

2018 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 | | | | | |

| | | |
|--------------------|--------------------------|---------------------------|
| 2018 FILING STATUS | <input type="checkbox"/> | SINGLE |
| | <input type="checkbox"/> | MARRIED FILING JOINTLY |
| | <input type="checkbox"/> | MARRIED FILING SEPARATELY |
| | <input type="checkbox"/> | HEAD OF HOUSEHOLD |
| | <input type="checkbox"/> | QUALIFYING WIDOW(ER) |

| 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? |

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| IF WIDOW, DATE OF SPOUSE DEATH IF DECEASED AFTER 2015: |
| |

| | ESTIMATED TAX PAYMENTS | | |
|-------------------------------|------------------------|--------------------|--------------------|
| | FEDERAL | RESIDENT STATE | RESIDENT CITY |
| | DATE PAID / AMOUNT | DATE PAID / AMOUNT | DATE PAID / AMOUNT |
| OVERPAYMENT APPLIED FROM 2017 | | | |
| 1ST QTR | | | |
| 2ND QTR | | | |
| 3RD QTR | | | |
| 4TH QTR | | | |
| ADDITIONAL PAYMENTS | | | |

NEW YORK TAXPAYERS ONLY - REQUIRED ADDITIONAL INFORMATION

1.) PROVIDE SCHOOL DISTRICT NAME:

| |
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| |
|--|

2.) ENTER DOCUMENT NUMBER FROM YOUR DRIVERS LICENSE. IT IS A 8 OR 10 DIGIT COMBINATION OF NUMBERS & LETTERS ON YOUR LICENSE, NON DRIVER-ID OR PERMIT. IT IS ON THE FRONT LOWER RIGHT CORNER OF CARD IF ISSUED BEFORE 1/28/14 OR ON BACK OF CARD ISSUED AFTER 1/28/14:

| | |
|----------|--|
| TAXPAYER | |
| SPOUSE | |

3.) HAVE YOU OR YOUR SPOUSE (OR AN ENTITY OF WHICH YOU ARE AN OWNER) BEEN CONVICTED OF AN OFFENSE, DEFINED IN NY STATE PENAL CODE LAW ARTICLE 200 OR 496, OR SECTION 195.20? (CHECK YES OR NO)

| | |
|--------|--|
| YES -> | |
| NO -> | |

NEW JERSEY TAXPAYERS ONLY - REQUIRED ADDITIONAL INFORMATION

1.) FULL YEAR & PART-YEAR RESIDENTS ONLY - DID YOU (OR SPOUSE) BUY TAXABLE ITEMS WITHOUT PAYING NJ SALES TAX? THIS INCLUDES ORDERS OVER THE INTERNET, BY MAIL, OR BY PHONE ON WHICH YOU DID NOT PAY NJ SALES TAX. THIS ALSO INCLUDES OUT-OF-STATE PURCHASES ON WHICH YOU PAID TAX AT A RATE LESS THAN 6.875%. (CHECK YES OR NO)

| | | | |
|--------|--|--|--|
| NO -> | YOU CERTIFY THAT NO USE TAX IS DUE | | STOP HERE |
| YES -> | AND YOU <u>DID NOT</u> KEEP ACCURATE RECORDS | | USE TAX WILL BE CALCULATED BASED ON INCOME |
| YES -> | AND YOU <u>DID</u> KEEP ACCURATE RECORDS | | PROCEED TO STEP 2 |

STEP 2

| | | | |
|--|--|--|--|
| ENTER TOTAL AMOUNT OF ALL PURCHASES (ITEMS UNDER \$1,000 EACH ONLY) -> | | ENTER SALES TAX PAID TO OTHER STATES ON THESE ITEMS -> | |
| ENTER TOTAL AMOUNT OF ALL PURCHASES (ITEMS \$1,000 EACH OR MORE ONLY) -> | | ENTER SALES TAX PAID TO OTHER STATES ON THESE ITEMS -> | |

2.) ALL NJ TAXPAYERS - ARE YOU A MILITARY VETERAN HONORABLY DISCHARGED OR RELEASED BEFORE THE LAST DAY OF THE TAX YEAR? IF YES, COMPLETE THE ATTACHED VETERANS INC TAX EXEMPTION SUBMISSION FORM AND PROVIDE COPY OF YOUR OFFICIAL DISCHARGE DOCUMENT IF NOT PREVIOUSLY PROVIDED:

| | | |
|----------|-----|----|
| | YES | NO |
| TAXPAYER | | |
| SPOUSE | | |



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**.