applicant(s) on December 31, 2015, and indicate on Line 2 the marital/civil union status of the applicant(s) on December 31, 2016. (See "Marital/ Civil Union Status" on page 6.)

#### Name and Address

- *Married/CU Couple (joint application):* Write the name and address of the decedent and the surviving spouse in the name and address fields. Print "Deceased" and the date of death above the decedent's name.
- *Single:* Write the decedent's name in the name field and the personal representative's name and address in the remaining fields. Print "Deceased" and the date of death above the decedent's name.

#### Signatures

- *Personal representative:* If a personal representative has been appointed, that person must sign the application in his or her official capacity. The surviving spouse must also sign if it is a joint application.
- No personal representative joint application: If no personal representative has been appointed, the surviving spouse signs the application and writes "Filing as Surviving Spouse" or "Filing as Surviving Civil Union Partner" in the signature section.
- No personal representative single application: If no personal representative has been appointed and there is no surviving spouse, the person in charge of the decedent's property must sign the application as "personal representative."

When a spouse dies prior to December 31, the surviving spouse must meet all the eligibility requirements for 2016 himself/herself to receive the reimbursement. The marital/civil union status of the survivor who does not remarry or enter into a new civil union during that year is "Single."

Check the box above the signature line and enclose a copy of the decedent's death certificate in order to have the reimbursement check issued to the surviving spouse or estate.

#### **Reimbursement Checks**

For qualified applicants who apply before May 1, 2017, reimbursement checks will be sent on or before July 15, 2017. Qualified applicants who apply between May 1 and June 1, 2017, will be sent reimbursement checks on or before September 1, 2017.

**Note:** Eligibility requirements, including income limits, and benefits available under this program are subject to change by the State Budget. Check the Division of Taxation's website at www.state.nj.us/treasury/taxation/ptr/ index.shtml or call 1-800-323-4400 for updated information. (See "Impact of State Budget" on page 1.)

Under New Jersey law, if you receive a property tax reimbursement that is larger than the amount for which you are eligible, you must repay any excess you received. The amount you owe can be deducted from your property tax reimbursement, income tax refund or credit, or homestead benefit before a payment is issued.

### **Privacy Act Notification**

The Federal Privacy Act of 1974 requires an agency requesting information from individuals to inform them why the request is being made and how the information is being used.

The Division of Taxation uses your Social Security number primarily to account for and give credit for tax payments. We also use Social Security numbers in the administration and enforcement of all tax laws for which we are responsible. In addition, the Division is required by law to forward an annual list to the Administrative Office of the Courts containing the names, addresses, and Social Security numbers of individuals who file a New Jersey tax return or property tax benefit application. This list will be used to avoid duplication of names on jury lists.

### **Completing the Application** Name and Address

Place the peel-off label in the name and address section at the top of the application. You will find your preprinted name and address label inside the

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insert at the front of this booklet. **Do not use the mailing label if any of the information is inaccurate.** If the information on the preprinted label is incorrect or if you did not receive a preprinted label, print or type your name (last name first), complete address, and zip code in the spaces provided. Be sure to include your spouse's name if your marital/civil union status as of December 31, 2016, was married/CU couple. Your reimbursement check and next year's application will be sent to the address you provide.

#### **Social Security Number**

If your marital/civil union status as of December 31, 2016, was single, you must enter your Social Security number in the space provided on the application, one digit in each box (\_\_). To protect your privacy, your Social Security number is not printed on your name and address label. If your status as of December 31, 2016, was married/CU couple, you must report both applicants' numbers in the order in which the names are listed on the application. If you were married or in a civil union but living apart from your spouse, and you did not have access to or receive support from their income, you are considered "Single" for purposes of the property tax reimbursement. Enter only your Social Security number on the application.

If you (or your spouse) do not have a Social Security number, file Form SS-5 with the Social Security Administration to apply for a Social Security number. If you are not eligible for a Social Security number, you must file Form W-7 with the Internal Revenue Service to obtain an individual taxpayer identification number (ITIN). If you applied for but have not received an ITIN by the due date, enclose a copy of your Federal Form W-7 application with Form PTR-1.

#### **County/Municipality Code**

Enter your four-digit county/municipality code, one digit in each box (\_\_), from the table on page 14. This code identifies the county and municipality of your current residence. The county and municipality codes in these instructions are for Division of Taxation purposes only.

**Note:** If the local name of the place where you live is not listed, enter the code for the municipality where the property taxes were paid on your home. (Go to www.state.nj.us/infobank/locality.htm for a listing of local names in the State and the county and municipality where they are located.)

## Marital/Civil Union Status (Lines 1 and 2)

**Line 1.** Indicate your marital/civil union status on December 31, 2015. Fill in only one oval ( $\bigcirc$ ). If you were married or in a civil union but living apart from your spouse, and you did not have access to or receive support from their income, you are considered "Single" for purposes of the property tax reimbursement.

**Line 2.** Indicate your marital/civil union status on December 31, 2016. Fill in only one oval ( $\bigcirc$ ). If you were married or in a civil union but living apart from your spouse, and you did not have access to or receive support from their income, you are considered "Single" for purposes of the property tax reimbursement.

## Age/Disability Status (Lines 3 and 4)

Fill in the oval (
) to indicate your status:

**Line 3a.** Indicate whether you were 65 or older on December 31, 2015. Fill in the appropriate oval to the right of "Yourself." If your marital/civil union status was married/CU couple, fill in the appropriate oval to the right of "Spouse/CU Partner."

**Line 3b.** Indicate whether you were actually receiving Federal Social Security disability benefit payments on or before December 31, 2015. Fill in the appropriate oval to the right of "Yourself." If your marital/civil union status was married/CU couple, fill in the appropriate oval to the right of "Spouse/CU Partner."

**Line 4a.** Indicate whether you were 65 or older on December 31, 2016. Fill in the appropriate oval to the right of "Yourself." If your marital/civil union status was married/CU couple, fill in the appropriate oval to the right of "Spouse/CU Partner." **Line 4b.** Indicate whether you were actually receiving Federal Social Security disability benefit payments on or before December 31, 2016. Fill in the appropriate oval to the right of "Yourself." If your marital/civil union status was married/CU couple, fill in the appropriate oval to the right of "Spouse/CU Partner."

Applicant(s) must meet the age or disability requirements for **both 2015 and 2016** to be eligible for the reimbursement. File the application **only** if you or your spouse met the requirements.

## Residency Requirements (Lines 5 and 6)

Line 5. Fill in the "Yes" oval (
) if you lived in New Jersey continuously since December 31, 2005, or earlier as either a homeowner or a renter. If "No," you are not eligible for a property tax reimbursement, and you should not file this application.

Line 6. Fill in the "Yes" oval (
) if you owned and lived in the same home for which you are claiming the reimbursement (or leased a site in a mobile home park in New Jersey on which you placed a manufactured or mobile home that you own) continuously since December 31, 2012, or earlier. If "No," you are not eligible for a property tax reimbursement, and you should not file this application.

### Important

You must satisfy all the requirements at Lines 3, 4, 5, and 6 for BOTH 2015 AND 2016 to be eligible for the reimbursement. File the application only if you met the requirements.

### Determining Total Income (Lines 7 and 8)

## 2015 Total Income\*

2016 Total Income\*

		-	
If your total 2015 income was…	Then	If your total 2016 income was…	Then
\$87,007 or less	You meet the income eligibility requirement for 2015. Continue completing the application.	\$87,007 or less	You meet the income eligibility requirement for 2016. Continue completing the application.
Over \$87,007	You are not eligible for the reimbursement and should not file this application.	Over \$87,007	You are not eligible for the reimbursement and should not file this application.

\* **These income limits apply regardless of your marital/civil union status.** If your status at Line 1 and/or Line 2, Form PTR-1, was married/CU couple, you must report the combined income of both spouses/CU partners for that year.

## Determining Total Income (Lines 7 and 8)

Review "Income Categories" on page 8 before entering your income amounts for 2015 and 2016 on Lines a through q. For a list of sources of income that you are not required to take into account to determine income eligibility, see page 3.

#### Line 7

**Total 2015 Income.** List all the income you received in 2015. Add the amounts on Lines a through q and enter the result on Line 7. If you were married or in a civil union as of December 31, 2015, and living in the same household, you must combine your income with your spouse's income. If your spouse died during 2015 and your status on December 31, 2015, was "Single," list

#### 2016 Form PTR-1 Instructions

only the income you yourself received (do not include your deceased spouse's income). Joint income must be apportioned to reflect the amount you received.

**2015 Income Eligibility.** If your total 2015 income on Line 7 was \$87,007 or less, you meet the income eligibility requirement for 2015 (see chart above). Continue to Line 8 and check your income eligibility for 2016.

If the amount on Line 7 is over \$87,007, STOP. You are not eligible for the reimbursement, and you should not file this application.

#### Line 8

**Total 2016 Income.** List all the income you received in 2016. Add the amounts on Lines a through q and enter the result on Line 8. If you were married or in a civil union as of December 31, 2016, and living in the same household, you must combine your income with your spouse's income. If your spouse died during 2016 and your status on December 31, 2016, was "Single," list only the income you yourself received (do not include your deceased spouse's income). Joint income must be apportioned to reflect the amount you received.

**2016 Income Eligibility.** If your total 2016 income on Line 8 was \$87,007 or less, you meet the income eligibility requirement for 2016. (See chart on page 7.) Continue completing the application with Line 9.

