# ANNUAL POST-TAX YEAR INCOME STATEMENT OF QUALIFIED NEW JERSEY RESIDENT SENIOR CITIZEN, DISABLED PERSON, OR SURVIVING SPOUSE/SURVIVING CIVIL UNION PARTNER REQUIRED TO CONTINUE RECEIPT OF REAL PROPERTY TAX DEDUCTION ON DWELLING HOUSE.

(N.J.S.A. 54:4-8.40 et seq.; L. 1963, c. 172 as amended) (N.J.A.C. 18:14-1.1 et seq.) P.L. 2006, Chapter 103, the Civil Union Act, effective February 19, 2007.

This **INCOME STATEMENT** must be filed with The Municipal Tax Collector timely by March 1 annually or it will result in loss of the deduction and you will be billed for the deducted amount.

**1. NAME(S) OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) & SOCIAL SECURITY NUMBER(S)**

A)

B)

Claimant's Social Security #

Spouse's/Civil Union Partner's Social Security # (If Applicable)

**SEE REVERSE SIDE FOR INSTRUCTIONS**

**2. LOCATION OF CLAIMED DWELLING HOUSE**

Municipality of:

County of:

Street Address or Unit Number:

Block:

Lot:

Qualifier:

Name And Address Of Cooperative Or Mutual Housing Corporation, If Applicable:

**3. CONFIRMATION OF INCOME FOR TAX YEAR FOR WHICH DEDUCTION WAS GRANTED**

I declare and confirm that the total annual income I (and my spouse/civil union partner combined) received from all sources after permitted income exclusion, during the previous calendar tax year: _____
YEAR

**SEE REVERSE SIDE FOR DEFINITION OF INCOME AND EXCLUDABLE INCOME**

☐ **DID NOT** exceed $10,000     ☐ **DID** exceed $10,000

**4. ESTIMATION OF ANTICIPATED INCOME FOR CURRENT TAX YEAR**

I reasonably anticipate that the total annual income I (and my spouse/civil union partner combined) will receive from all sources, after permitted income exclusion, during the current calendar tax year: _____
YEAR

☐ **WILL NOT** exceed $10,000     ☐ **WILL** exceed $10,000

**5. REAFFIRMATION OF ELIGIBILITY**

☐ I reaffirm that all information provided on the initial CLAIM FORM PTD concerning New Jersey domicile or legal residence, principal residence in and ownership of the above identified dwelling house as of October 1 pretax year, i.e., the year prior to the calendar tax year, as well as personal data, i.e., age, disability, marital/civil union status as previously filed with the municipal tax assessor and/or collector is true and accurate and remains unchanged except as listed below.*

CHOOSE A, B, or C.

A. ☐ As a surviving spouse/civil union partner, I have not remarried/entered into a new civil union partnership.
B. ☐ As a permanently and totally disabled person, I also reaffirm that my disability status has not changed.
C. ☐ I initially applied as a senior citizen, age 65 or more.

*List below any changes in domicile, residence or occupancy, ownership, marital/civil union status status, disablement etc.; if none, state "None":

_____

_____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified. **I authorize the State of New Jersey, Division of Taxation to conduct a review of my Federal and State Income Tax and any income/eligibility data provided for other property tax benefits in order to verify my eligibility for the senior citizen/disabled person/surviving spouse/civil union partner property tax deduction.**

X _____

Signature of Claimant                              Date

# WARNING

Failure to timely file this statement with the collector or to submit proof of income as he or she requires OR where annual income exceeds the statutory limit will result in disallowance of the previously granted deduction or jeopardize its continuation. Disallowed deductions must be repaid on or before June 1 of the post-tax year or become delinquent, a lien on the property and a personal debt of the claimant.

**OFFICIAL USE ONLY**

☐ Approved

☐ Disapproved

_____
Signature of Collector                              Date

## $250 REAL PROPERTY TAX DEDUCTION SUPPLEMENTAL INCOME FORM

(N.J.S.A. 54:4-8.40 et seq.; N.J.A.C. 18:14-1.1 et seq.)

THE BELOW INCOME DETAIL IS TO ENABLE THE COLLECTOR/ ASSESSOR TO DETERMINE WHICH ITEMS MAY BE EXCLUDED UNDER THE LAW AND TO DETERMINE WHETHER YOU MEET THE INCOME REQUIREMENTS OF THE LAW. THE ASSESSOR OR COLLECTOR MAY REQUEST THAT THIS INCOME STATEMENT BE SUBSTANTIATED BY FEDERAL INCOME TAX RECORDS. FAILURE TO COMPLY MAY RESULT IN LOSS OF YOUR SENIOR CITIZEN, DISABLED PERSON, SURVIVING SPOUSE, SURVIVING CIVIL UNION PARTNER PROPERTY TAX DEDUCTION.

Re: _____     _____
      (Applicant's name)             (Address)

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen, disabled person, surviving spouse, or surviving civil union partner property tax deduction with respect to premises located at:

_____ Block _____ Lot _____ Qualifier _____
(County/Municipality)

INCOME FOR THE CALENDAR YEAR _____

*NOTE: If married, you must include spouse's income

The tax assessor/collector will determine which of the below items will be EXCLUDED.

|  | Applicant | Spouse |
|---|---|---|
| 1. Pension, Annuity, Retirement (PRIVATE) | $ _____ | $ _____ |
| 2. Salary/Wages/Tips/Bonuses/Commissions | _____ | _____ |
| 3. Interest | _____ | _____ |
| 4. Dividends (Ordinary and Qualified) | _____ | _____ |
| 5. IRA Distributions | _____ | _____ |
| 6. Capital Gains | _____ | _____ |
| 7. Business Income | _____ | _____ |
| 8. Income from Rents/Royalties | _____ | _____ |
| 9. Unemployment | _____ | _____ |
| 10. Alimony | _____ | _____ |
| 11. Other income | _____ | _____ |
| 12. Social Security Benefits | _____ | _____ |
| 13. Federal Pension/Railroad Pension | _____ | _____ |
| 14. State, County, Municipal Pension | _____ | _____ |
| 15. Disability Benefits | _____ | _____ |
| Total Yearly Income (sum of items 1-15) | $ _____ | |

| For Assessor/Collector Use Only |
|---|
| Excludable income $ _____     Total income after exclusion $ _____ |

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

_____     _____
(Applicant's signature)             (Spouse's signature)