STATE OF NEW JERSEY

2017 SENIOR FREEZE (PROPERTY TAX REIMBURSEMENT) INCOME REPORT

PTR

Social Security Number: _____ - ____ - _____ Spouse's/CU Partner's Social Security Number: _____ - ____ - _____

Name: _____

Last Name, First Name and Initial (Joint filers enter first name and initial of each. Enter Spouse's/CU Partner's last name ONLY if different.)

DETERMINING INCOME

See 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 and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

INCOME CATEGORIES	2016		2017	
a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter total amount from Box 5 of Form SSA-1099 or Form RRB-1099				
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount.				
c. Salaries, Wages, Bonuses, Commissions, and Fees				
d. Unemployment Benefits				
e. Disability Benefits, whether public or private (including veterans' and black lung benefits). .				
f. Interest (taxable and exempt).				
g. Dividends				
h. Capital Gains				
i. Net Rental Income				
j. Net Profits From Business				
k. Net Distributive Share of Partnership Income .				
l. Net Pro Rata Share of S Corporation Income .				
m. Support Payments				
n. Inheritances, Bequests, and Death Benefits . .				
o. Royalties				
p. Gambling and Lottery Winnings (including New Jersey Lottery)				
q. All Other Income				
Add lines a-q in each column.	☐☐☐,☐☐☐.☐☐ **TOTAL 2016 INCOME**		☐☐☐,☐☐☐.☐☐ **TOTAL 2017 INCOME**	
Total annual income cannot → exceed amounts shown.	**Was your total 2016 income $87,007 or less?** ☐ **Yes.** See 2017 income eligibility. ☐ **No. STOP.** You are not eligible for the reimbursement, and you should not file this application.		**Was your total 2017 income $87,268 or less?** (See "Impact of State Budget" on page 1 of the instructions which explains how the State Budget may reduce the income limit.) ☐ **Yes.** You met 2017 income limit. ☐ **No. STOP.** You are not eligible for the reimbursement, and you should not file this application.	