If the amount on Line 8 is over \$87,007, STOP. You are not eligible for the reimbursement, and you should not file this application.

#### **Income Categories**

With very few exceptions, ALL INCOME that you received during the year, including income that you are not required to report on your New Jersey income tax return, must be taken into account to determine eligibility for the property tax reimbursement. In most cases, you must report on your application the total (gross) amount of income you received, whether taxable or nontaxable.

If you have a loss in one category of income, you may apply it against income in the same category. However, if you have a net loss in one category of income, you **cannot** apply it against income or gains in a different category. In the case of a net loss in any category, leave that line blank.

Enter dollars and cents in the fields as shown:

	2015	
a. Social Security Benefits	14,920	46

#### Line A

Enter the total amount of Social Security or Railroad Retirement benefits (including Medicare Part B premiums) from Box 5 of Form SSA-1099 or Form RRB-1099.

#### Line B

Enter the total amount (after adjustments below) of pension and annuity payments, including IRA withdrawals, that you reported on Line 19a, Pensions, Annuities, and IRA Withdrawals, of your New Jersey resident income tax return, Form NJ-1040. If you are required to file Form NJ-1040, you must complete Line 19a before you complete your PTR-1 application.

If you are not required to file Form NJ-1040, you must calculate the amount you would have reported on Line 19a if you did file the return. For your convenience, a copy of the instructions for completing Line 19a of Form NJ-1040 has been included in this booklet as Appendix A. You can use those instructions to calculate the Line 19a amount for both 2015 and 2016.

Adjustments. For property tax reimbursement purposes, you must make adjustments to the Line 19a amount as follows:

- 1. *Add* any amounts received as U.S. military pension or survivor's benefit payments.
- Add any amounts received as a total and permanent disability pension before you reached age 65. Note: Once you reach age 65, you must include any payments you receive from a disability pension in the Line 19a amount.
- 3. *Add* the portion of any distribution from a Roth IRA you received that you would have reported if it were a traditional IRA. (See Appendix A.)

Do not include income from: a direct rollover to another financial instrument, a tax-free exchange of a policy or contract between two insurance companies, or a conversion from an existing traditional IRA to a Roth IRA.

#### Line C

Enter the total amount of wages, salaries, tips, and other compensation you received from all employment both inside and outside New Jersey as shown in Box 1 of Form W-2. Also include the total amount you received from fees, commissions, bonuses, and any other payments received for services performed both inside and outside New Jersey that are not already listed. Include all payments you received whether in cash, benefits, or property.

#### Line D

Enter the total amount of unemployment benefits you received as shown in Box 1 of Form 1099-G.

If you received family leave insurance benefits, enter the total amount shown in Box 1 of the Form 1099-G you received for those payments.

#### Line E

Enter the total amount of disability benefits you received, including veterans' and black lung benefits.

**Do not include on this line** Social Security disability benefits or payments from a disability pension. Enter Social Security disability benefits on Line a, and payments from a disability pension on Line b.

#### Line F

Enter the total amount of interest you received from sources both inside and outside New Jersey. All interest, whether taxable or tax-exempt, must be included. If you incurred a penalty by making a withdrawal from a certificate of deposit or other time-deposit account early, you may subtract this penalty from your total interest.

#### Line G

Enter the total amount of dividends you received from investments (e.g., from stocks, mutual funds) or other income-producing activities that do not constitute a trade or business. The total amount of dividends received, regardless of where earned, must be reported.

#### Line H

Enter the total amount of capital gains you received from the sale, exchange, or other

disposition of property. This includes all gains or income derived from the sale of real property (e.g., house, condominium unit, parcel of land) and personal property whether tangible (e.g., car, jewelry, furniture) or intangible (e.g., stocks, bonds, mutual funds). All gains, whether taxable or nontaxable, must be reported.

Capital gains on the sale of a principal residence of up to \$250,000 for a single person or up to \$500,000 for a married/civil union couple that are also excluded from income taxation for Federal and New Jersey purposes may be excluded. Capital gains in excess of the allowable exclusion must be reported.

#### Line I

Enter the net amount (after expenses) of rental income you received.

#### Line J

Enter the net amount of income (profits) from your business, trade, or profession whether carried on inside or outside New Jersey.

#### Line K

Enter the net amount of your distributive share of partnership income, whether or not the income was actually distributed.

#### Line L

Enter the amount of your net pro rata share of S corporation income, whether or not the income was actually distributed.

#### Line M

Enter the total amount of alimony and separate maintenance payments you received that were required under a decree of divorce/dissolution or separate maintenance. Do not include payments received for child support.

#### Line N

Enter the total amount you received as an inheritance (whether received in the form of cash or property) except for transfers of property or assets from a deceased spouse to a surviving spouse. You must also report any income you received as a beneficiary of an estate or trust.

Also include on this line the total value of any property or assets you received as a gift or bequest and amounts paid as death benefits. In

#### 2016 Form PTR-1 Instructions

addition, you must report life insurance proceeds payable by reason of death, except for payments to the spouse of the deceased.

#### Line O

Enter the total amount of income you received from royalties.

#### Line P

Enter the total amount of gambling and lottery winnings you received, including all New Jersey Lottery winnings.

#### Line Q

Enter the total amount of any other income you received for which a place has not been provided elsewhere on the application. Income from sources both legal and illegal must be included.

#### Principal Residence (Lines 9 – 12)

#### Line 9 - Status

Fill in the oval (
) to indicate whether you are claiming the reimbursement as a "Homeowner" or "Mobile Home Owner." Fill in only one oval.

#### Line 10 - Block and Lot Numbers

Homeowners, enter the Block and Lot Numbers of the residence for which you are claiming the reimbursement. Include qualifier if applicable (condominiums only). You can obtain this information from your current property tax bill or from your local tax collector.

Enter the Block and Lot Numbers in the boxes like this:

Example: Block 3105.62 Lot 14.3

Block	3	Ι	0	5	6	2	
Lot			Ι	4	3		

Mobile Home Owners will not have a block or lot number.

#### Line 11a - Multiple Owners

**Homeowners.** Check "Yes" only if you owned the property that was your principal residence with someone who was not your spouse — even if the other owner(s) did not live there. For example, you and your sister owned the home you lived in. If you (and your spouse) were the sole owner(s), check "No."

**Mobile Home Owners.** If you occupied your mobile home with someone who was not your spouse and shared site fees with them, check "Yes." If you (and your spouse) were the sole occupant(s), check "No."

#### Line 11b - Percentage of Ownership

**Homeowners.** If you answered "Yes" at Line 11a, enter the share (percentage) of the property you (and your spouse) owned.

**Example:** You and your spouse owned a home with your sister. Your sister did not live with you, and you and your spouse paid all the property taxes. You must enter 50% on Line 11b of your application because you and your spouse owned only one-half (50%) of the property. If your sister is also eligible, she must file a separate property tax reimbursement application.

**Mobile Home Owners.** If you answered "Yes" at Line 11a, enter the share (percentage) of site fees that you (and your spouse) paid.

#### Line 12a - Multiunit Properties

Check "Yes" if your principal residence was a unit in a multiunit property that you owned. For example, you owned a property consisting of four residential units and you occupied one of the units as your principal residence. If the property is not a multiunit property, check "No."

"Unit of residential property" means a single, separate dwelling unit that must include complete, independent living facilities for one or more persons. This unit must contain permanent provisions for living, sleeping, eating, cooking, and sanitation along with separate kitchen and bathroom facilities.

**Note:** Residents of condominium complexes, co-ops, and continuing care retirement facilities are not considered to be living in multiunit properties and should check "No."

#### Line 12b - Percentage of Occupancy

If you answered "Yes" at Line 12a, enter the share (percentage) of the property that you (and your spouse) used as your principal residence.

**Example:** You owned a four-unit property. The units are equal in size, and one of the units was





#### STATE OF NEW JERSEY

#### 2016 PROPERTY TAX REIMBURSEMENT APPLICATION

✤ You must enter your social security number below

	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)
cation, s		preprin brebrin
Notifi	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or rural route)
/acy Act ee Instru		i on forr
or Priva See	County/Municipality Code (See instructions)	City, Town, Post Office State Zip Code
For		

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

MAR	MARITAL/CIVIL UNION STATUS								
1.	Your Marital/Civil Union Status on December 31, 2015:	$\bigcirc$ $\leftarrow$ Single	→ Marrie	ed/CU Couple					
2.	Your Marital/Civil Union Status on December 31, 2016:	C ← Single	→ Marrie	ed/CU Couple					
AGE	/DISABILITY STATUS								
3a.	On December 31, 2015, were you age 65 or older?	Yourself Spouse/CU Partner	$\bigcirc \leftarrow Yes \\ \bigcirc \leftarrow Yes$	$\bigcirc \leftarrow \text{No} \\ \bigcirc \leftarrow \text{No}$					
3b.	On or before December 31, 2015, were you actually receiving Federal Social Security disability benefit payments?	Yourself Spouse/CU Partner	$\bigcirc \leftarrow Yes \\ \bigcirc \leftarrow Yes$	O ← No O ← No					
4a.	On December 31, 2016, were you age 65 or older?	Yourself Spouse/CU Partner	$\bigcirc \leftarrow Yes \\ \bigcirc \leftarrow Yes$	O ← No					
4b.	On or before December 31, 2016, were you actually receiving Federal Social Security disability benefit payments?	Yourself Spouse/CU Partner	$\bigcirc \leftarrow Yes \\ \bigcirc \leftarrow Yes$						

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.

