## PTR-1



## New Jersey 2023 Senior Freeze (Property Tax Reimbursement) Application

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 2022 AND 2023 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, 2022: Single Married/CU Couple Your Marital/Civil Union Status on December 31, 2023: Married/CU Couple Single Age/Disability Status 3a. On December 31, 2022, were you age 65 or older? Yourself No Yes Spouse/CU Partner Yes No 3b. On or before December 31, 2022, were you actually Yourself Yes No receiving federal Social Security disability benefit Spouse/CU Partner No Yes payments? 4a. On December 31, 2023, were you age 65 or older? Yourself Yes No Spouse/CU Partner Yes No 4b. On or before December 31, 2023, 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 2022 and 2023. 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 owned and lived in the same New Jersey home since December 31, 2019, or earlier? (Mobile Home Owners, see instructions) No

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 6):** Enter your annual income for 2022. 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 2022 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

## 2022 Income

	<ul><li>amount from Box 5 of Form SSA-1099 or Form RRB-1099</li><li>b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount</li></ul>				
	c. Salaries, Wages, Bonuses, Commissions, and Fees				
	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.			
	I. Net Pro Rata Share of S Corporation Income	l,			
	m. Support Payments	.m.			
	n. Inheritances, Bequests, and Death Benefits	n.			
	o. Royalties	0.			
	p. Gambling and Lottery Winnings (including New Jersey Lottery)	p.			
	q. All Other Income	q.			
3.	Enter total 2022 income on line 6. (Add lines a-q)	6. , , , , , , , , , , , , , , , , , , ,			
	Was your total 2022 income on line 6 \$150,000 or less?				
	<ul> <li>☐ Yes. See 2023 income eligibility.</li> <li>☐ No. STOP. You are not eligible for the reimbursement, and you should not file this application.</li> </ul>				



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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 2023. 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 2023 and living in the same home, combine your incomes for that year. If you lived in separate homes, file as "Single."

## 2023 Income

	<ul> <li>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</li> </ul>	a
	b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount	b.
	c. Salaries, Wages, 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.
	I. Net Pro Rata Share of S Corporation Income	l,,
	m. Support Payments	m.
	n. Inheritances, Bequests, and Death Benefits	n.
	o. Royalties	0.
	p. Gambling and Lottery Winnings (including New Jersey Lottery)	p.
	q. All Other Income	q.
7.	Enter total 2023 income on line 7. (Add lines a-q)	
	Was your total 2023 income on line 7 \$163 (See "Impact of State Budget" on page 1 of instructions, which expla	
	<ul><li>Yes. Go to page 4.</li><li>No. STOP. You are not eligible for the reimbursement</li></ul>	ent, and you should not file this application.



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Name(s) as shown on Form PTR-1

Your Social Security Number

Principal Residence (Main Home)						
8	8. Status (fill in appropriate oval): Homeowner Mo	bile Home Owner				
9		alifier				
4.0	202	22 2023				
10	than your spouse/CU Partner? (Mobile Home Owners, see instructions) Yes	□ No □ Yes □ No				
10	b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions)	%				
11	a. Did this property consist of multiple units?	□ No □ Yes □ No				
111	If you answered "Yes," indicate the share (percentage) of the property that you (and your spouse/CU partner) used as your main home					
If you answered "Yes" at line 10a or 11a, see instructions before completing lines 12 and 13.						
Property Taxes Proof of property taxes due and paid for 2022 and 2023 must be submitted with application. See instructions.						
lf	you are claiming property taxes for additional lots, check box. (See instructions)					
12	2. Enter your total 2023 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)					
13	3. Enter your total 2022 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)	],				
Re	imbursement Amount (See "Impact of State Budget" on page 1 of instructions.)					
14. Reimbursement. (Amount to be sent to you. Subtract line 13 from line 12)						
	If enclosing copy of death certificate for deceased applicant, check box. (See instructions)					
HERE	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: October 31, 2024 Mail your completed application to: NJ Division of Taxation				
보	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Revenue Processing Center Senior Freeze (PTR)				
SIGN	Your daytime phone 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	vision Use 1 2 3 4 5 6	7				