## PTR-1



## New Jersey 2021 Senior Freeze (Property Tax Reimbursement) Application

		•			,	• •				
	You must enter your Social Security number below Place preprinted label below ONLY if the information is correct.  Otherwise print or type your name and address.									
Instructions	Your Social Security Number  Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)									
n, See	Spouse's/CU Partner's SSN Home	Address	s (Number and Street, including	g apartmen	t number)					
ot Notificatio										
For Privacy Act Notification, See Instructions	County/Municipality Code (See instructions)  City, T	own, Po	st Office		State	ZIP (	Code			
<u>-</u> _	This is a four-page application. You me	ust co	omplete all four page	s. Fill in	ovals co	omplete	ly.			
	PROOF OF AGE OR DISABILITY FOR 202 Age 65 or Older: Copy of one – Birth Receiving Federal Social Security I	Certif <b>Disabi</b>	icate, Driver's License, C	Church Re ocial Sec	ecords		N			
Ma	arital/Civil Union Status									
1.	Your Marital/Civil Union Status on December 3	1, 2020	O: Single		<b>Marr</b>	ied/CU C	ouple			
2.	Your Marital/Civil Union Status on December 3	1, 202	1: Single		<b>Marr</b>	ied/CU C	ouple			
Ag	e/Disability Status									
3а.	On December 31, 2020, were you age 65 or old	der?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
3b.	On or before December 31, 2020, were you act receiving federal Social Security disability bene payments?	•	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
4a.	On December 31, 2021, were you age 65 or old	der?	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
4b.	On or before December 31, 2021, were you acreceiving federal Social Security disability bene payments?	-	Yourself Spouse/CU Partner	00	Yes Yes	00	No No			
par	plicant(s) must meet the age or disability require tner met the requirements, you are not eligible for gibility Requirements" on page 1 of instructions.	or the								
Re	sidency Requirements									
5.	Have you lived in New Jersey continuously sind or earlier as either a homeowner or a renter?	ce Dec	ember 31, 2010,	0	Yes	0	No			
	If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.									
6.	Have you owned and lived in the same New Je December 31, 2017, or earlier? (Mobile Home)	-			Yes		No			

If "No," STOP. You are not eligible for the reimbursement, and you should not file this application.



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Name(s) as shown on Form PTR-1

our Social Security Number

**Determining Total Income (Line 7):** Enter your annual income for 2020. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a category, leave that line blank. Losses in one category of income cannot be used to reduce total income. If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 of 2020 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

## 2020 Income

	<ul> <li>Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter tot amount from Box 5 of Form SSA-1099 or Form RRB-</li> </ul>	
	b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount	untb.
	c. Salaries, Wages, Bonuses, Commissions, and Fees	
	d. Unemployment Benefits	d.
	e. Disability Benefits, whether public or private (includin veterans' and black lung benefits)	
	f. Interest (taxable and exempt)	f.
	g. Dividends	g.
	h. Capital Gains	h.
	i. Net Rental Income	i. , , , , , , , , , , , , , , , ,
	j. Net Profits From Business	j.
	k. Net Distributive Share of Partnership Income	k. , , , , , , , , , , , , , , , ,
	I. Net Pro Rata Share of S Corporation Income	
	m. Support Payments	m.
	n. Inheritances, Bequests, and Death Benefits	n.
	o. Royalties	
	p. Gambling and Lottery Winnings (including New Jersey Lottery)	p.
	q. All Other Income	q.
7.	Enter total 2020 income on line 7. (Add lines a-	q) <sup>7.</sup>
	Was your total 2020 income on line 7 9	\$92,969 or less?
	☐ <b>Yes.</b> See 2021 income eligibility.	. ,
	_	rsement, and you should not file this application.