# 5. Have you lived in New Jersey continuously since December 31, 2005, or earlier as either a homeowner or a renter? 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)
If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.



**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				
<ul> <li>b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount.</li> </ul>				
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 .				
I. Net Pro Rata Share of S Corporation Income .	L			
m. Support Payments	<u> </u>			
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 INCOM	ME	8. TOTAL 2016 INCO	
Total annual income cannot →	Was your total 2015 income of Line 7 \$87,007* or less?	on	Was your total 2016 income Line 8 \$87,007* or less?	on
exceed amounts shown.	Yes. See 2016 income eli	igibility.	<b>Yes.</b> Go to page 3.	
	<b>No. STOP.</b> You are not eligible for the reimbursement, and you should not file this application.		☐ No. STOP. You are not for the reimbursement, a should not file this applic	ind you
	*Subject to change. See "Impact of Sta Budget" on page 1 of instructions.	tate	*Subject to change. See "Impact of S Budget" on page 1 of instructions.	State
		(	CONTINUE TO PAGE 3 -	→

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ſ

Name(s) as shown on PTR-1

<ol> <li>Status (fill in appropriate oval):</li> <li></li></ol>										
Block       Lot       Qualifier         11a. Did you share ownership of this property with anyone other than your spouse/CU partner? (Mobile Home Owners, see instructions)										
11a. Did you share ownership of this property with anyone other than your spouse/CU partner? (Mobile Home Owners, see instructions) • Yes No       Yes         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) • Yes No       Yes         12a. Did this property consist of multiple units?       • Yes       No       Yes         12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence • • • • • • • • • •	ar.									
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) Yes No       Yes         12a. Did this property consist of multiple units?										
than your spouse/CU partner? (Mobile Home Owners, see instructions) Yes No Yes No Yes instructions) Yes No Yes No Yes instructions) Yes No Yes Statutions Statutions Statutions (Mobile Home Owners, see instructions) Yes No Yes No Yes Statutions) Yes No No Yes No	016									
owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)       %         see instructions)       %         12a. Did this property consist of multiple units?       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.       %         12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence.       %         12b. If you answered "Yes," at Line 11a or Line 12a; or endet of Property Taxes Due and Paid for 2015 and 2016 Must be Submitted With Application. See instructions.       PROPERTY TAXES         Proof of Property Taxes Due and Paid for 2015 and 2016 Must be Submitted With Application. See instructions.       13.         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).       14.         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.       ,         15. Reimbursement. (Amount to be sent to you. Subtract Line 14 from Line 13)       15.       ,       .         14. If endosing copy of death certificate for deceased applicant, check box. (See instructions)       Due Date: June 1.2       Mal your completed application tax malphiling bindly gointly. BOTH must sign         14. There apparting schedule	es 🗌 No									
<ul> <li>12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence</li></ul>	%									
you (and your spouse/CU partner) used as your principal residence	es 🗌 No									
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.  See instruction of the property taxes Due and Paid for 2015 and 2016 Must be Submitted With Application. See instructions.  A. Enter your total 2016 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are 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)	%									
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 instructi 13. Enter your total 2016 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total 2015 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total 2015 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are 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. Enter your total site fees paid multiplied by 0.18)  15. 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)  16. Lif Line 15 is zero or less, you are not eligible for a reimbursement, and you should not file this application.  17. If enclosing copy of death certificate for deceased applicant, check box. (See instructions)  18. Multiplication to:  19. Vour daytime telephone number and/or email address (optional)  19. Poid Preparer's Signature Federal Identification Number Federal Identification Number I I I I Interest Signature I I I Interest										
Proof of Property Taxes Due and Paid for 2015 and 2016 Must be Submitted With Application. See instruction.         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)										
<ul> <li>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).</li> <li>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).</li> <li>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).</li> <li>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).</li> <li>14. I. I.</li></ul>										
residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18)	ctions.									
residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18)										
15. Reimbursement. (Amount to be sent to you. Subtract Line 14 from Line 13)       15.       15.         If Line 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)       Image: Decempond of the set 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: June 1, 2         Your Signature       Date       Spouse's/CU Partner's Signature (if applying jointly, BOTH must sign)       Due Date: Signature         Your daytime telephone number and/or email address (optional)       Federal Identification Number       Property Tax Reimbursement										
from Line 13)       15.       15.         If Line 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)       Image: Comparison of 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.       Due Date: June 1, 2         Your Signature       Date       Spouse's/CU Partner's Signature (if applying jointly, BOTH must sign)       NJ Division of Taxe Revenue Processin Property Tax Reimbur Po Box 635         Your daytime telephone number and/or email address (optional)       Federal Identification Number       Property Tax Reimbur Hotline: 1-800-882-6										
If enclosing copy of death certificate for deceased applicant, check box. (See instructions)       Image: Decemponent comparison of the period o										
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.       Due Date: June 1, 2         Your Signature       >       >       >       Mail your completed application to:         Your daytime telephone number and/or email address (optional)       Date       >       NJ Division of Taxa Reimbursement (if applying jointly, BOTH must sign)         Paid Preparer's Signature       Federal Identification Number       Property Tax Reimbursement Application Number       Property Tax Reimbursement Application Number         I       I       I       I       I       I	۱.									
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 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 Paid Preparer's Signature Identification Number I I I										
Your daytime telephone number and/or email address (optional)       FO BOX 033         Paid Preparer's Signature       Federal Identification Number         I       Hotline: 1-800-882-6	ted									
Your daytime telephone number and/or email address (optional)       FO BOX 033         Paid Preparer's Signature       Federal Identification Number         I       Hotline: 1-800-882-6	essing Center									
Hotine: 1-800-882-6										
	_ 0007									
Division Use 1 2 3 4 5 6 7										

Form PTR-1A

## Homeowners

Verification of 2015 and 2016 Property Taxes

(Use blue or black ink. See instructions for completion on back.)

Pa	art I — To Be Completed by Applicant (Part II	to be completed by tax	collector)			
So	cial Security # Spo	ouse's/CU Partner's Social Secu	rity #	_		
Na	IMELast Name, First Name, and Initial (Joint filers, enter first name	and initial of each - Enter spouse's/CU p	artner's last name ONL	Y if different)		
Ad	dress					
BI	Street City	StateQualifier		Zip Code		
DIC			2015	2016		
A.	Did you own this property with someone who was not your spou	se/CU partner?	Yes No	Yes 🗌 No 🗌		
В.	If yes, indicate the share (percentage) of property that you (and	your spouse/CU partner) owned	. %	%		
C.	Did this property consist of multiple units?		Yes 🗌 No 🗌	Yes 🗌 No 🗌		
D.	If yes, indicate the share (percentage) of property used as your	principal residence.	%	%		
Pa	art II — To Be Completed by Tax Collector					
	2015 Property Taxes	2016 Pi	roperty Taxes			
Ch	eck box if property had a tax appeal for 2015	Check box if property had a tax appeal for 2016				
Ch	eck box if property had an added assessment for 2015 . 🗌	Check box if property had an	added assessmer	nt for 2016 .		
1.	Assessed Value	1. Assessed Value		\$		
2.	Tax Rate (including fire and other special tax rates)	2. Tax Rate (including fire ar special tax rates)	nd other	%		
3.	Total Property Taxes (Multiply Line 1 by Line 2)\$	<ol> <li>Total Property Taxes (Multiply Line 1 by Line 2)</li> </ol>		\$		
4.	REAP Credit (if any) \$	4. REAP Credit (if any)	\$			
5.	<ul> <li>5. Enter amount from Line 3. If applicant answered "Yes" to Questions A and/or C above, you must apportion the amount on Line 3 when completing this line. (See instructions on back.)</li></ul>					
	Homeowners, enter this amount	Homeowners, enter on Line 13 of your F				

Under the penalties of perjury, I certify that I am the local tax collector of

where the above property is located. I further certify that the above-stated amounts of property taxes due were paid for calendar years 2015 and 2016 and are true and accurate to the best of my knowledge. I have placed my stamp below for verification.

(Name)

(Date)

(If you complete this form, be sure to enclose it with your Form PTR-1 application.)

## Form PTR-1A – Instructions

#### Part I — To Be Completed by Applicant

**Social Security Number.** If your marital/civil union status as of December 31, 2016, was single, enter only your social security number in the space provided on Form PTR-1A. If your status as of December 31, 2016, was married/CU couple, you must report both applicants' numbers in the order in which the names are listed on the application. If you were married or in a civil union but living apart from your spouse/CU partner, and you did not have access to or receive support from their income, you are considered "Single" for purposes of the property tax reimbursement. You should enter only your social security number on Form PTR-1A.

**Name and Address.** Print or type your name (last name first) and complete address of the property for which you are claiming the reimbursement in the spaces provided. Also include your spouse's/CU partner's name if filing jointly.

**Block/Lot/Qualifier.** Enter the block and lot numbers of the principal residence for which you are claiming the reimbursement in the spaces provided. Include qualifier if applicable. (Only condominiums may have qualifiers assigned to them.)

