

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.

SEE REVERSE SIDE  
FOR INSTRUCTIONS

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BERRY, ELEANOR C & DONALD D  
138 CRUZAN RD  
BRIDGETON NJ 08302

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|   |   |
|---|---|
| 1.  | NAMES OF REAL PROPERTY TAX DEDUCTION RECIPIENT(S) |
| A)  |   |
| B)  |   |
| CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION PARTNER'S SS# if applicable |   |
| Claimant's Social Security #  |   |
| Spouse's/Civil Union Partner's Social Security #                    |   |

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|---|--|-----------------------|------------|
| 2. LOCATION OF CLAIMED DWELLING HOUSE   |  |                       |            |
| Municipality of: STOW CREEK TWP.  |  | County of: CUMBERLAND |            |
| Street Address or Unit Number: 138 CRUZAN RD                                  |  |                       |            |
| Block: 3  |  | Lot: 12               | Qualifier: |
| Name and Address of Cooperative or Mutual Housing Corporation, if applicable: |  |                       |            |

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| 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: 2024 (year) |   |
| <input type="checkbox"/> DID NOT exceed \$10,000.  | <input type="checkbox"/> DID exceed \$10,000. See Reverse Side for Definition of Income and Excludable Income Defined |

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| 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 2025 (year) |  |
| <input type="checkbox"/> WILL NOT exceed \$10,000.  | <input type="checkbox"/> WILL exceed \$10,000. |

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| 5. REAFFIRMATION OF ELIGIBILITY   |  |
| <input type="checkbox"/> 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. <input type="checkbox"/> As a surviving spouse/surviving civil union partner, I have not remarried/entered into a new civil union partnership.   |  |
| B. <input type="checkbox"/> As a permanently and totally disabled person, I also reaffirm that my disability status has not changed.  |  |
| C. <input type="checkbox"/> 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, 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.

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| Signature of Claimant | Date |
|-----------------------|------|

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| 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. |  |
| =====  |  |
| <div>OFFICIAL<br/>USE<br/>ONLY</div>   | <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> |
| Signature of Collector   |  |
| Date   |  |

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KUFF, MARGARET  
107 WILLIS RD  
BRIDGETON NJ 08302

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|    | A)   |
|    | B)   |
|    | CLAIMANT'S SS# AND SPOUSE'S/CIVIL UNION<br>PARTNER'S SS# if applicable |
|    | Claimant's<br>Social Security #  |
|    | Spouse's/Civil Union Partner's<br>Social Security #                    |

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| 2. LOCATION OF CLAIMED DWELLING HOUSE  |  |                       |            |
| Municipality of: STOW CREEK TWP.   |  | County of: CUMBERLAND |            |
| Street Address<br>or Unit Number: 107 WILLIS RD                                  |  |                       |            |
| Block: 11  |  | Lot: 7                | Qualifier: |
| Name and Address of Cooperative or<br>Mutual Housing Corporation, if applicable: |  |                       |            |

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