4 of 4	ŀ
--------	---

 \bigcirc



STATE OF NEW JERSEY HOMESTEAD REBATE APPLICATION

Fill in if your address has changed.

s	Your Social Security Number Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)			
See Instructions				
tr (
lus	Spouse's Social Security Number Home Address (Number and Street, including apartment number or rural route)	on form you file.		
See		Make		
		all neces-		
catio	County/Municipality Code (See Table p. 41) City, Town, Post Office State Zip Code	sary changes		
otifi		on		
t S		label.		
For Privacy Act Notification,	当 1. ○ Single 4. ○ Head of Household RESIDENCY STATUS _ 「「「」」 「」			
ivac	Single 4. Head of Household RESIDENCY STATUS 2. Married, filing joint return 5. Qualifying Widow(er) 6. If you were a New Jersey resident of the type of type of the type of type of the	 Y 		
L P	dent for ONLY part of the tax-			
ц	3. Married, filing separate return	 Y 		
<u> </u>				
7.	Were you (and/or your spouse) age 65 or over, blind or disabled as of December 31, 1999?	NO		
0	For information about the property tax deduction/credit see page 25 of the instructions.			
Ø.	Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions			
9.	If your filing status is MARRIED, FILING SEPARATE RETURN and you			
	and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter			
	the gross income reported on your spouse's return (Line 29, Form NJ-1040) and fill in			
10	. TOTAL GROSS INCOME (Add Line 8 and Line 9)			
10	STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE. FURTHER RESTRICTIONS MAY BE APPLIED.			
11	. Enter your New Jersey residence on December 31, 1999 if different than above. If you were not a resident on December 31, 1999 enter your last New Jersey resident	nce.		
	Street Address Municipality	<u>.</u>		
	. Fill in your residency status during 1999: a. —			
13	. If you indicated "Homeowner" or "Both" on Line 12, enter the block and lot number of the residence for residence during the year?			
	which the rebate is claimed			
	Block b. Did you share ownership of a principal residence during the year with anyone, other than your spouse?	No		
	c. Did any principal residence you owned during the			
	Lot C. Did any principal residence you owned during the year consist of multiple dwelling units?	No 🔶 No		
	d. Did anyone, other than your spouse, occupy and			
	Ouglifier share rent with you for an apartment or other Ouglifier rental dwelling during the year?	No		
	Quamer			
	If you answered "Yes" to any of the above, you MUST complete Schedule H	R-A.		
	15. Enter the total 1999 property taxes you (and your spouse) paid			
NER	on your principal residence in New Jersey during 1999			
	IF YOU COMPLETED SCHEDULE HR-A, PART I, enter:			
HOMEOW	16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5) 16a			
ž				
모	16b. Number of days as an owner (Sch. HR-A, PART I, Line 4) 16b Days			
	17. Enter the total rent you (and your spouse) paid on your	_		
_	17. Enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 1999			
Z	IF YOU COMPLETED SCHEDULE HR-A, PART II, enter:			
TENANT	18a. Total Rent Paid (Sch. HR-A, PART II, Line 11)			
Ë				
	18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10) 18b Days			
	Under the penalties of periury I declare that I have examined this income tax return and Homestead Debate Application including			
	Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If Homestead Property 1 Homestead Property 1			
	prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knoweldge. Rebate Application:			
Ш С	Ś Ś Meil your application t	. I		
HERE	Your Signature Date Spouse's Signature (If filing jointly, BOTH must sign) State of New Jersey			
	If you do not need forms mailed to you next year, fill in (See instruction page 13)			
N N	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)			
SIGN	Paid Preparer's Signature Federal Identification Number PO Box 197 Trenton, NJ 08646-0			
	Firm's Name Federal Employer Identification Number	- /		