- A. Multiple Owners. Check "Yes" if you owned the property that was your principal residence with someone who was not your spouse/CU partner even if the other owner(s) did not live there. For example, you and your sister owned the home you lived in. If you (and your spouse/CU partner) were the sole owner(s), check "No."
- **B.** Percentage of Ownership. If you answered "Yes" at Line A, enter the share (percentage) of the property that you (and your spouse/CU partner) owned. For example, you and your spouse owned a home with your sister. Your sister did not live with you, and you and your spouse paid all the property taxes. You must enter 50% as your share of ownership because you and your spouse owned only one-half (50%) of the property. The shares of ownership of the property are considered to be held equally by all owners. If the shares of ownership are not equal, you must provide documentation as to the percentage of ownership.
- **C. Multiunit Properties.** Check "Yes" if your principal residence was a unit in a multiunit property that you owned. For example, you owned a property consisting of four residential units, and you occupied one of the units as your principal residence. If the property is not a multiunit property, check "No."

**Note:** Residents of condominium complexes, co-ops, and continuing care retirement facilities are not considered to be living in multiunit properties and should check "No."

D. Percentage of Occupancy. If you answered "Yes" at Line C, enter the share (percentage) of the property used as your principal residence. For example, you

owned a four-unit property. The units are equal in size, and one of the units was your principal residence. You occupied one-fourth (25%) of the property as your principal residence. Enter 25% as your share of occupancy.

#### Part II — To Be Completed by Tax Collector

Enter the appropriate amounts for calendar years 2015 and 2016 as follows:

**Line 1.** Enter the assessed value of the property for each calendar year. If the assessed value changed for the tax year, use the final assessed value.

**Line 2.** Enter the tax rate for each calendar year. Include fire and other special tax rates.

**Line 3.** Multiply the assessed value on Line 1 by the tax rate on Line 2 and enter the result on Line 3. This is the total amount of taxes due for each calendar year before any deductions and/or credits are subtracted (e.g., senior citizen's deduction, homestead benefit credit).

**Line 4**. Enter the amount of any Regional Efficiency Aid Program (REAP) credit the homeowner(s) received for each calendar year.

**Line 5.** If the applicant answered "No" to the questions at both Line A and Line C, enter the amount of property taxes from Line 3.

If the applicant answered "Yes" at either Line A or Line C, you must apportion the amount of property taxes to be entered on Line 5. If title to the property is held by the eligible applicant with others as tenants in common or joint tenants (except in the case of husband and wife or CU partners), or if the property consists of more than one unit, the applicant is only eligible for the proportionate share of the reimbursement that reflects the percentage of ownership or the percentage of occupancy.

**Multiple Owners.** If the applicant answered "Yes" at Part I, Line A, multiply the amount of property taxes on Line 3 by the percentage of ownership shown at Part I, Line B, and enter the result on Line 5.

**Multiunit Properties.** If the applicant answered "Yes" at Part I, Line C, multiply the amount of property taxes on Line 3 by the percentage of occupancy shown at Part I, Line D, and enter the result on Line 5.

If the applicant answered "Yes" to the questions at both Lines A and C in the same year, multiply the amount of property taxes on Line 3 by the percentage of occupancy shown at Part I, Line D, and enter the result on Line 5.

**Certification.** Complete the certification portion of Form PTR-1A. Sign and date the certification and place the authorization stamp in the space provided. (Use blue or black ink.)

#### Form PTR-1B

## **Mobile Home Owners**

#### Verification of 2015 and 2016 Mobile Home Park Site Fees

(Applicant completes Parts I and III. Mobile home park owner or manager completes Part II. Use blue or black ink. See instructions for completion on back.)

Pa	rt I — To Be Completed by Appli	cant					
So	cial Security #	Spous	e's/0	CU Partner's S	ocial Security #		-
Na	me						
	Last name, First Name, and Initial (Joint	filers, enter first name and in	itial o	f each - Enter spouse	e's/CU partner's name ONLY if d	ifferent)	
Ad	dress			City	State	Zip Code	
Мо	bile Home Park Site #				2015		16
	Did someone who was not your spou home and share site fees with you? I were the sole occupant(s), check "No	se/CU partner occu f you (and your spou	ov v	our mobile	Yes 🗌 No 🗌	Yes 🗌	No 🗌
B.	Indicate the share (percentage) of the spouse/CU partner paid. If you (and y were the sole occupant(s), enter 100	/our spouse/CÚ par			%		%
Pa	rt II — To Be Completed by Mob	ile Home Park Ov	ne	r or Manager	,		
	Column A — 2015 Site Do not include municipal service fees	Fees		Col	umn B — 2016 Site municipal service fee		harges)
	Total site fees due for calendar year 2 under agreement with mobile home pa		1.		due for calendar year ent with mobile home		
2.	Total site fees paid by resident(s) for calendar year 2015 only	s) for 2. Total site fees paid by resident(s) for calendar year 2016 only\$					
		f Line 2 is less than Line 1, do not complete the certification. The applicant is not eligible for a eimbursement.					
	Under the penalties of perjury, I certify where the above mobile home site is I for calendar years 2015 and 2016 and	ocated. I further ce	rtify	that the above		e fees due w	, vere paid
	(Name)	(Titl	e)		(Date)		(Phone)
Pa	rt III — To Be Completed by App Column A — 2015						manager)
	Total site fees paid by all residents livi address. (Enter amount from Part II, I Column A)	ng at this ∟ine 2,	1	Total site fees address. (Ent	paid by all residents li er amount from Part II,	ving at this Line 2,	
	Share (percentage) of site fees that yo your spouse/CU partner) paid in 2015 percentage from Part I, Line B as a de For example, if the share is 50%, enter If 100%, enter 1.00)	. (Ènter ecimal. er 0.50.	4.	your spouse/0 percentage fro For example,	ntage) of site fees that CU partner) paid in 201 om Part I, Line B as a o if the share is 50%, en	6. (Enter decimal. ter 0.50.	
	Total site fees paid by you (and your s CU partner) (Line 3 × Line 4)		5.		paid by you (and your _ine 3 × Line 4)		
6.	Total property taxes paid by you (and	your	6.	Total property	taxes paid by you (and	d vour	

(If you complete this form, be sure to enclose it with your Form PTR-1 application.)

spouse/CU partner) (Line 5 × 0.18). Enter

this amount on Line 13, Form PTR-1 ....

\$

spouse/CU partner) (Line 5 × 0.18). Enter

this amount on Line 14, Form PTR-1 ....

#### Part I – To Be Completed by Applicant

**Social Security Number.** If your marital/civil union status as of December 31, 2016, was single, you must enter your social security number in the space provided on Form PTR-1B. If your status as of December 31, 2016, was married/CU couple, you must report both applicants' numbers in the order in which the names are listed on the application. If you were married or in a civil union but living apart from your spouse/CU partner, and you did not have access to or receive support from their income, you are considered "Single" for purposes of the property tax reimbursement. You should enter only your social security number on Form PTR-1B.

**Name and Address**. Print or type your name (last name first) and complete address of the property for which you are claiming the reimbursement in the spaces provided. Also include your spouse's/CU partner's name if filing jointly.

**Mobile Home Park Site Number.** Enter the mobile home park site number of the principal residence for which you are claiming the reimbursement in the space provided.

- A. Multiple Occupants. Check "Yes" only if you occupied your mobile home with someone who was not your spouse/CU partner and shared mobile home park site fees with them. For example, you lived in your mobile home with your sister. If you (and your spouse/CU partner) were the sole occupant(s), check "No."
- B. Percentage of Site Fees Paid. Enter the share (percentage) of the site fees that you (and your spouse/ CU partner) paid. For example, if you and your sister lived in your mobile home and you both paid one-half of the site fees, you must enter 50% as your share. If you (and your spouse/CU partner) were the sole occupant(s), enter 100%.

#### Part II – To Be Completed by Mobile Home Park Owner or Manager

Enter the appropriate amounts for calendar years 2015 and 2016 as follows:

**Line1.** Enter the amount of site fees due under the mobile home park agreement entered into with the resident(s).

**Line 2.** Enter the total amount of mobile home park site fees paid by, or on behalf of, the resident(s). Enter **only** amounts actually due and paid for each calendar year.

Compare Lines 1 and 2 for each calendar year.

- If Line 2 is equal to Line 1 for both years, complete the certification portion of Form PTR-1B.
- If Line 2 is less than Line 1 for either or both years, do not complete the certification portion of Form PTR-1B. The applicant is not eligible for a property tax reimbursement.

**Certification.** Complete the certification portion of Form PTR-1B.

#### Part III – To Be Completed by Applicant

Line 3 - Total Site Fees Paid. Enter the total site fees paid for each calendar year by all residents who lived in the mobile home for which you are claiming a property tax reimbursement. (Enter amount from Part II, Line 2.)

Line 4 - Percentage of Site Fees Paid. Enter your share (percentage) of site fees paid from Part I, Line B for each calendar year. Enter this number as a decimal. For example, if you lived in your mobile home with your sister and you both paid 50% of the site fees, enter 0.50 on Line 4. If

you and your spouse/civil union partner were the sole occupant(s), enter 1.00.

Line 5 - Total Site Fees Paid by Applicant. Multiply the amount on Line 3 by the decimal on Line 4.

