

**STATE OF NEW JERSEY  
2001 PROPERTY TAX REIMBURSEMENT APPLICATION**

↓ You must enter your social security number below ↓

**THIS IS NOT A HOMESTEAD REBATE APPLICATION**

For Privacy Act Notification, See Instructions	Your Social Security Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											Last Name, First Name and Initial (Joint applicants enter first name and initial of each - Enter spouse last name ONLY if different)		
	Spouse's Social Security Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											Home Address (Number and Street, including apartment number or rural route)		
County/Municipality Code (See Table page 9) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					City, Town, Post Office	State	Zip Code							

Please label on form if all pre-printed information is correct. Otherwise, print or type your name and address.

1. RESIDENCY STATUS:      Homeowner                       Mobile Home Owner

**TO BE ELIGIBLE FOR THE REIMBURSEMENT YOU MUST:**

A. Be age 65 or over OR receiving Federal Social Security disability benefits;  
 B. Own a home OR lease a site in a mobile home park;  
 C. Be domiciled in New Jersey for at least 10 consecutive years and have been a homeowner or tenant during that time;  
 D. Have owned and lived in the home for which the reimbursement is being claimed for at least the last 3 years;  
 E. Have total annual income in 2000 of less than \$37,174, if single or, if married, have total annual income combined with spouse less than \$45,582.  
 F. Have total annual income in 2001 of less than \$38,475, if single or, if married, have total annual income combined with spouse less than \$47,177.

If you did not satisfy requirements A through D for both 2000 and 2001 you are not eligible for the reimbursement and you should not file this application. If you satisfied requirements A through D for both 2000 and 2001 you must now complete the worksheets on the back to determine whether you also satisfy the income requirements in E and F.

2. Enter the amount of 2000 Total Income from Worksheet A, Line p. (See reverse) . . . . . 2. 

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3. 2000 Marital Status:      Single                       Married

4. Did you meet all of the eligibility requirements as of December 31, 2000? If "Yes" check the box  and proceed to Worksheet B. If "No" you are not eligible for the reimbursement and you should not file this application.

5. Enter the amount of 2001 Total Income from Worksheet B, Line p. (See reverse) . . . . . 5. 

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6. 2001 Marital Status:      Single                       Married

7. Did you meet all of the eligibility requirements as of December 31, 2001? If "Yes" check the box  . If "No" you are not eligible for the reimbursement and you should not file this application.

8. Enter the address for which you are claiming the reimbursement if different from above.

Street address \_\_\_\_\_ Municipality \_\_\_\_\_

9. Homeowners: Enter the block and lot number of the residence for which the property tax reimbursement is being claimed.

Block	Lot	Qualifier

10. Enter your total 2001 property taxes due and paid on your principal residence.  
 (Mobile Home Owners enter 18% of total 2001 site fees due and paid \$ \_\_\_\_\_ x .18) 10. 

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11. Enter your total 2000 property taxes due and paid on your principal residence.  
 (Mobile Home Owners enter 18% of total 2000 site fees due and paid \$ \_\_\_\_\_ x .18) 11. 

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**REIMBURSEMENT AMOUNT**

12. Subtract Line 11 from Line 10. . . . . 12. 

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If Line 12 is less than or equal to zero you are not eligible for a property tax reimbursement and you should not file this application.

Division Use     

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<b>SIGN HERE</b>	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: March 15, 2002	
	Your Signature _____	Date _____	Spouse's Signature (if applying jointly, BOTH must sign) _____	Mail your completed application to: NJ Division of Taxation Revenue Processing Center Property Tax Reimbursement PO Box 635 Trenton, NJ 08646-0635
	Paid Preparer's Signature _____	Federal Identification Number _____		
	Firm's Name _____	Federal Employer Identification Number _____		Tax Reimbursement Hotline: 1-800-882-6597

**WORKSHEET A  
2000 TOTAL INCOME**

If you were married as of December 31, 2000, you must combine your income with your spouse's income.

- a. Social Security Benefits ..... \_\_\_\_\_  
(including Medicare Part B premiums)
- b. Total Pension Income ..... \_\_\_\_\_  
(including IRA and annuity income)
- c. Salaries and Wages ..... \_\_\_\_\_
- d. Bonuses, Commissions & Fees .. \_\_\_\_\_
- e. Unemployment Benefits ..... \_\_\_\_\_
- f. Interest (taxable & exempt) ..... \_\_\_\_\_
- g. Dividends ..... \_\_\_\_\_
- h. Net Capital Gains ..... \_\_\_\_\_
- i. Net Rental Income ..... \_\_\_\_\_
- j. Net Business Income ..... \_\_\_\_\_
- k. Support Payments ..... \_\_\_\_\_
- l. Inheritances ..... \_\_\_\_\_
- m. Royalties ..... \_\_\_\_\_
- n. Gambling & Lottery Winnings .. \_\_\_\_\_  
(including New Jersey)
- o. All Other Income ..... \_\_\_\_\_
- p. TOTAL ..... \_\_\_\_\_

**If you were SINGLE, and**

- Your total 2000 income was less than \$37,174, enter the total amount on Line 2 and continue completing the application.  
or
- Your total 2000 income was \$37,174 or more, you are not eligible for the reimbursement and you should not file this application.

**If you were MARRIED, and**

- Your total 2000 income was less than \$45,582, enter the total amount on Line 2 and continue completing the application.  
or
- Your total 2000 income was \$45,582 or more, you are not eligible for the reimbursement and you should not file this application.

**WORKSHEET B  
2001 TOTAL INCOME**

Only complete Worksheet B if you answered "Yes" on Line 4 and checked the box. If you were married as of December 31, 2001, you must combine your income with your spouse's income.

- a. Social Security Benefits ..... \_\_\_\_\_  
(including Medicare Part B premiums)
- b. Total Pension Income ..... \_\_\_\_\_  
(including IRA and annuity income)
- c. Salaries and Wages ..... \_\_\_\_\_
- d. Bonuses, Commissions & Fees .. \_\_\_\_\_
- e. Unemployment Benefits ..... \_\_\_\_\_
- f. Interest (taxable & exempt) ..... \_\_\_\_\_
- g. Dividends ..... \_\_\_\_\_
- h. Net Capital Gains ..... \_\_\_\_\_
- i. Net Rental Income ..... \_\_\_\_\_
- j. Net Business Income ..... \_\_\_\_\_
- k. Support Payments ..... \_\_\_\_\_
- l. Inheritances ..... \_\_\_\_\_
- m. Royalties ..... \_\_\_\_\_
- n. Gambling & Lottery Winnings .. \_\_\_\_\_  
(including New Jersey)
- o. All Other Income ..... \_\_\_\_\_
- p. TOTAL ..... \_\_\_\_\_

**If you were SINGLE, and**

- Your total 2001 income was less than \$38,475, enter the total amount on Line 5 and continue completing the application.  
or
- Your total 2001 income was \$38,475 or more, you are not eligible for the reimbursement and you should not file this application.

**If you were MARRIED, and**

- Your total 2001 income was less than \$47,177, enter the total amount on Line 5 and continue completing the application.  
or
- Your total 2001 income was \$47,177 or more, you are not eligible for the reimbursement and you should not file this application.