



5R For Tax Year Jan.-Dec. 31, 2001 Or Other Tax Year Beginning _____, 2001, Month Ending , 20

IMPORTANT! YOU MUST ENTER YOUR SSN(S). Fill in if application for Federal extension is enclosed.

Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)		
	Spouse's Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	County/Municipality Code (See Table p. 49) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State Zip Code

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

For Privacy Act Notification, See Instructions FILING STATUS	(Fill in only one)	EXEMPTIONS	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse	6		ENTER NUMBERS HERE
	1. <input type="radio"/> Single		7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse	7		
2. <input type="radio"/> Married, filing joint return	8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse	8				
3. <input type="radio"/> Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above	9. Number of your qualified dependent children			9		
4. <input type="radio"/> Head of Household	10. Number of other dependents			10		
5. <input type="radio"/> Qualifying Widow(er)	11. Dependents attending colleges			11		
	12. Totals (For Line 12a - Add Lines 6, 7, 8 and 11) (For Line 12b - Add Lines 9 and 10)			12a	12b	

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From / / To / /

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
If joint return, does your spouse wish to designate \$1? Yes No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	<input type="text"/> <input type="text"/>			
15a. Taxable interest income (See instructions)	15a	<input type="text"/> <input type="text"/>			
15b. Tax exempt interest income (See instructions) DO NOT include on Line 15a	15b	<input type="text"/> <input type="text"/>			
16. Dividends	16	<input type="text"/> <input type="text"/>			
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040).....	17	<input type="text"/> <input type="text"/>			
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	<input type="text"/> <input type="text"/>			
19. Pensions, Annuities and IRA Withdrawals					
a. Taxable Amount Received	19a	<input type="text"/> <input type="text"/>			
b. Less N.J. Pension Exclusion	19b	<input type="text"/> <input type="text"/>			
c. Subtract Line 19b from Line 19a	19c	<input type="text"/> <input type="text"/>			
20. Distributive Share of Partnership Income (See instruction page 26)	20	<input type="text"/> <input type="text"/>			
21. Net pro rata share of S Corporation Income (See instruction page 27)	21	<input type="text"/> <input type="text"/>			
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	<input type="text"/> <input type="text"/>			
23. Net Gambling Winnings	23	<input type="text"/> <input type="text"/>			
24. Alimony and separate maintenance payments received	24	<input type="text"/> <input type="text"/>			
25. Other (See instruction page 27)	25	<input type="text"/> <input type="text"/>			
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26	<input type="text"/> <input type="text"/>			



↓ IMPORTANT! YOU MUST ENTER YOUR SSN(S). ↓

For Privacy Act Notification, See Instructions	Your Social Security Number [][]-[][]-[][][][]	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)		
	Spouse's Social Security Number [][]-[][]-[][][][]	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 49) [][][][]	City, Town, Post Office	State	Zip Code
FILING STATUS	1. <input type="radio"/> Single 2. <input type="radio"/> Married, filing joint return 3. <input type="radio"/> Married, filing separate return		4. <input type="radio"/> Head of Household 5. <input type="radio"/> Qualifying Widow(er)	
	RESIDENCY STATUS 6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:		From	[M][M]/[D][D]/[Y][Y] To [M][M]/[D][D]/[Y][Y]

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

7. On December 31, 2001, I (and/or my spouse) was a. Age 65 or older b. Blind or disabled c. Not 65 or blind or disabled
Fill in only **one** oval. See instructions on page 46.

8. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions [8][][] , [][][] , [][][][] . [][]

9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and fill in [9][][] , [][][] , [][][][] . [][]

10. TOTAL GROSS INCOME (Add Line 8 and Line 9) [10][][] , [][][] , [][][][] . [][]
STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE. FURTHER RESTRICTIONS MAY BE APPLIED.

11. Enter your New Jersey residence on December 31, 2001 if different than above. If you were not a resident on December 31, 2001 enter your last New Jersey residence.
Street Address _____ Municipality _____

12. Fill in your residency status during 2001: a. HOMEOWNER b. TENANT c. BOTH

13. If you indicated "Homeowner" or "Both" on Line 12, enter the block and lot number of the residence for which the rebate is claimed.

Block [][][][] [][][][]

Lot [][][][] [][][][]

Qualifier [][][][]

14a. Did you live at more than one New Jersey residence during the year? Yes No

b. Did you share ownership of a principal residence during the year with anyone, other than your spouse?.... Yes No

c. Did any principal residence you owned during the year consist of multiple dwelling units? Yes No

d. Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year? Yes No

If you answered "Yes" to any of the above, you MUST complete Schedule HR-A.

HOMEOWNER	15. Enter the total 2001 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2001 [15][][] , [][][] , [][][][] . [][]
	IF YOU COMPLETED SCHEDULE HR-A, PART I, enter:
	16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5) [16a][][] , [][][] , [][][][] . [][]
16b. Number of days as an owner (Sch. HR-A, PART I, Line 4) [16b][][][] Days	
TENANT	17. Enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 2001 [17][][] , [][][] , [][][][] . [][]
	IF YOU COMPLETED SCHEDULE HR-A, PART II, enter:
	18a. Total Rent Paid (Sch. HR-A, PART II, Line 11) [18a][][] , [][][] , [][][][] . [][]
18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10) [18b][][][] Days	

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature _____ Date _____ Spouse's Signature (If filing jointly, BOTH must sign) _____

If you do not need forms mailed to you next year, fill in (See instruction page 16)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature	Federal Identification Number
Firm's Name	Federal Employer Identification Number

If you are ONLY filing a Homestead Rebate Application mail your application to:
NJ Division of Taxation
Revenue Processing Center
PO Box 197
Trenton, NJ 08646-0197