**Line 6 - Total Property Taxes Paid by Applicant.** Multiply the amount of site fees on Line 5 by 18% (0.18) and enter the result in the box at Line 6.

your principal residence. You occupied one-fourth (25%) of the property as your principal residence. Enter 25% at Line 12b.

#### Note:

- If the property you owned consists of more than four units, you do not qualify for the reimbursement, even if one of the units was your principal residence.
- If the property you owned contains more than one commercial unit, you do not qualify for the reimbursement, even if it also includes a residential unit you used as your principal residence.

## 2016 and 2015 Property Taxes (Lines 13 and 14)

#### HOMEOWNERS

Enter your total property taxes due and paid on your principal residence in New Jersey for 2016 on Line 13, and for 2015 on Line 14. (If you received a senior citizen's deduction, veteran's deduction, Regional Efficiency Aid Program (REAP) credit, and/or homestead benefit credit(s) in 2015 or 2016, enter the amount of property taxes actually due and paid before the deduction(s) and/or credit(s) were subtracted.)

*If you enclose Form PTR-1A, you must enter on Lines 13 and 14 the property tax amounts for 2015 and 2016 from the boxes at Line 5 in Part II.* 

Enter dollars and cents, one digit in each box (). Do not use dollar signs or dashes. You must have paid the full amount of 2016 property taxes due by June 1, 2017, and the full amount of 2015 property taxes due by June 1, 2016, to be eligible for the reimbursement.

#### Note:

- If you (or your spouse) are a totally and permanently disabled veteran who received a 100% exemption from local property taxes in 2015 or 2016, you are not eligible for a property tax reimbursement, even if a portion of the property was rented to a tenant and property taxes were paid on the rented portion.
- If you made P.I.L.O.T. (Payments-in-Lieu-of-Tax) payments to your municipality during

2015 or 2016, these payments are not considered property taxes for purposes of the property tax reimbursement.

Residents of cooperative dwelling units and continuing care retirement facilities must obtain a statement from their management indicating their share of property taxes paid for the residential unit they occupy.

**Multiple Owners.** If you owned your home with someone who was not your spouse, enter for each year the proportionate share of the property taxes for your percentage of ownership listed at Line 11b. The shares of ownership of the property are considered to be held equally by all owners. If the shares of ownership are not equal, enclose a copy of your deed or other documentation with your application showing your percentage of ownership.

**Example:** You and your sister (who lives in another state) are co-owners of a home on which you pay all the property taxes. If the 2016 property taxes totaled \$6,000 and the 2015 property taxes totaled \$5,000, you must indicate at Line 11b that you owned 50% of the property, and you must enter \$3,000 ( $6,000 \times 50\%$ ) on Line 13 and \$2,500 ( $5,000 \times 50\%$ ) on Line 14. You are only eligible for a proportionate share of the reimbursement based on your percentage of ownership in the property. Your sister is not eligible for a reimbursement for this home because she does not live there.

**Multiple Units.** If your principal residence was a unit in a multiunit property that you owned, enter for each year the proportionate share of the property taxes for the unit you occupied as your principal residence.

**Example:** You own a four-unit property. If the 2016 property taxes for the entire property totaled \$4,000 and the 2015 property taxes totaled \$3,800 and you indicated at Line 12b that you occupied 25% of the property (one unit), you must enter \$1,000 ( $$4,000 \times 25\%$ ) on Line 13 and \$950 ( $$3,800 \times 25\%$ ) on Line 14. You are only eligible for a proportionate share of the reimbursement based on the portion of the property that you occupied as your principal residence, even if you paid all of the property taxes.

#### 2016 Form PTR-1 Instructions

**Multiunit Property With Multiple Owners.** If you answered "Yes" at both Lines 11a and 12a for 2015 or 2016, use the percentage of occupancy on Line 12b to calculate your proportionate share of property taxes.

#### **MOBILE HOME OWNERS**

Enter your property taxes due and paid on your principal residence in New Jersey for 2016 on Line 13, and for 2015 on Line 14. (For mobile home owners, property taxes are 18% of the annual site fees due and paid to the owner of the mobile home park.) If you lived with someone who was not your spouse and shared the site fees with them, use the percentage entered on Line 11b to calculate the proportionate share of the site fees paid by you (and your spouse). Multiply the amount of site fees for each year by 18% (0.18) and enter the result in the boxes at Lines 13 and 14.

*If you enclose Form PTR-1B, you must enter on Lines 13 and 14 the property tax amounts for 2015 and 2016 from the boxes at Line 6 in Part III.* 

Enter dollars and cents, one digit in each box (). Do not use dollar signs or dashes. You must have paid the full amount of site fees due for 2016 by December 31, 2016, and the full amount of site fees due for 2015 by December 31, 2015, to be eligible for the reimbursement.

#### Important

You must enclose verification of 2015 and 2016 property taxes (or mobile home park site fees) due and paid with Form PTR-1. See page 3 for acceptable forms of proof.

#### Reimbursement Amount (Line 15)

Subtract Line 14 from Line 13 and enter the result on Line 15. Enter dollars and cents, one digit in each box (\_\_). Do not use dollar signs or dashes. This is the amount of your 2016 property tax reimbursement. If the amount on Line 15 is zero or less, you are not eligible for a property tax reimbursement, and you should not file this application. The total amount of all property tax relief benefits you receive for 2016 (property tax reimbursement, homestead benefit, property tax deduction for senior citizens/disabled persons, and property tax deduction for veterans) cannot exceed the total amount of property taxes or rent/site fees constituting property taxes paid for 2016 on your principal residence in New Jersey. (For this purpose, 18% of rent/site fees paid during the year is considered property taxes.) This limitation may affect the amount of your property tax reimbursement.

**Note:** Eligibility requirements, including income limits, and benefits available under this program are subject to change by the State Budget. Check the Division of Taxation's website at www.state.nj.us/treasury/taxation/ptr/ index.shtml or call 1-800-323-4400 for updated information. (See "Impact of State Budget" on page 1.)

Under New Jersey law, if you receive a property tax reimbursement that is larger than the amount for which you are eligible, you must repay any excess you received. The amount you owe can be deducted from your property tax reimbursement, income tax refund or credit, or homestead benefit before a payment is issued.

#### **Signatures**

Sign and date your application in blue or black ink. If your 2016 marital/civil union status is married/ CU couple, both of you must sign the application. The signatures on the application you file must be original; photocopied signatures are not acceptable. We cannot process an application without the proper signature(s) and will return it to you. This may delay your reimbursement.

#### Daytime Telephone Number and/or Email Ad-

**dress.** Providing your daytime telephone number and/or email address may help us process your application if we have questions. If you are filing a joint application, you can enter either your or your spouse's daytime telephone number and/or email address.

**Tax Preparers.** Anyone who prepares an application for a fee must sign the application as a "Paid Preparer" and enter his or her Social Security number or Federal preparer tax identification number. Include the company or corporation name and Federal identification number if applicable. A tax preparer who fails to sign the application or provide a tax identification number may incur a \$25 penalty for each omission. Someone who prepares your application but does not charge you should not sign your application.

### Where to Send Your Application

When you have completed and signed your application, use the envelope provided in the booklet to mail the application and supporting documentation to: NJ Division of Taxation Revenue Processing Center Property Tax Reimbursement PO Box 635 Trenton, NJ 08646-0635

For information or help in completing your application, call the Property Tax Reimbursement Hotline at 1-800-882-6597 to speak to a Division of Taxation representative. Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (except State holidays).

## **Important Points to Remember**

- 1. Complete the entire application. Provide full information for both 2015 and 2016.
- 2. You must meet the eligibility requirements for both 2015 and 2016 (see page 1).
- 3. Enclose proof of age or disability for **2015** and **2016**.
- Homeowners, enclose copies of your 2015 and 2016 property tax bills and proof of payment or Form PTR-1A. Mobile home owners, enclose proof of 2015 and 2016 site fees due and paid or Form PTR-1B.
- 5. File your application on or before June 1, 2017.
- 6. If you meet the eligibility requirements for both **2015** and **2016**, you **must** file this application in order to use the amount of your **2015** property taxes to calculate your reimbursement in future years.
- 7. Eligibility requirements, including income limits, and benefits available under this program are subject to change by the State Budget. (See "Impact of State Budget" on page 1.)

## Caution!!!

This is not an application for a homestead benefit. You must file a separate application to apply for a homestead benefit.

**2016 County/Municipality Codes** Enter the appropriate four-digit number in the boxes below the Social Security number boxes on Form PTR-1. These codes are for Division of Taxation purposes only. If the place where you live is not listed, see instructions on page 6.

