



Taxpayer's Full Name: _____ **Spouse's Full Name:** _____

Form ID: NJ New Jersey General Information

County or Municipality code _____ [1]

In care of address _____ [2]

Mark if:

Tax forms, instructions and booklet are not needed _____ [3]

You are not eligible for the property tax deduction or credit _____ [4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

Mark if:

Contributed to the Social Security Fund (Eligible to receive benefits) _____ [6] _____ [7]

You want to designate \$1 to the gubernatorial election campaign fund _____ [8] _____ [9]

Taxpayer Spouse

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [10]

Children's Trust Fund to prevent child abuse _____ [11]

New Jersey Vietnam Veterans' Memorial Fund _____ [12]

Breast Cancer Research Fund _____ [13]

USS New Jersey Educational Museum Fund _____ [14]

Other (see codes below) _____ [15] _____ [16]

Other (see codes below) _____ [17] _____ [18]

Other (see codes below) _____ [19] _____ [20]

Other Funds			
01 = Drug Abuse Educate	08 = Veterans Haven Support	15 = Girl Scouts Council in NJ	22 = Non-Profit Veterans Org
02 = Korean Veterans'	09 = Community Food Pantry	16 = Homeless Veterans Grant	23 = NJ Yellow Ribbon
03 = Organ Donor	10 = Cat and Dog Spay and Neuter	17 = Leukemia and Lymphoma - NJ	24 = Autism Programs
04 = AIDS Services	11 = Lung Cancer Research	18 = North NJ Vet Memorial Cemetery	25 = Boy Scouts Councils in NJ
05 = Literacy Vol	12 = Boys and Girls Club	19 = NJ Farm to School / School Gardener	26 = NJ Memorial To War Veterans
06 = Prostate Cancer	13 = NJ National Guard State Family	20 = Local Library Support	27 = Jersey Fresh Program
07 = World Trade Center	14 = American Red Cross NJ	21 = ALS Association Support	28 = NJ World War II Vet's Memorial

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From _____ [21]

To _____ [22]

State of residency (Nonresidents only) _____ [23]

NOTES/QUESTIONS:



Taxpayer's Full Name: _____ **Spouse's Full Name:** _____

Form ID: NJ2

New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

General Information

Principal residence for 2020 _____ [1]
 Property tax credit not claimed with homestead benefit, claim on NJ-1040 _____ [2]

	Part 1	Part 2
Block number	_____ [3]	_____ [4]
Lot number	_____ [5]	_____ [6]
Qualifier number (Condos)		_____ [7]
Co-op or continuing care retirement facility resident		_____ [8]
Municipal code at the end of if different from current residence		_____ [9]

Homeowner Information

Total property taxes paid _____ [10]
 Street _____ [11]
 City _____ [12]
 Number of days as an owned property _____ [13]
 Your share of property owned _____ [14]
 Share used as principal residence _____ [15]
 Your share of property taxes _____ [16]

Renter and Mobile Home Owner Information

Total rent paid or mobile home fees _____ [17]
 Street _____ [18]
 Apartment number _____ [19]
 City _____ [20]
 Days you were a tenant during 2020 _____ [21]
 Total number of tenants _____ [22]
 Your share of rent paid _____ [23]

Other Tenant Information

First name _____ [24]
 Middle initial _____
 Last name _____
 Social security number _____

Property Tax Reimbursements

	2019	2020
Taxpayer received social security disability	_____ [25]	_____ [26]
Spouse received social security disability	_____ [27]	_____ [28]
You lived continuously in New Jersey since December 31, 2008		_____ [29]
You owned and lived in home since December 31, 2015 or are otherwise eligible		_____ [30]
You are a mobile home owner		_____ [31]
Mobile home park site number	_____ [32]	
Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid		_____ [33]

NOTES/QUESTIONS: