

# **INSERT**

## **2012**

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

### **Filing Deadline Extended to**

# **→ September 16, 2013 ←**

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**NOTE:** Under the terms of the State Budget for fiscal year 2014, only those applicants filing Form PTR-1 whose income for 2011 (their base year) did not exceed \$80,000 and whose income for 2012 did not exceed \$70,000 (the original limit was \$82,880) will be eligible to receive a reimbursement payment for 2012, provided they met all the other program requirements. (See "Qualifications" on page 1 of the Form PTR-1 instruction booklet.)

Residents whose 2012 income was over \$70,000 but not over \$82,880 will not receive reimbursements for 2012, even if they met all the other program requirements. The Division of Taxation will send notices to these applicants advising them that they are not eligible to receive reimbursement payments for 2012. However, by filing a 2012 Form PTR-1 by the due date, these residents can establish their eligibility for benefits in future years and ensure they will be mailed an application for 2013.

**FOR INFORMATION:**

Visit the Division of Taxation Web Site:

Call the Property Tax Reimbursement Hotline:

[www.state.nj.us/treasury/taxation/](http://www.state.nj.us/treasury/taxation/)

1-800-882-6597



2012 PROPERTY TAX REIMBURSEMENT APPLICATION

You must enter your social security number below

For Privacy Act Notification, See Instructions	Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last Name, First Name and Initial (Joint applicants enter first name and initial of each. Enter spouse/CU partner last name ONLY if different)		
	Spouse's/CU Partner's Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See instructions) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State	Zip Code

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

This is a four-page application. You must complete all four pages. Fill in ovals completely.

MARITAL/CIVIL UNION STATUS

- Your Marital/Civil Union Status on December 31, 2011:  ← Single  ← Married/CU Couple
- Your Marital/Civil Union Status on December 31, 2012:  ← Single  ← Married/CU Couple

AGE/DISABILITY STATUS

- On December 31, 2011, were you age 65 or older?
 

Yourself	<input type="radio"/> ← Yes	<input type="radio"/> ← No
Spouse/CU Partner	<input type="radio"/> ← Yes	<input type="radio"/> ← No
- On December 31, 2011, were you receiving Federal Social Security Disability Benefits?
 

Yourself	<input type="radio"/> ← Yes	<input type="radio"/> ← No
Spouse/CU Partner	<input type="radio"/> ← Yes	<input type="radio"/> ← No
- On December 31, 2012, were you age 65 or older?
 

Yourself	<input type="radio"/> ← Yes	<input type="radio"/> ← No
Spouse/CU Partner	<input type="radio"/> ← Yes	<input type="radio"/> ← No
- On December 31, 2012, were you receiving Federal Social Security Disability Benefits?
 

Yourself	<input type="radio"/> ← Yes	<input type="radio"/> ← No
Spouse/CU Partner	<input type="radio"/> ← Yes	<input type="radio"/> ← No

Applicant(s) must meet the age or disability requirements for both 2011 and 2012. 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 2011 AND 2012 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.

RESIDENCY REQUIREMENTS

- Have you lived in New Jersey continuously since December 31, 2001, or earlier as either a homeowner or a renter?  ← Yes  ← No  
If "No," STOP. You are not eligible for the reimbursement and you should not file this application.
- Have you owned and lived in the same New Jersey home since December 31, 2008, or earlier? (Mobile Home Owners, see instructions)  ← Yes  ← No  
If "No," STOP. You are not eligible for the reimbursement and you should not file this application.



Name(s) as shown on PTR-1

Your Social Security Number

**DETERMINING 2011 INCOME (LINE 7)**

Enter your annual income for 2011. 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 blank.** If you were married or in a civil union as of December 31, 2011, you must combine your income with your spouse's/CU partner's income.