Municipality	Code	Municipality	Code	Municipality	Code
ATLANTIC COUNTY		Hasbrouck Heights Bor.	0225	Bordentown Township	0304
Absecon City	0101	Haworth Borough	0226	Burlington City	0305
Atlantic City	0102	Hillsdale Borough	0227	Burlington Township	0306
Brigantine City	0103	Ho Ho Kus Borough	0228	Chesterfield Township	0307
Buena Borough	0104	Leonia Borough	0229	Cinnaminson Township	0308
Buena Vista Township	0105	Little Ferry Borough	0230	Delanco Township	0309
Corbin City	0106	Lodi Borough	0231	Delran Township	0310
Egg Harbor City	0107	Lyndhurst Township	0232	Eastampton Township	0311
Egg Harbor Township	0108	Mahwah Township	0233	Edgewater Park Township	0312
Estell Manor City	0109	Maywood Borough	0234	Evesham Township	0313
Folsom Borough	0110	Midland Park Borough	0235	Fieldsboro Borough	0314
Galloway Township	0111	Montvale Borough	0236	Florence Township	0315
Hamilton Township	0112	Moonachie Borough	0237	Hainesport Township	0316
Hammonton Town	0113	New Milford Borough	0238	Lumberton Township	0317
Linwood City	0114	North Arlington Borough	0239	Mansfield Township	0318
Longport Borough	0115	Northvale Borough	0240	Maple Shade Township	0319
Margate City	0116	Norwood Borough	0241	Medford Township	0320
Mullica Township	0117	Oakland Borough	0242	Medford Lakes Borough	0320
Northfield City	0118	Old Tappan Borough	0243	Moorestown Township	0321
Pleasantville City	0119	Oradell Borough	0244	•	0322
Port Republic City	0120	Palisades Park Borough	0245	Mount Holly Township	0323
Somers Point City	0121	Paramus Borough	0246	Mount Laurel Township	0324 0325
Ventnor City	0122	Park Ridge Borough	0247	New Hanover Township	0325
Weymouth Township	0123	Ramsey Borough	0248	North Hanover Township	
		Ridgefield Borough	0249	Palmyra Borough	0327
BERGEN COUNTY	0004	Ridgefield Park Village	0250	Pemberton Borough	0328
Allendale Borough	0201	Ridgewood Village	0251 0252	Pemberton Township	0329
Alpine Borough	0202	River Edge Borough River Vale Township	0252 0253	Riverside Township	0330
Bergenfield Borough	0203	Rochelle Park Township	0253	Riverton Borough	0331
Bogota Borough	0204	Rockleigh Borough	0255	Shamong Township	0332
Carlstadt Borough	0205	Rutherford Borough	0256	Southampton Township	0333
Cliffside Park Borough	0206	Saddle Brook Township	0257	Springfield Township	0334
Closter Borough	0207	Saddle River Borough	0258	Tabernacle Township	0335
Cresskill Borough	0208	South Hackensack Twp.	0259	Washington Township	0336
Demarest Borough	0209	Teaneck Township	0260	Westampton Township	0337
Dumont Borough	0210	Tenafly Borough	0261	Willingboro Township	0338
East Rutherford Borough	0212	Teterboro Borough	0262	Woodland Township	0339
Edgewater Borough	0213	Upper Saddle River Bor.	0263	Wrightstown Borough	0340
Elmwood Park Borough	0211	Waldwick Borough	0264		
Emerson Borough	0214	Wallington Borough	0265	CAMDEN COUNTY	
Englewood City	0215	Washington Township	0266	Audubon Borough	0401
Englewood Cliffs Borough	0216	Westwood Borough	0267	Audubon Park Borough	0402
Fair Lawn Borough	0217	Woodcliff Lake Borough	0268	Barrington Borough	0403
Fairview Borough	0218	Wood-Ridge Borough	0269	Bellmawr Borough	0404
Fort Lee Borough	0219	Wyckoff Township	0270	Berlin Borough	0405
Franklin Lakes Borough	0220	- ·		Berlin Township	0406
Garfield City	0221	BURLINGTON COUNTY		Brooklawn Borough	0407
Glen Rock Borough	0222	Bass River Township	0301	Camden City	0408
Hackensack City	0223	Beverly City	0302	Cherry Hill Township	0409
Harrington Park Borough	0224	Bordentown City	0303	Chesilhurst Borough	0410

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Municipality	Code	Municipality	Code	Municipality	Code
Clementon Borough	0411	Fairfield Township	0605	South Harrison Township	0816
Collingswood Borough	0412	Greenwich Township	0606	Swedesboro Borough	0817
Gibbsboro Borough	0413	Hopewell Township	0607	Washington Township	0818
Gloucester City	0414	Lawrence Township	0608	Wenonah Borough	0819
Gloucester Township	0415	Maurice River Township	0609	West Deptford Township	0820
Haddon Township	0416	Millville City	0610	Westville Borough	0821
Haddonfield Borough	0417	Shiloh Borough	0611	Woodbury City	0822
Haddon Heights Borough	0418	Stow Creek Township	0612	Woodbury Heights Borough	0823
Hi-Nella Borough	0419	Upper Deerfield Township	0613	Woolwich Township	0824
Laurel Springs Borough	0420	Vineland City	0614		
Lawnside Borough	0421	,		HUDSON COUNTY	
Lindenwold Borough	0422	ESSEX COUNTY		Bayonne City	0901
Magnolia Borough	0423	Belleville Township	0701	East Newark Borough	0902
Merchantville Borough	0424	Bloomfield Township	0702	Guttenberg Town	0903
Mount Ephraim Borough	0425	Caldwell Borough	0703	Harrison Town	0904
Oaklyn Borough	0426	Cedar Grove Township	0704	Hoboken City	0905
Pennsauken Township	0427	East Orange City	0705	Jersey City	0906
Pine Hill Borough	0428	Essex Fells Township	0706	Kearny Town	0907
Pine Valley Borough	0429	Fairfield Township	0707	North Bergen Township	0908
Runnemede Borough	0430	Glen Ridge Borough	0708	Secaucus Town	0909
Somerdale Borough	0431	Irvington Township	0709	Union City	0910
Stratford Borough	0432	Livingston Township	0710	Weehawken Township	0911
Tavistock Borough	0433	Maplewood Township	0711	West New York Town	0912
Voorhees Township	0434	Millburn Township	0712		
Waterford Township	0435	Montclair Township	0713	HUNTERDON COUNTY	
Winslow Township	0436	Newark City	0714	Alexandria Township	1001
Woodlynne Borough	0437	North Caldwell Borough	0715	Bethlehem Township	1002
Nutley Township		0716	Bloomsbury Borough	1003	
CAPE MAY COUNTY Orange City		0717	Califon Borough	1004	
Avalon Borough	0501	Roseland Borough	0718	Clinton Town	1005
Cape May City	0502	South Orange Village Twp.	0719	Clinton Township	1006
Cape May Point Borough	0503	Verona Township	0720	Delaware Township	1007
Dennis Township	0504	West Caldwell Township	0721 0722	East Amwell Township	1008
Lower Township	0505	West Orange Township		Flemington Borough	1009
Middle Township	Middle Township 0506			Franklin Township	1010
North Wildwood City				Frenchtown Borough	1011
Ocean City	0508	Clayton Borough	0801	Glen Gardner Borough	1012
Sea Isle City	0509	Deptford Township	0802	Hampton Borough	1013
Stone Harbor Borough	0510	East Greenwich Township	0803	High Bridge Borough	1014
Upper Township	0511	Elk Township	0804	Holland Township	1015
West Cape May Borough	0512	Franklin Township	0805	Kingwood Township	1016
West Wildwood Borough	0513	Glassboro Borough	0806	Lambertville City	1017
Wildwood City	0514	Greenwich Township	0807	Lebanon Borough	1018
Wildwood Crest Borough	0515	Harrison Township	0808	Lebanon Township	1019
Woodbine Borough			0809	Milford Borough	1020
		Mantua Township	0810	Raritan Township	1021
CUMBERLAND COUNTY		Monroe Township	0811	Readington Township	1022
Bridgeton City	0601	National Park Borough	0812	Stockton Borough	1023
Commercial Township	0602	Newfield Borough	0813	Tewksbury Township	1024
Deerfield Township	0603	Paulsboro Borough	0814	Union Township	1025
Downe Township	0604	Pitman Borough	0815	West Amwell Township	1026

