HR-1040 2000



## STATE OF NEW JERSEY HOMESTEAD REBATE APPLICATION

	Your Social Security Number Las	at Nama Eir	ot Name and Initial		0,11,17,17,17	J
810	Tour Social Security Number	st Name, Fir	st Name and Initial (Joint filers enter first name ar	nd initial of each - Ent	er spouse last name ONLY if differ	
meti						Place label
See Instructions	Spouse's Social Security Number Ho	Home Address (Number and Street, including apartment number or rural route)				on form you file.
See	-     -					Make all
atio .	County/Municipality Code (See Table p. 45) City, To		st Office	Zip Code	neces- sary	
<b>W</b> ica	Godinty/Withinsipality Gode (Gee Table p. 45)		y, Town, Post Office		Zip oode	changes on
ĭt №					label.	
cy A	1. Single 4. Head of	Household	RESIDENCY STATUS	From <b>M</b>	M/DD/	
riua	2 Married filing joint return 5 Qualifying Widow(er) 6. If you were a New Jersey resi-					<u>''</u>
For Privacy Act Notification,	3. Married, filing separate return	dent for ONLY part of the tax- able year, give the period		то 🖊	M/DD/	YY
	of New Jersey residency:				<u> </u>	
7	7. On December 31, 2000, I (and/or my spouse) was a. Age 65 or older b. Blind or disabled c. Not 65 or blind or disable Fill in only <b>one</b> oval. See instructions on Page 42.  B. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040					
8						
	r see instructions					
9	If your filing status is MARRIED, FILING SEPARATE RETURN AND YOUR SPOUSE MAINTAIN THE SAME PRINCIPAL RES					
	the gross income reported on your spouse's return (Line 2 Form NJ-1040) and <b>fill in</b>	9,		<del></del> ,		
10	OTAL GROSS INCOME (Add Line 8 and Line 9)					
	STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE. FURTHER RESTRICTIONS MAY BE APPLIED.					
11	Enter your <b>New Jersey</b> residence on December 31, 2000 if different than above. If you were not a resident on December 31, 2000 enter your last <b>New Jersey</b> residence.  Municipality					
12	eet AddressMunicipality in your residency status during 2000: a. HOMEOWNER b. TENANT c. HOMEOWNER b. TENANT c.					
13			live at more than one New Jersey			7
	enter the block and lot number of the residence for which the rebate is claimed.		ce during the year?			<b>□</b> ← No
	Block		u share ownership of a principal res the year with anyone, other than yo		. Yes	<b>□←</b> No
		c. Did any principal residence you owned during the				
	Lot	•	onsist of multiple dwelling units?		Yes	<b>~</b> No
			one, other than your spouse, occu ent with you for an apartment or otl			
	Qualifier		Iwelling during the year?		<del></del>	<b>=</b> No
		If you a	nswered "Yes" to any of the abov	e, you MUST	complete Schedule	HR-A.
~	15. Enter the total 2000 property taxes you (and your spo		15			
¥	on your principal residence in New Jersey during 2000					
HOMEOWN	16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5)					
<u> </u>	ISh. Number of days as an owner (Sah HB A DART I Line 4)					
Ī	6b. Number of days as an owner (Sch. HR-A, PART I, Line 4)					
¥	17. Enter the total rent you (and your spouse) paid on your					
	principal residence in New Jersey during 2000					
ENANI	8a. Total Rent Paid (Sch. HR-A, PART II, Line 11)					
=	8b. Number of days as a tenant (Sch. HR-A, PART II, Line 10)					
	Bb. Number of days as a tenant (Sch. HR-A, PART II, Line 10)					
	nder 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 prepared by person of the than tay against this declaration is based on all information of which the preparer has any knowledge. Homestead Rebate					g a
	person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.  Application:					
	Your Signature Date	- Daniel	se's Signature (If filing jointly, BOTH mu	st sign)		
	If you do not need forms mailed to you next year, fill in			- '	<ul> <li>Mail your application the envelope provides</li> </ul>	
		uthorize the Division of Taxation to discuss my return and enclosures with my preparer (below)				
					Affix the mailing lab	oel
	Firm's Name	Federal Employer Identification Number		for PO Box 197		
						(REV/ 9-00)