INCOME CATEGORIES	2011	
a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant . . .	a.	
b. Salaries and Wages . . . . .	b.	
c. Bonuses, Commissions, and Fees . . . . .	c.	
d. Unemployment Benefits . . . . .	d.	
e. Disability Benefits, whether public or private (including veterans' and black lung benefits) . . . . .	e.	
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.	
l. Net Pro Rata Share of S Corporation Income . . . . .	l.	
m. Support Payments . . . . .	m.	
n. Inheritances . . . . .	n.	
o. Royalties . . . . .	o.	
p. Gambling and Lottery Winnings (including New Jersey Lottery) . . . . .	p.	
q. Bequests and Death Benefits . . . . .	q.	
r. All Other Income . . . . .	r.	
s. Add lines a - r above. Is the amount on line s \$80,000* or less? . . . . . <input type="checkbox"/> <b>Yes.</b> Continue to line t. <input type="checkbox"/> <b>No. STOP.</b> You are not eligible for the reimbursement and you should not file the application.	s.	
t. Gross Pension and Retirement Benefits (including IRA and annuity income) from Form 1099-R, Box 1 . . . . .	t.	
u. Add line s and line t. Is the amount on line u \$80,000* or less? . . . . . <input type="checkbox"/> <b>Yes.</b> Enter this amount in the boxes at Line 7 and continue to page 3. <input type="checkbox"/> <b>No.</b> Complete line v.	u.	
v. New Jersey Pension and Retirement Benefits (including IRA and annuity income). <b>DO NOT enter amount from Line t on this line.</b> See instructions for calculating amount to report on Line v. . . . .	v.	
w. Add line s and line v. Is the amount on line w \$80,000* or less? . . . . . <input type="checkbox"/> <b>Yes.</b> Enter this amount in the boxes at Line 7 and continue to page 3. <input type="checkbox"/> <b>No. STOP.</b> You are not eligible for the reimbursement and you should not file the application.	w.	
<b>7. Total 2011 Income</b> . . . . .	<b>7.</b>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

\*Subject to change by State Budget



Name(s) as shown on PTR-1

Your Social Security Number

**DETERMINING 2012 INCOME (LINE 8)**

Enter your annual income for 2012. 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 blank.** If you were married or in a civil union as of December 31, 2012, you must combine your income with your spouse's/CU partner's income.

INCOME CATEGORIES	2012	
a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant . . .	a.	
b. Salaries and Wages . . . . .	b.	
c. Bonuses, Commissions, and Fees . . . . .	c.	
d. Unemployment Benefits . . . . .	d.	
e. Disability Benefits, whether public or private (including veterans' and black lung benefits) . . . . .	e.	
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.	
l. Net Pro Rata Share of S Corporation Income . . . . .	l.	
m. Support Payments . . . . .	m.	
n. Inheritances . . . . .	n.	
o. Royalties . . . . .	o.	
p. Gambling and Lottery Winnings (including New Jersey Lottery) . . . . .	p.	
q. Bequests and Death Benefits . . . . .	q.	
r. All Other Income . . . . .	r.	
s. Add lines a - r above. Is the amount on line s \$82,880* or less? . . . . . <input type="checkbox"/> <b>Yes.</b> Continue to line t. <input type="checkbox"/> <b>No. STOP.</b> You are not eligible for the reimbursement and you should not file the application.	s.	
t. Gross Pension and Retirement Benefits (including IRA and annuity income) from Form 1099-R, Box 1 . . . . .	t.	
u. Add line s and line t. Is the amount on line u \$82,880* or less? . . . . . <input type="checkbox"/> <b>Yes.</b> Enter this amount in the boxes at Line 8 and continue to page 4. <input type="checkbox"/> <b>No.</b> Complete line v.	u.	
v. New Jersey Pension and Retirement Benefits (including IRA and annuity income). <b>DO NOT enter amount from Line t on this line.</b> See instructions for calculating amount to report on Line v. . . . .	v.	
w. Add line s and line v. Is the amount on line w \$82,880* or less? . . . . . <input type="checkbox"/> <b>Yes.</b> Enter this amount in the boxes at Line 8 and continue to page 4. <input type="checkbox"/> <b>No. STOP.</b> You are not eligible for the reimbursement and you should not file the application.	w.	
<b>8. Total 2012 Income</b> . . . . .	8.	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

\*Subject to change by State Budget

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