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Municipality	Code Municipality		Code	Municipality	Code	
MERCER COUNTY		Colts Neck Township	1310	Chester Borough	1406	
East Windsor Township	1101	Deal Borough	1311	Chester Township	1407	
Ewing Township	1102	Eatontown Borough	1312	Denville Township	1408	
Hamilton Township	1103	Englishtown Borough	1313	Dover Town	1409	
Hightstown Borough	1104	Fair Haven Borough	1314	East Hanover Township	1410	
Hopewell Borough	1105	Farmingdale Borough	1315	Florham Park Borough	1411	
Hopewell Township	1106	Freehold Borough	1316	Hanover Township	1412	
Lawrence Township	1107	Freehold Township	1317	Harding Township	1413	
Pennington Borough	1108	Hazlet Township	1318	Jefferson Township	1414	
Princeton	1114	Highlands Borough	1319	Kinnelon Borough	1415	
Robbinsville Township	1112	Holmdel Township	1320	Lincoln Park Borough	1416	
Trenton City	1111	Howell Township	1321	Long Hill Township	1430	
West Windsor Township	1113	Interlaken Borough	1322	Madison Borough	1417	
		Keansburg Borough	1323	Mendham Borough	1418	
MIDDLESEX COUNTY		Keyport Borough	1324	Mendham Township	1419	
Carteret Borough	1201	Lake Como Borough	1346	Mine Hill Township	1420	
Cranbury Township	1202	Little Silver Borough	1325	Montville Township	1421	
Dunellen Borough	1202	Loch Arbour Village	1326	Morris Plains Borough	1423	
East Brunswick Township	1200	Long Branch City	1327	Morris Township	1422	
Edison Township	1205	Manalapan Township	1328	Morristown Town	1424	
Helmetta Borough	1206	Manasquan Borough	1329	Mountain Lakes Borough	1425	
Highland Park Borough	1200	Marlboro Township	1330	Mt. Arlington Borough	1426	
Jamesburg Borough	1208	Matawan Borough	1331	Mt. Olive Township	1427	
Metuchen Borough	1200	Middletown Township	1332	Netcong Borough	1428	
Middlesex Borough	1210	Millstone Township	1333	Parsippany-Troy Hills Twp.	1429	
Milltown Borough	1210	Monmouth Beach Borough	1334	Pequannock Township	1431	
Monroe Township	1212	Neptune City Borough	1336	Randolph Township	1432	
New Brunswick City	1212	Neptune Township	1335	Riverdale Borough	1433	
North Brunswick Township	1210	Ocean Township	1337	Rockaway Borough	1434	
Old Bridge Township	1215	Oceanport Borough	1338	Rockaway Township	1435	
Perth Amboy City	1216	Red Bank Borough	1339	Roxbury Township	1436	
Piscataway Township	1217	Roosevelt Borough	1340	Victory Gardens Borough	1437	
Plainsboro Township	1218	Rumson Borough	1341	Washington Township	1438	
Sayreville Borough	1219	Sea Bright Borough	1342	Wharton Borough	1439	
South Amboy City	1220	Sea Girt Borough	1343	Financen Deredgin	1100	
South Brunswick Township	1221	Shrewsbury Borough	1344	OCEAN COUNTY		
South Plainfield Borough	1222	Shrewsbury Township	1345	Barnegat Township	1501	
South River Borough	1223	Spring Lake Borough	1347	Barnegat Light Borough	1502	
Spotswood Borough	1224	Spring Lake Heights Bor.	1348	Bay Head Borough	1503	
Woodbridge Township	1225	Tinton Falls Borough	1349	Beach Haven Borough	1504	
e e e e e e e e e e e e e e e e e e e		Union Beach Borough	1350	Beachwood Borough	1505	
MONMOUTH COUNTY		Upper Freehold Township	1351	Berkeley Township	1506	
Aberdeen Township	1301	Wall Township	1352	Brick Township	1507	
Allenhurst Borough	1302	West Long Branch Borough	1353	Eagleswood Township	1509	
Allentown Borough	1303			Harvey Cedars Borough	1510	
Asbury Park City	1304	MORRIS COUNTY		Island Heights Borough	1511	
Atlantic Highlands Borough	1305	Boonton Town	1401	Jackson Township	1512	
Avon-by-the-Sea Borough	1306	Boonton Township	1402	Lacey Township	1513	
Belmar Borough	1307	Butler Borough	1403	Lakehurst Borough	1514	
Bradley Beach Borough	1308	Chatham Borough	1404	Lakewood Township	1515	
Brielle Borough	1309	Chatham Township	1405	Lavallette Borough	1516	

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Municipality	Code	Municipality	Code	Municipality	Code
Little Egg Harbor Township	1517	Salem City	1713	Walpack Township	1923
Long Beach Township	1518	Upper Pittsgrove Township	1714	Wantage Township	1924
Manchester Township	1519	Woodstown Borough	1715	···	
Mantoloking Borough	1520			UNION COUNTY	
Ocean Gate Borough	1522	SOMERSET COUNTY		Berkeley Heights Township	2001
Ocean Township	1521	Bedminster Township	1801	Clark Township	2002
Pine Beach Borough	1523	Bernards Township	1802	Cranford Township	2003
Plumsted Township	1524	Bernardsville Borough	1803	Elizabeth City	2004
Point Pleasant Borough	1525	Bound Brook Borough	1804	Fanwood Borough	2005
Pt. Pleasant Beach Borough	1526	Branchburg Township	1805	Garwood Borough	2006
Seaside Heights Borough	1527	Bridgewater Township	1806	Hillside Township	2007
Seaside Park Borough	1528	Far Hills Borough	1807	Kenilworth Borough	2008
Ship Bottom Borough	1529	Franklin Township	1808	Linden City	2009
South Toms River Borough	1530	Green Brook Township	1809	Mountainside Borough	2010
Stafford Township	1531	Hillsborough Township	1810	New Providence Borough	2011
Surf City Borough	1532	Manville Borough	1811	Plainfield City	2012
Toms River Township	1508	Millstone Borough	1812	Rahway City	2013
Tuckerton Borough	1533	Montgomery Township	1813	Roselle Borough	2014
		North Plainfield Borough	1814	Roselle Park Borough	2015
PASSAIC COUNTY		Peapack & Gladstone Bor.	1815	Scotch Plains Township	2016
Bloomingdale Borough	1601	Raritan Borough	1816	Springfield Township	2017
Clifton City	1602	Rocky Hill Borough	1817	Summit City	2018
Haledon Borough	1603	Somerville Borough	1818	Union Township	2019
Hawthorne Borough	1604	South Bound Brook Bor.	1819	Westfield Town	2020
Little Falls Township	1605	Warren Township	1820	Winfield Township	2021
North Haledon Borough			1821		
Passaic City				WARREN COUNTY	
Paterson City	1608	SUSSEX COUNTY		Allamuchy Township	2101
Pompton Lakes Borough	1609	Andover Borough	1901	Alpha Borough	2102
Prospect Park Borough	1610	Andover Township	1902	Belvidere Town	2103
Ringwood Borough	1611	Branchville Borough	1903	Blairstown Township	2104
Totowa Borough	1612	Byram Township	1904	Franklin Township	2105
Wanaque Borough	1613	Frankford Township	1905	Frelinghuysen Township	2106
Wayne Township	1614	Franklin Borough	1906	Greenwich Township	2107
West Milford Township	1615	Fredon Township	1907	Hackettstown Town	2108
Woodland Park Borough	1616	Green Township	1908	Hardwick Township	2109
		Hamburg Borough	1909	Harmony Township	2110
		Hampton Township	1910	Hope Township	2111
Alloway Township	1701	Hardyston Township	1911	Independence Township	2112
Carneys Point Township	1702	Hopatcong Borough	1912	Knowlton Township	2113
Elmer Borough	1703	Lafayette Township	1913	Liberty Township	2114
Elsinboro Township	1704	Montague Township	1914	Lopatcong Township	2115
Lower Alloways Creek Twp.	1705	Newton Town	1915	Mansfield Township	2116
Mannington Township	1706	Ogdensburg Borough	1916	Oxford Township	2117
Oldmans Township	1707	Sandyston Township	1917	Phillipsburg Town	2119
Penns Grove Borough	1708	Sparta Township	1918	Pohatcong Township	2120
Pennsville Township	1709	Stanhope Borough	1919	Washington Borough	2121
Pilesgrove Township	1710	Stillwater Township	1920	Washington Township	2122
Pittsgrove Township	1711	Sussex Borough	1921	White Township	2123
Quinton Township	1712	Vernon Township	1922	l	

#### Appendix A 2016 Form NJ-1040 Instructions

#### Line 19a - Pensions, Annuities, and IRA Withdrawals

Pensions, annuities, and certain IRA withdrawals are taxable and must be reported on Line 19a. The New Jersey taxable amount may be different from the Federal amount.

All state and local government, teachers', and Federal pensions, and Keogh Plans are treated the same way as pensions from the private sector. Amounts received as "early retirement benefits" and amounts reported as pension on Schedule NJK-1, Partnership Return Form NJ-1065, are also taxable.

Social Security and Railroad Retirement benefits are **not** taxable. Do not include these amounts on Form NJ-1040.

Pension payments received because of total and permanent disability are not taxable until the year you reach age 65. If you continue to receive pension payments after you turn 65, your disability pension is treated as ordinary pension income beginning that year. (See definition of "disabled" on page 16 of NJ-1040 instructions.)

Military pensions and survivor's benefit payments are not taxable. Do not include these payments on Form NJ-1040. Military pensions are those resulting from service in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard. However, civil service pensions and annuities are taxable, even if they are based on credit for military service. Most military pensions and survivor's benefit payments are received from the U.S. Defense Finance and Accounting Service, while a civil service annuity is received through the U.S. Office of Personnel Management.

#### **Taxable and Excludable Amounts**

Retirement plans are either noncontributory or contributory. The amounts you report depend on the type of plan you have.

Noncontributory Plans. If you did not make any contributions to your plan, it is a noncontributory plan. Amounts received

	Worksheet A Which Pension Method to Use
1.	Amount of pension you will receive during the first three years (36 months) from the date of the first payment 1.
2.	Your contributions to the plan 2.
3.	<ul> <li>Subtract line 2 from line 1</li></ul>
	must use the General Rule Method.
	(Keep for your records)

from noncontributory plans are fully taxable. Enter the total amount from your 1099-R on Line 19a.

#### Contributory Plans (Other Than IRAs).

If you made contributions to your plan, it is a contributory plan. Your contributions are usually made through payroll deductions and, in general, were taxed when they were made. Your contributions are not taxed when withdrawn (except for 401(k) Plans). Contributory plans also include employer contributions (if any) and earnings, which have not been taxed. Therefore, you must determine the taxable and excludable parts of your distribution.

There are two methods of calculating the taxable and excludable amounts: Three-Year Rule Method and General Rule Method. Complete Worksheet A above to determine which method you should use.

#### NOTE:

- If you received a distribution from a 401(k) Plan, see page A-2 before continuing.
- If you made a withdrawal from an IRA, complete Worksheet C on page A-3. Do not use Worksheet A or B for an IRA withdrawal.

