PTR-1



New Jersey 2020 Senior Freeze (Property Tax Reimbursement) Application

Yes

No

Place preprinted label below ONLY if the information is correct. You must enter your Social Security number below Otherwise print or type your name and address Your Social Security Number Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter For Privacy Act Notification, See Instructions spouse's/CU partner's last name ONLY if different.) Spouse's/CU Partner's SSN Home Address (Number and Street, including apartment number) City, Town, Post Office State ZIP Code County/Municipality Code (See instructions) This is a four-page application. You must complete all four pages. Fill in ovals completely. PROOF OF AGE OR DISABILITY FOR 2019 AND 2020 MUST BE SUBMITTED WITH APPLICATION 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. Marital/Civil Union Status Your Marital/Civil Union Status on December 31, 2019: Single Married/CU Couple Your Marital/Civil Union Status on December 31, 2020: Married/CU Couple Single Age/Disability Status 3a. On December 31, 2019, were you age 65 or older? Yourself No Yes Spouse/CU Partner Yes No 3b. On or before December 31, 2019, were you actually Yourself Yes No receiving federal Social Security disability benefit Spouse/CU Partner No Yes payments? 4a. On December 31, 2020, were you age 65 or older? Yourself Yes No Spouse/CU Partner Yes No 4b. On or before December 31, 2020, were you actually Yourself Yes No receiving federal Social Security disability benefit Spouse/CU Partner No payments? Applicant(s) must meet the age or disability requirements for both 2019 and 2020. 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. **Residency Requirements** 5. Have you lived in New Jersey continuously since December 31, 2009, or earlier as either a homeowner or a renter? No Yes 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, 2016, or earlier? (Mobile Home Owners, see instructions)

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 Your Social Security Number

Determining Total Income (Line 7): Enter your annual income for 2019. 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 2019 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

2019 Income

i	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-1099a.	
	b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amountb.	
	c. Salaries, Wages, Bonuses, Commissions, and Fees	
	d. Unemployment Benefitsd.	
	e. Disability Benefits, whether public or private (including veterans' and black lung benefits)e.	
	f. Interest (taxable and exempt)f.	
!	g. Dividendsg.	
	h. Capital Gainsh.	
	i. Net Rental Incomei.	
	j. Net Profits From Businessj.	
	k. Net Distributive Share of Partnership Incomek.	
	I. Net Pro Rata Share of S Corporation IncomeI.	
	m. Support Paymentsm.	
	n. Inheritances, Bequests, and Death Benefitsn.	
	o. Royaltieso.	
	p. Gambling and Lottery Winnings (including New Jersey Lottery)p.	
	q. All Other Incomeq.	
7.	Enter total 2019 income on line 7. (Add lines a-q)	7. , , , , , , , , , , , , , , , , , , ,
	Was your total 2019 income on line 7 \$91,505 or	less?
	☐ Yes. See 2020 income eligibility.	

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 Your Social Security Number

Determining Total Income (Line 8): 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

а	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-1099a.	
b	 Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amountb. 	
С	c. Salaries, Wages, Bonuses, Commissions, and Feesc.	
d	d. Unemployment Benefitsd.	
е	e. Disability Benefits, whether public or private (including veterans' and black lung benefits)e.	
f.	f. Interest (taxable and exempt)f.	
g	g. Dividendsg.	
h	n. Capital Gainsh.	
i.	. Net Rental Incomei.	
j.	. Net Profits From Businessj.	
k	k. Net Distributive Share of Partnership Incomek.	
I.	. Net Pro Rata Share of S Corporation IncomeI.	
n	m. Support Paymentsm.	
n	n. Inheritances, Bequests, and Death Benefitsn.	
0	o. Royaltieso.	
р	o. Gambling and Lottery Winnings (including New Jersey Lottery)p.	
q	q. All Other Incomeq.	
8. E	Enter total 2020 income on line 8. (Add lines a-q)	3
	Was your total 2020 income on line 8 \$92,969 or logical (See "Impact of State Budget" on page 1 of instructions, which explains how the Yes. Go to page 4. No. STOP. You are not eligible for the reimbursement, and yes.	e state budget may reduce the income limit.)



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Name(s) as shown on Form PTR-1

Your Social Security Number

Pri	ncipal Residence (Main Home)				
(. Status (fill in appropriate oval): Homeowner Mobile Home Owner				
10	. Homeowners: Enter the block and lot numbers of your 2020 main home. Block Qualifier				
	2019 2020				
11:	than your spouse/CU Partner? (Mobile Home Owners, see instructions) Yes No				
111	owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)				
12	Did this property consist of multiple units?				
12	that you (and your spouse/CU partner) used as your main home				
If y	ou answered "Yes" at line 11a or 12a, see instructions before completing lines 13 and 14.				
	perty Taxes of of property taxes due and paid for 2019 and 2020 must be submitted with application. See instructions.				
If you are claiming property taxes for additional lots, check box. (See instructions)					
13	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)				
14	Enter your total 2019 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)				
Reimbursement 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)				
₹.	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: November 1, 2021 Mail your completed application to:				
SIGN HERE	Your Signature Date Spouse's/CU Partner's Signature (if filling jointly, BOTH must sign) NJ Division of Taxation 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	sion Use 1 2 3 4 5 6 7				