# 2015

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

# Filing Deadline Extended to → October 17, 2016 ←

Note: The amount appropriated for property tax relief programs in the Fiscal Year 2017 State Budget affected reimbursement payments for 2015. Applicants filing Form PTR-1 will be eligible for reimbursement payments for 2015 if their income did not exceed \$85,553 for 2014 and \$70,000 for 2015 (the original limit was \$87,007), provided they met all the other program requirements. (See "Qualifications" on page 1 of the Form PTR-1 instruction booklet.)

Residents whose 2015 income was over \$70,000 but not over \$87,007 will not receive reimbursements for 2015, 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 2015. 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 2016.

FOR INFORMATION: Visit the Division of Taxation Website: Call the Property Tax Reimbursement Hotline:

#### PTR-1



## STATE OF NEW JERSEY 2015 PROPERTY TAX REIMBURSEMENT APPLICATION

_	049PW01150	2015 PROPI	ERTY TAX REIMBU	JRSEMENT A	APPLICATION		
<b>4</b> Y	ou must enter your social security number below ♥						
tion,	Your Social Security Number	Last Name, First Nam	e and Initial (Joint applicants Enter spouse/Cl	enter first name and ini J partner last name ON			
For Privacy Act Notification, See Instructions	Spouse's/CU Partner's Social Security Number	Home Address (Numb	er and Street, including a	partment number	or rural route)		
For Privacy See I	County/Municipality Code (See instructions)	City, Town, Post Office	e Sta	ate Ziŗ	D Code  Place label on finformation is corr or two voir in		
	This is a three many application. Ve	u must samplet	a all three pages				
This is a three-page application. You must complete all three pages. Fill in ovals completely.							
	ARITAL/CIVIL UNION STATUS  . Your Marital/Civil Union Status on Dec	cember 31, 2014:		← Marri	ed/CU Couple		
2	. Your Marital/Civil Union Status on Dec	cember 31, 2015:		← Marri	ed/CU Couple		
AGE/DISABILITY STATUS							
3а	. On December 31, 2014, were you ago	e 65 or older?	Yourself Spouse/CU Partner	← Yes ← Yes	← No ← No		
3b	On or before December 31, 2014, were you actually receiving Federal Social Security disability benefit payments?		Yourself Spouse/CU Partner	← Yes ← Yes	← No ← No		
4a	On December 31, 2015, were you age 65 or older?		Yourself Spouse/CU Partner	← Yes ← Yes	← No ← No		
4b	On or before December 31, 2015, were you actually receiving Federal Social Security disability benefit payments?		Yourself Spouse/CU Partner	← Yes ← Yes	← No ← No		
Applicant(s) must meet the age or disability requirements <b>for both 2014 and 2015</b> . 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 "Eligibility Requirements" on page 1 of instructions.							
	PROOF OF AGE OR DISABILITY FO	R 2014 AND 2015	MUST BE SUBMITTI	ED WITH APP	LICATION		
	Age 65 or Older: Copy of one – Birth Certificate, Driver's License, Church Records						
	Receiving Federal Social Security Disability Benefits: Copy of Social Security Award Letter						
See instructions for more information.							
	SIDENCY REQUIREMENTS  Have you lived in New Jersey continuous or earlier as either a homeowner or a lf "No," STOP. You are not eligible		← Yes	← No			
6	Have you owned and lived in the same 2011, or earlier? (Mobile Home Owner	e New Jersey home	e since December 31		···		

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 2014 and 2015. 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 2014 or 2015, and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

INCOME CATEGORIES		2014		2015		
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					
0.	Royalties					
p.	Gambling and Lottery Winnings (including New Jersey Lottery)					
q.	All Other Income					
Add lines a-q in each column. Enter total 2014 income on Line 7 and total 2015 income on Line 8.		7. TOTAL 2014 INCOME		8. TOTAL 2015 INCOME		
	Total annual income cannot →	Was your total 2014 income on Line 7 \$85,553* or less?		Was your total 2015 income on Line 8 \$87,007* or less?		
	exceed amounts shown.	Yes. See 2015 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. See "Impact of State Budget" on page 1 of instructions.		*Subject to change. See "Impact of State Budget" on page 1 of instructions.		
			(	CONTINUE TO PAGE 3 -	$\rightarrow$	

Name(s) as shown on PTR-1

Your Social Security Number

PRINCIPAL RESIDENCE									
9. Status (fill in appropriate oval):									
1	10. Homeowners: Enter the block and lot numbers of your 2015 principal residence.								
	Block		Qualifier						
			2014	2015					
11	11a. Did you share ownership of this property with anyone			2010					
	than your spouse/CU partner? (Mobile Home Owner	s, see instructions	s) Yes	No Yes No					
11	11b. If you answered "Yes," indicate the share (percentag								
	owned by you (and your spouse/CU partner) (Mobile see instructions)		% %						
1.	,		Vos	No Vos No					
	12a. Did this property consist of multiple units?								
12b. If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your principal residence									
	See instructions before complete	•	d 14 if you:	·					
<ul><li>Answered "Yes" at Line 11a or Line 12a; or</li><li>Received any deduction(s) and/or credit(s) on your property tax bills.</li></ul>									
PI	PROPERTY TAXES								
	Proof of Property Taxes Due and Paid for 2014 and 2015	Must be Submitte	d With Application	n. See instructions.					
13. Enter your total 2015 property taxes due and paid on your principal									
residence. (For Mobile Home Owners, property taxes									
4	are your total site fees paid multiplied by 0.18)								
14. Enter your total 2014 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes									
are your total site fees paid multiplied by 0.18)									
R	REIMBURSEMENT AMOUNT (See "Impact of State Budget	" on page 1 of ins	tructions.)						
1:	15. Reimbursement. (Amount to be sent to you. Subtra	act Line 14	ve l						
	from Line 13)		15.						
lf	If Line 15 is zero or less, you are not eligible for a reimbu	rsement, and you	should not file thi	s application.					
	If enclosing copy of death certificate for deceased applicant, check box. (S	See instructions)							
	Under the penalties of perjury, I declare that I have examined this Property accompanying schedules and statements, and to the best of my knowledge	Due Date: June 1, 2016							
뿠	If prepared by a person other than applicant, this declaration is based on al	Mail your completed application to:							
SIGN HERE	Your Signature Date Spouse's/CU Parti	NJ Division of Taxation Revenue Processing Center							
SIGN	5	Property Tax Reimbursement PO Box 635							
	Your daytime telephone number and/or email address (optional)  Paid Propagatic Signature  Federal Identification Number			Trenton, NJ 08646-0635					
	Paid Preparer's Signature Federal Identification Number			Property Tax Reimbursement Hotline: 1-800-882-6597					
	Firm's Name	Federal Employer Ide	ntification Number						
	Division Use 1 2 3 4	5	6 7						