

2024 PERSONAL DATA FOR INCOME TAX RETURN PREPARATION

I. TAXPAYER PRIMARY DATA

	NAME	SSN	DATE OF BIRTH	DATE OF DEATH	
TAXPAYER					
SPOUSE					
ADDRESS					
	OCCUPATION	DAYTIME PHONE	EVENING PHONE	CELL PHONE	E-MAIL
TAXPAYER					
SPOUSE					

II. 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					

III. IDENTIFY YOUR 2024 TAXPAYER FILING STATUS

CHECK BOX	FILING STATUS
<input type="checkbox"/>	SINGLE
<input type="checkbox"/>	MARRIED FILING JOINTLY
<input type="checkbox"/>	MARRIED FILING SEPARATELY (MFS)
<input type="checkbox"/>	HEAD OF HOUSEHOLD (HOH)
<input type="checkbox"/>	QUALIFYING SURVIVING SPOUSE (QSS)
ADDITIONAL REQUIRED FILING STATUS INFORMATION	
For MFS and QSS Filing Status	Be sure to provide Spouse NAME, SSN, DATE OF BIRTH & DATE OF DEATH in the "Spouse" boxes above
For HOH and QSS Filing Status	If the qualifying person is a child but NOT your dependent, provide Child NAME, SSN, DATE OF BIRTH & DATE OF DEATH in box below:

IV. GENERAL QUESTIONS

TAXPAYER		SPOUSE		(CHECK "YES" OR "NO")
YES	NO	YES	NO	
				Are you BLIND?
				Are you DISABLED?
				Are you a DEPENDENT of ANOTHER?
				Are you a FULL TIME STUDENT?
				DESIGNATE \$3 to go to the PRESIDENTIAL ELECTION CAMPAIGN FUND?

<u>V. IDENTIFY ALL ESTIMATED TAX PAYMENTS APPLIED TO 2024</u>			
	FEDERAL	RESIDENT STATE	RESIDENT CITY
	DATE PAID / AMOUNT	DATE PAID / AMOUNT	DATE PAID / AMOUNT
OVERPAYMENT APPLIED FROM 2023			
1ST QTR			
2ND QTR			
3RD QTR			
4TH QTR			
ADDITIONAL PAYMENTS			

<u>VI. IF PROPERTY OWNER, PROVIDE DETAILS FOR YOUR PRINCIPAL RESIDENCE</u>		
TOTAL REAL ESTATE TAXES PAID ->		
IDENTIFY PERIOD YOU WERE A PROPERTY OWNER	FROM DATE ->	
	TO DATE ->	
BLOCK NUMBER	SUFFIX	
LOT NUMBER	SUFFIX	
QUALIFIER		

<u>VII. IF TENANT, PROVIDE DETAILS FOR YOUR PRINCIPAL RESIDENCE</u>	
TOTAL RENT PAID ->	
IDENTIFY PERIOD YOU WERE A TENANT	
FROM DATE ->	
TO DATE ->	

VIII. REQUIRED QUESTIONS BY IRS FOR ALL TAXPAYERS (CHECK "YES" OR "NO" BELOW)

PART 1 - DIGITAL ASSETS QUESTIONS

AT ANY TIME DURING 2024, DID YOU: (A) RECEIVE (AS A REWARD, AWARD, OR PAYMENT FOR PROPERTY OR SERVICES); OR (B) SELL, EXCHANGE, GIFT, OR OTHERWISE DISPOSE OF A DIGITAL ASSET (OR A FINANCIAL INTEREST IN A DIGITAL ASSET)?

