

2019 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					

2019 FILING STATUS		SINGLE
		MARRIED FILING JOINTLY
		MARRIED FILING SEPARATELY
		HEAD OF HOUSEHOLD
		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?

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 2018			
1ST QTR			
2ND QTR			
3RD QTR			
4TH QTR			
ADDITIONAL PAYMENTS			

NEW YORK TAXPAYERS ONLY - REQUIRED ADDITIONAL INFORMATION (PRINT CLEARLY)

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 ->	
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NO ->	
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NEW JERSEY TAXPAYERS ONLY - REQUIRED ADDITIONAL INFORMATION (PRINT CLEARLY)

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 6.625%. (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?

	TAXPAYER
YES ->	
NO ->	

	SPOUSE
YES ->	
NO ->	

IF YES, **AND ONLY IF NOT PREVIOUSLY PROVIDED**, COMPLETE THE ATTACHED VETERANS INC TAX EXEMPTION SUBMISSION FORM AND PROVIDE A COPY OF YOUR OFFICIAL DISCHARGE DOCUMENT (ONE OF THE FOLLOWING ACCEPTABLE OFFICIAL DOCUMENTATION):

DD 214	Certificate of Release or Discharge from Active Duty
WD AGO 53	Enlisted Record and Report of Separation Honorable Discharge
WD AGO 53-98	Military Record and Report of Separation Certificate of Service
WD AGO 55	Honorable Discharge from the Army of the United States
NA Form 13038	Certificate of Military Service
NAVCG 553	Notice of Separation from U.S. Coast Guard
NAVMC 78PD	U.S. Marine Corps Report of Separation
NAVPER 553	Certificate of Separation/Discharge from U.S. Navy
County Veteran ID Card	Veteran identification card issued by any of the New Jersey
Federal Veteran ID Card	Veteran identification card issued under the Veterans Identification Card
20 Year Retirement Letter	



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**.