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

**Determining Total Income (Line 8):** Enter your annual income for 2021. See "Income Standards" and "Determining Total Income" in the instructions for information on sources of income and how to determine the amount to report. If you had no income in a category, leave that line blank. Losses in one category of income cannot be used to reduce total income. If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 of 2021 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

## 2021 Income

	a.	<ul> <li>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</li> </ul>	а		<u> </u>	П	Ι	].		
	b.	b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount	b		<u> </u>		Ι	].		
	C.	c. Salaries, Wages, Bonuses, Commissions, and Fees	с.		<u> </u>	Ц	<u></u>	].[		
	d.	d. Unemployment Benefits	d.		<u> </u>			].		
	e.	e. Disability Benefits, whether public or private (including veterans' and black lung benefits)	е.					].		
	f.	f. Interest (taxable and exempt)	.f					].		
	g.	g. Dividends	g.		<u> </u>		I	].		
	h.	h. Capital Gains	h		<b></b> ,		I	].		
	i.	i. Net Rental Income	. i. 🔲		<b></b> ,		I	].		
	j.	j. Net Profits From Business	. j. 📘		<u> </u>		I	].		
	k.	k. Net Distributive Share of Partnership Income	k.		<u> </u>			].		
	l.	I. Net Pro Rata Share of S Corporation Income	. I. 🔲		□ ,			].		
	m	m. Support Paymentsr	m. [					].		
	n.	n. Inheritances, Bequests, and Death Benefits	n.		□ ,			].		
	0.	o. Royalties	o		<u> </u>			].		
	p.	p. Gambling and Lottery Winnings (including New Jersey Lottery)	р		<u> </u>		I	].		
	q.	q. All Other Income	q. [		<u> </u>			].		
8.	E	Enter total 2021 income on line 8. (Add lines a-q)	8.		<u> </u>		I	].		
				_	_		_	_	_	
		Was your total 2021 income on line 8 \$94,178 of								
		(See "Impact of State Budget" on page 1 of instructions, which explains ho	w the state	e budge	t may	reduce	the inc	come lim	nit.)	
ı		Yes. Go to page 4.								
		No. STOP. You are not eligible for the reimbursement, a	and you s	should	not t	file thi	s apr	dication	n.	



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Name(s) as shown on Form PTR-1

Your Social Security Number

Pri	incipal Residence (Main Home)							
(	9. Status (fill in appropriate oval): Homeowner Mol	bile Home Owner						
10	0. Homeowners: Enter the block and lot numbers of your 2021 main home.  Block  Lot  Qua	alifier						
11:		.0 2021						
	than your spouse/CU Partner? (Mobile Home Owners, see instructions) Yes	□ No □ Yes □ No						
111	b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)	% %						
12	12a. Did this property consist of multiple units?							
12	12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home							
lf y	ou answered "Yes" at line 11a or 12a, see instructions before completing lines 13 an	nd 14.						
	operty Taxes oof of property taxes due and paid for 2020 and 2021 must be submitted with application.	See instructions.						
If you are claiming property taxes for additional lots, check box. (See instructions)								
13. Enter your total 2021 property taxes due and paid (including any credits/deductions) on your main home. See instructions.  (Mobile Home Owners: Property taxes = total site fees paid × 0.18)								
14. Enter your total 2020 property taxes due and paid (including any credits/deductions) on your main home. See instructions.  (Mobile Home Owners: Property taxes = total site fees paid × 0.18)								
Re	imbursement 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)								
If enclosing copy of death certificate for deceased applicant, check box. (See instructions)								
RE	Under penalties of perjury, I declare that I have examined this Senior Freeze (Property Tax Reimbursement) Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than applicant, this declaration is based on all information of which the preparer has any knowledge.	Due Date: October 31, 2022 Mail your completed application to: NJ Division of Taxation						
SIGN HERE	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Revenue Processing Center Senior Freeze (PTR)						
IGN	Your daytime telephone number and/or email address (optional)	PO Box 635 Trenton, NJ, 08646-0635						
S	Paid Preparer's Signature Federal Identification Number	Senior Freeze (PTR) Hotline: 1-800-882-6597						
	Firm's name Firm's Federal Employer Identification Number							
Div	vision Use 1 2 3 4 5 6	7						