



2016 PROPERTY TAX REIMBURSEMENT APPLICATION

You must enter your social security number below

Form with fields for Social Security Number, Last Name, First Name and Initial, Spouse's/CU Partner's Social Security Number, Home Address, County/Municipality Code, City, Town, Post Office, State, and Zip Code.

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

MARITAL/CIVIL UNION STATUS

- 1. Your Marital/Civil Union Status on December 31, 2015: Single (unselected) Married/CU Couple (selected)
2. Your Marital/Civil Union Status on December 31, 2016: Single (unselected) Married/CU Couple (selected)

AGE/DISABILITY STATUS

- 3a. On December 31, 2015, were you age 65 or older? Yourself (selected Yes) Spouse/CU Partner (selected Yes)
3b. On or before December 31, 2015, were you actually receiving Federal Social Security disability benefit payments? Yourself (selected Yes) Spouse/CU Partner (selected Yes)
4a. On December 31, 2016, were you age 65 or older? Yourself (selected Yes) Spouse/CU Partner (selected Yes)
4b. On or before December 31, 2016, were you actually receiving Federal Social Security disability benefit payments? Yourself (selected Yes) Spouse/CU Partner (selected Yes)

Applicant(s) must meet the age or disability requirements for both 2015 and 2016. 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.

PROOF OF AGE OR DISABILITY FOR 2015 AND 2016 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.

RESIDENCY REQUIREMENTS

- 5. Have you lived in New Jersey continuously since December 31, 2005, or earlier as either a homeowner or a renter? (selected Yes)
6. Have you owned and lived in the same New Jersey home since December 31, 2012, or earlier? (selected Yes)



Name(s) as shown on PTR-1

Your Social Security Number

Winston, Walter & Wendy

851-00-2016

DETERMINING TOTAL INCOME: LINES 7 and 8: Enter your annual income for 2015 and 2016. 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 2015 or 2016, and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

Table with columns: INCOME CATEGORIES, 2015, 2016. Rows include Social Security Benefits, Pension and Retirement Benefits, Salaries, Wages, Bonuses, Commissions, and Fees, Unemployment Benefits, Disability Benefits, Interest, Dividends, Capital Gains, Net Rental Income, Net Profits From Business, Net Distributive Share of Partnership Income, Net Pro Rata Share of S Corporation Income, Support Payments, Inheritances, Bequests, and Death Benefits, Royalties, Gambling and Lottery Winnings, and All Other Income.

Add lines a-q in each column. Enter total 2015 income on Line 7 and total 2016 income on Line 8.

6 4 , 5 8 4 .

7. TOTAL 2015 INCOME

7 4 , 1 0 4 .

8. TOTAL 2016 INCOME

Total annual income cannot exceed amounts shown.

Was your total 2015 income on Line 7 \$87,007* or less?

[X] Yes. See 2016 income eligibility.

[] 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.

Was your total 2016 income on Line 8 \$87,007* or less?

[X] Yes. Go to page 3.

[] 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.

CONTINUE TO PAGE 3 ->



Name(s) as shown on PTR-1
Winston, Walter & Wendy

Your Social Security Number
851-00-2016

PRINCIPAL RESIDENCE

9. Status (fill in appropriate oval): ← Homeowner ← Mobile Home Owner

10. Homeowners: Enter the block and lot numbers of your 2016 principal residence.

Block						Lot					Qualifier				
2	3	4	5	6		0	0	0	5	6					

11a. Did you share ownership of this property with anyone other than your spouse/CU partner? (Mobile Home Owners, see instructions) ... Yes No

11b. If you answered "Yes," indicate the share (percentage) of the property owned by you (and your spouse/CU partner) (Mobile Home Owners, see instructions) ... % %

12a. Did this property consist of multiple units? ... Yes No

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 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 2015 and 2016 Must be Submitted With Application. See instructions.

13. Enter your total 2016 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). 13. 7, 110.00

14. Enter your total 2015 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). 14. 6, 840.00

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) 15. , 270.00

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) <input type="checkbox"/>		Due Date: June 1, 2017 Mail your completed application to: NJ Division of Taxation Revenue Processing Center Property Tax Reimbursement PO Box 635 Trenton, NJ 08646-0635 Property Tax Reimbursement Hotline: 1-800-882-6597
Under the penalties of perjury, I declare that I have examined this 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.		
→ <u>W</u> Your Signature	→ <u>W</u> Spouse's/CU Partner's Signature (if applying jointly, BOTH must sign)	
Your daytime telephone number and/or email address (optional)		
Paid Preparer's Signature	Federal Identification Number	
Firm's Name	Federal Employer Identification Number	
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