Three-Year Rule Method. You may use the Three-Year Rule Method if:

- You will recover *all* your contributions within 36 months from the date you receive your first payment from the plan, and
- Both you and your employer contributed to the plan.

When you use the Three-Year Rule Method, do not report your pension and annuity payments as income on Line 19a until you have recovered all of your contributions. Instead, report these amounts on Line 19b (see page 24 of NJ-1040 instructions). Once you have recovered your contributions, the payments you receive are fully taxable and must be reported on Line 19a. The amount taxable for New Jersey purposes will be different from the amount you report on your Federal return when using this method, unless you retired on or before July 1, 1986.

General Rule Method. You must use the General Rule Method if:

- You will not recover your contributions within 36 months from the date you receive your first payment from the plan, or
- Your employer did not contribute to the plan.

When you use the General Rule Method, part of your pension is excludable and part is taxable every year. The excludable amount represents your contributions. Complete Worksheet B on page A-2 the year you receive your first pension payment. Keep Worksheet B for your records. You will need it to calculate your taxable and excludable amounts in future years. Recalculate the percentage on line 3 of the worksheet only if your annual pension payments decrease.

**Contributions to Plans Prior to Becom**ing a Resident. Any contributions you made to a pension, annuity, or IRA before moving to New Jersey are treated as if

#### Appendix A 2016 Form NJ-1040 Instructions

you had been a New Jersey resident at the time. Contributions to plans other than 401(k) Plans are considered to have been previously taxed.

#### Lump-Sum Distributions and Roll-

overs. When you receive a lump-sum distribution of the entire balance from a qualified employee pension, annuity, profit-sharing, or other plan, any amount that exceeds your previously taxed contributions must be included in your income in the year received. New Jersey has no provision for income averaging of lumpsum distributions. Report the taxable amount on Line 19a and the excludable amount on Line 19b.

If you roll over a lump-sum distribution from an IRA or a qualified employee pension or annuity plan into an IRA or other eligible plan, do not report the rollover on Line 19a or 19b if it qualifies for deferral for Federal tax purposes. The amount rolled over (minus previously taxed contributions) will be taxable when it is withdrawn.

**401(k) Plans.** New Jersey's treatment of 401(k) Plan contributions changed on January 1, 1984.

1. Contributions made on or after January 1, 1984, were *not* taxed when they were made. If all of your contributions were made on or after that date, your distributions are fully taxable unless your contributions exceeded the Federal limit. If your contributions exceeded the Federal limit, you must calculate the taxable and excludable portions of your distributions using one of the methods described under contributory plans.

2. Contributions made before January 1, 1984, were taxed when they were made. If you made contributions before that date, you must calculate the taxable and excludable portions of your distributions using one of the methods described under contributory plans.

For more information, see Tax Topic Bulletin GIT-1, *Pensions and Annuities*.

#### **Traditional IRAs**

Your IRA consists of your contributions and earnings plus certain amounts rolled over from pension plans. In general, your contributions were taxed when you made them and are not taxed by New Jersey when withdrawn. The portion of your distribution that represents earnings is taxable. Earnings credited to your IRA, as well as tax-free rollovers, are not taxable until withdrawn.

distribution that represents earnings is taxable. Earnings credited to your IRA, as well as tax-free rollovers, are not taxable until withdrawn. Use Worksheet C on page A-3 to calculate the taxable and excludable portions of your IRA withdrawal. Report the taxable amount on Line 19a and the excludable **Worksheet B** General Pule Method

General Rule Method	
1. Your previously taxed contributions to the plan 1.	
2. Expected return on contract* 2	
3. Percentage excludable (Divide line 1 by line 2) 3%	
4. Amount received this year 4.	
5. Amount excludable (Multiply line 4 by line 3) Enter here and on Line 19b, Form NJ-1040 5	
<ol> <li>Taxable amount (Subtract line 5 from line 4. Enter here and on Line 19a, Form NJ-1040)</li></ol>	
*The expected return on the contract is the amount receivable. If life expectancy is a factor under your plan, Federal actuarial tables must be used to compute the expected return. The Federal actuarial tables are contained in the Internal Revenue	

expected return. The Federal actuarial tables are contained in the Internal Revenue Service's Publication 939, *General Rule for Pensions and Annuities*. Contact the IRS for this publication. If life expectancy is not a factor under your plan, the expected return is found by totaling the amounts to be received.

#### (Keep for your records)

amount on Line 19b. If you made withdrawals from multiple IRAs, you may use a separate worksheet for each or combine all IRAs on one worksheet.

**Lump-Sum Withdrawal.** If you withdraw the total amount from an IRA, all the earnings and any amounts rolled over tax-free are taxable. You must report these amounts in the year you make the withdrawal.

**Periodic Withdrawals.** If you make withdrawals over a period of years, the part of the annual distribution that represents earnings is taxable. The amount taxable for New Jersey purposes may be different from the amount you report on your Federal return.

For more information, see Tax Topic Bulletin GIT-2, *IRA Withdrawals*, and Technical Bulletin TB-44.

#### Appendix A 2016 Form NJ-1040 Instructions

worksheet C	C - IRA Withdrawals
	2016
Part I	Part II—Unrecovered Contributions
1. Value of IRA on 12/31/16.	(For Second and Later Years)
Include contributions made for the	
tax year from 1/1/17–4/15/171.	
2. Total distributions from IRA during the	From line 4 of last year's worksheet* (a)
tax year. Do not include tax-free rollovers2.	
3. Total value of IRA.	From line 2 of last year's
Add lines 1 and 2 3.	worksheet (b)
Unrecovered Contributions:	(c) Taxable portion of last year's
Complete either line 4a or 4b:	withdrawal. From line 7 of
4a. First year of withdrawal from IRA:	last year's worksheet (c)
Enter the total of IRA contributions	(d) Contributions recovered last
that were previously taxed 4a.	year. Subtract line (c) from line (b) (d)
b. After first year of withdrawal	(e) This year's unrecovered contributions.
from IRA: Complete Part II. Enter	Subtract line (d) from line (a) (e)
amount of unrecovered contributions	(f) Contributions to IRA during current
from Part II, line (g)* 4b	tax year. Do not include tax-free
5. Accumulated earnings in IRA on	rollovers (f)
12/31/16. Subtract either line 4a	(g) Total unrecovered contributions.
or 4b from line 3 5.	Line (e) plus line (f). Enter here and on
5. Divide line 5 by line 3 and enter the	Part I, line 4b (g)
result as a decimal6.	
7. Taxable portion of this year's withdrawal.	
Multiply line 2 by decimal amount on line 6.	
Enter here and on Line 19a, Form NJ-1040 7.	
Excludable portion of this year's	
withdrawal. Subtract line 7 from line 2.	
Enter here and on Line 19b, Form NJ-1040 8.	

- A. Determine the total amount of *withdrawal(s)* made from the IRA in previous years.
- B. Total the portion(s) of these previous year withdrawal(s) already reported as income on prior New Jersey tax returns.
- C. Subtract the amount of previous year withdrawals reported (B) from the total amount of previous year withdrawals (A). This difference is the amount of contributions that have been *recovered* thus far.
- D. Subtract the amount of *recovered* contributions (C) from the *total* amount of contributions made to the IRA. This is the amount of *unrecovered* contributions to enter on **line 4b** of **Part I**.

(Keep for your records)

## When You Need Information

## by phone...

Property Tax Reimbursement Hotline 1-800-882-6597 (in NJ, NY, PA, DE, MD)

Check on the status of your reimbursement through our automated inquiry system. Automated services are available 7 days a week (hours may vary).

Speak directly to a Division representative. Representatives are available 8:30 a.m. to 4:30 p.m., Monday – Friday, except State holidays.

### Automated Tax Information System

Call from a Touch-tone phone (24 hours a day, 7 days a week)

**1-800-323-4400** (in NJ, NY, PA, DE, MD) or **609-826-4400** 

Listen to recorded tax information on many topics. Order certain forms and publications through our automated message system.

## Text Telephone Service (TTY/TDD) for Hearing-Impaired Users

**1-800-286-6613** (toll-free within NJ, NY, PA, DE, and MD) or **609-984-7300**.

These numbers are accessible *only* from TTY devices.

- Submit a text message on any New Jersey tax matter.
- Receive a reply through NJ Relay Services (711).

## in person...

#### Visit a New Jersey Division of Taxation Regional Office

Regional offices provide individual assistance at locations throughout the State. Call the Automated Tax Information System or visit our website for the address of the office nearest you.

## in writing...

### Address your questions to:

NJ Division of Taxation PO Box 255 Trenton, NJ 08646-0255

## online...

Division of Taxation website: www.njtaxation.org

Email general State tax questions: nj.taxation@treas.nj.gov

Do not include confidential information such as Social Security or Federal tax identification numbers, liability or payment amounts, dates of birth, or bank account numbers in your email.

Subscribe to *NJ Tax E-News*, the Division of Taxation's online information service, at: www.state.nj.us/treasury/taxation/listservice.shtml

## Who Can Help

Volunteers in the VITA (Volunteer Income Tax Assistance) and TCE (Tax Counseling for the Elderly) Programs are available to help prepare the property tax reimbursement application at some locations throughout New Jersey. For the location nearest you, call the Property Tax Reimbursement Hotline at 1-800-882-6597.