# 2014

### New Jersey Property Tax Reimbursement ("Senior Freeze") Application (Form PTR-1)

# Filing Deadline Extended to → October 15, 2015 ←

Note: The amount appropriated for property tax relief programs in the Fiscal Year 2016 State Budget affected reimbursement payments for 2014. Applicants filing Form PTR-1 will be eligible for reimbursement payments for 2014 if their income did not exceed \$84,289 for 2013 and \$70,000 for 2014 (the original limit was \$85,553), provided they met all the other program requirements. (See "Qualifications" on page 1 of the Form PTR-1 instruction booklet.)

Residents whose 2014 income was over \$70,000 but not over \$85,553 will not receive reimbursements for 2014, even if they met all the other program requirements. The Division of Taxation will notify those applicants that they are not eligible to receive reimbursement payments for 2014. Those residents can establish their eligibility for benefits in future years by filing an application by the due date. This also ensures that the Division will mail them applications for 2015.

#### PTR-1

## STATE OF NEW JERSEY 2014 PROPERTY TAX REIMBURSEMENT APPLICATION

Ψ1								
	Your Social Security Number	Last Name, First Na	Last Name, First Name and Initial (Joint applicants enter first name and initial of each.  Enter spouse/CU partner last name ONLY if different)			od vrint		
tion,		Enter Spouse/CO partier last name ONET il dillerent)			I preprinted nerwise, print I address.			
For Privacy Act Notification, See Instructions	Spouse's/CU Partner's Social Security Number	r Home Address (Number and Street, including apartment number or rural route		or rural route)				
y Act N Instruc					on form s correct.			
Privac: See	County/Municipality Code (See instructions)	City, Town, Post Off	ffice State Zip Code		Code	abel or on is c		
For		Oity, Town, Tost On	nice Si	210	, code	Place label or information is or type you		
						_ <u>:</u> ⊑		
This is a three-page application. You must complete all three pages. Fill in ovals completely.								
MARITAL/CIVIL UNION STATUS								
1	1. Your Marital/Civil Union Status on December 31, 2013:							
2	. Your Marital/Civil Union Status on Dec	<b>○</b> ← Single	<b>○</b> ← Marrie	ed/CU Coup	le			
AGE/DISABILITY STATUS								
	. On December 31, 2013, were you age	65 or older?	Yourself		<b>○</b> ← N	lo		
			Spouse/CU Partner		$\bigcirc \leftarrow N$	0		
0.1	0.00							
3b	On December 31, 2013, were you receiving Federal Social Security Disability Benefits?		Yourself Spouse/CU Partner					
				C les	V IV	U		
4a	On December 31, 2014, were you age 65 or older?		Yourself		$\bigcirc$ $\leftarrow$ N	0		
			Spouse/CU Partner		$\bigcirc \leftarrow N$	0		
4h	4b. On December 31, 2014, were you receiving Federal Social Security Disability Benefits?		Yourself		<b>○</b> ← N	lo		
			Spouse/CU Partner		<b>○</b> ← N			
Applicant(s) must meet the age or disability requirements for both 2013 and 2014. 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 "Qualifications" on page 1 of instructions.								
	PROOF OF AGE OR DISABILITY FOR 2013 AND 2014 MUST BE SUBMITTED WITH APPLICATION							
	Age 65 or Older: Copy of Birth Certificate, Driver's License, Church Records							
	Receiving Federal Social Security Disability Benefits: Copy of Social Security Award Letter  See instructions for more information.							
RF	SIDENCY REQUIREMENTS							
	5. Have you lived in New Jersey continuously since December 31, 2003,							
	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,							
	2010, 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 2013 and 2014. 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 2013 or 2014, and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

INCOME CATEGORIES	2013	2014		
a. Social Security Benefits (including Medicare	2013	2014		
Part B premiums) paid to or on behalf of applicant.				
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 .				
I. 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. Enter total 2013 income on Line 7 and total 2014 income on Line 8.	7. TOTAL 2013 INCOME	8. TOTAL 2014 INCOME		
Total annual income cannot → exceed amounts shown.	Was your total 2013 income on Line 7 \$84,289* or less?	Was your total 2014 income on Line 8 \$85,553* or less?		
	Yes. See 2014 income eligibility.	Yes. Go to page 3.		
	No. STOP. You are not eligible for the reimbursement and you should not file this application.	No. STOP. You are not eligible for the reimbursement and you should not file this application.		
	*Subject to change by State Budget.	*Subject to change by State Budget.		
		CONTINUE TO DACE 2 3		

Name(s) as shown on PTR-1 Your Social Security Number PRINCIPAL RESIDENCE ← Homeowner 9. Status (fill in appropriate oval): 10. Homeowners: Enter the block and lot numbers of your 2014 principal residence. Qualifier 2013 2014 11a. Did you share ownership of your principal residence with anyone other than your spouse/CU partner? (Mobile Home Owners, see instructions) . . . . Yes No No 11b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, % 12a. Does your principal residence consist of more than one unit? . . . . . . . . . . No No 12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) occupy as your principal residence. . . . . See instructions before completing Lines 13 and 14 if you: 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 2013 and 2014 Must be Submitted With Application. See instructions. 13. Enter your total 2014 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes 14. Enter your total 2013 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes REIMBURSEMENT AMOUNT (See "Impact of State Budget" on page 1 of instructions.) 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) Due Date: June 1, 2015 Under the penalties of perjury, I declare that I have examined this Property Tax Reimbursement Application, including Mail your completed accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. application to: HERE If prepared by a person other than applicant, this declaration is based on all information of which the preparer has any NJ Division of Taxation knowledge. Revenue Processing Center Property Tax Reimbursement Spouse's/CU Partner's Signature (if applying jointly, BOTH must sign) Your Signature PO Box 635 Federal Identification Number Paid Preparer's Signature Trenton, NJ 08646-0635 Property Tax Reimbursement Federal Employer Identification Number Firm's Name Hotline: 1-800-882-6597 Division Use