

## 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]

**Taxpayer      Spouse**

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]

## 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

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

## 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:**

## 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 2024 \_\_\_\_\_ [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 2024 \_\_\_\_\_ [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

	2023	2024
Taxpayer received social security disability	_____ [25]	_____ [26]
Spouse received social security disability	_____ [27]	_____ [28]
Meets the "Lived continuously in New Jersey" requirement		_____ [29]
Meets the "Owned and lived in the home" requirement		_____ [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:**