

2017 PERSONAL DATA

	NAME	SSN	DATE OF BIRTH
TAXPAYER			
SPOUSE			

STREET ADDRESS, CITY, STATE AND ZIP

	OCCUPATION	DAYTIME PHONE	EVENING PHONE	CELL PHONE	E-MAIL
TAXPAYER					
SPOUSE					

--- TAXPAYER IDENTIFICATION - PLEASE COMPLETE AND PROVIDE COPY OF DRIVERS LICENSE OR STATE ISSUED PHOTO IDs ---					
	INDICATE "D" (DRIVERS LICENSE) OR "S" (STATE ISSUED ID)	IDENTIFICATION NUMBER	NAME OF STATE	ISSUE DATE	EXPIRATION DATE
TAXPAYER					
SPOUSE					

MARITAL STATUS	<input type="checkbox"/> MARRIED
	<input type="checkbox"/> MARRIED FILING SEPARATELY
	<input type="checkbox"/> SINGLE
	<input type="checkbox"/> WIDOW(ER), DATE OF SPOUSE DEATH IF DECEASED IN 2017:

TAXPAYER		SPOUSE		
YES	NO	YES	NO	
				ARE YOU BLIND?
				ARE YOU DISABLED?
				ARE YOU A FULL-TIME STUDENT?
				DO YOU WANT \$3 TO GO TO THE PRESIDENTIAL ELECTION CAMPAIGN FUND?
				NJ ONLY - ARE YOU A MILITARY VETERAN HONORABLY DISCHARGED OR RELEASED BEFORE LAST DAY OF TAX YEAR? IF "Y", COMPLETE ATTACHED VETERANS INC TAX EXEMPTION SUBMISSION FORM AND PROVIDE COPY OF YOUR OFFICIAL DISCHARGE DOCUMENT!!!

ESTIMATED TAX PAYMENTS			
	FEDERAL	RESIDENT STATE	RESIDENT CITY
	DATE PAID / AMOUNT	DATE PAID / AMOUNT	DATE PAID / AMOUNT
OVERPAYMENT APPLIED FROM 2016			
1ST QTR			
2ND QTR			
3RD QTR			
4TH QTR			
ADDITIONAL PAYMENTS			



Veterans Income Tax Exemption Submission Form

You Must Send a Copy of Your [Official Discharge Document](#) With This Document.

Personal Information

Name: _____
Last *First*

Social Security Number: _____ Date of Birth _____

Spouse Name: _____
Last *First*

Spouse Social Security Number: _____ Date of Birth _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Daytime Phone: () _____

E-mail Address: _____

Signature

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Where to Send the Completed Form

- **Online**, use our secure document [upload](#) feature.
Enter the notice code **VET** and select **PO Box 440**; *or*
- **Mail**, with a copy of your [discharge document](#) to:
The New Jersey Division of Taxation
Veteran Exemption
PO Box 440
Trenton, NJ 08646-0440; *or*
- **Fax** with a copy of your [discharge document](#) to: **609-633-8427**.