YES ->	<p><u>CHECK "YES" IF AT ANY TIME DURING 2024 YOU HAD ONE OR MORE OF THE FOLLOWING ACTIVITIES</u></p> <ul style="list-style-type: none"> • Received Digital Assets as Payment for Property or Services Provided • Received Digital Assets as a Result of a Reward or Award • Received New Digital Assets as a Result of Mining, Staking and Similar Activities • Received Digital Assets as a Result of a Hard Fork • Disposed of Digital Assets in Exchange for Property or Services • Disposed of a Digital Asset in Exchange or Trade for Another Digital Asset • Sold a Digital Asset • Transferred Digital Assets for Free (Without Receiving any Consideration) as a Bona Fide Gift • Otherwise Disposed of any Other Financial Interest in a Digital Asset
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NO ->	<p><u>THE FOLLOWING ACTIONS OR TRANSACTIONS IN 2024, ALONE, GENERALLY DON'T REQUIRE YOU TO CHECK "YES":</u></p> <ul style="list-style-type: none"> • Holding a Digital Asset in a Wallet or Account • Transferring a Digital Asset from One Wallet or Account You Own or Control to Another Wallet or Account that you Own or Control • Purchasing Digital Assets Using U.S. or Other Real Currency, Including Through the Use of Electronic Platforms Such As Paypay & Venmo
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EXPLANATION OF WHAT IS A DIGIT ASSET
 DIGITAL ASSETS ARE ANY DIGITAL REPRESENTATIONS OF VALUE THAT ARE RECORDED ON A CRYPTOGRAPHICALLY SECURED DISTRIBUTED LEDGER OR ANY SIMILAR TECHNOLOGY. FOR EXAMPLE, DIGITAL ASSETS INCLUDE NON-FUNGIBLE TOKENS (NFTS) AND VIRTUAL CURRENCIES, SUCH AS CRYPTOCURRENCIES AND STABLECOINS. IF A PARTICULAR ASSET HAS THE CHARACTERISTICS OF A DIGITAL ASSET, IT WILL BE TREATED AS A DIGITAL ASSET FOR FEDERAL INCOME TAX PURPOSES. YOU HAVE A FINANCIAL INTEREST IN A DIGITAL ASSET. IF YOU ARE THE OWNER OF RECORD OF A DIGITAL ASSET, OR HAVE AN OWNERSHIP STAKE IN AN ACCOUNT THAT HOLDS ONE OR MORE DIGITAL ASSETS, INCLUDING THE RIGHTS AND OBLIGATIONS TO ACQUIRE A FINANCIAL INTEREST, OR YOU OWN A WALLET THAT HOLDS DIGITAL ASSETS.

PART 2 - FOREIGN ACCOUNT QUESTIONS

		YES	NO
QUESTION # 1	DOES THE TAXPAYER HAVE ANY INTEREST IN, OR AUTHORITY OVER, ANY FOREIGN ACCOUNT OR FOREIGN TRUST? IF " YES ", PROCEED TO QUESTION #2		
QUESTION # 2	AT ANY TIME DURING 2024, DID THE TAXPAYER HAVE A FINANCIAL INTEREST IN OR SIGNATURE AUTHORITY OVER A FINANCIAL ACCOUNT (SUCH AS A BANK, SECURITIES AND/OR BROKERAGE ACCOUNT) LOCATED IN A FOREIGN COUNTRY? IF " YES ", PROCEED TO QUESTION #3		
QUESTION # 3	IS THE TAXPAYER REQUIRED TO FILE FINCEN FORM 114, REPORT OF FOREIGN BANK & FINANCIAL ACCOUNTS (FBAR), TO REPORT THAT FINANCIAL INTEREST OR SIGNATURE AUTHORITY? IF " YES " PROVIDE THE FOREIGN COUNTRY NAMES & PROCEED TO QUESTION #4 <u>LIST FOREIGN COUNTRY NAMES</u>		
QUESTION # 4	DURING 2024, DID THE TAXPAYER RECEIVE A DISTRIBUTION FROM OR WAS THE GRANTOR OF,OR TRANSFEROR TO, A FOREIGN TRUST?		

IX. ADDITIONAL INFORMATION REQUIRED FOR ALL NEW YORK TAXPAYERS

IF RESIDENT, PROVIDE NEW YORK SCHOOL DISTRICT NAME			
ENTER "DOCUMENT NUMBER" FROM YOUR NEW YORK DRIVERS LICENSE, NON-DRIVER ID OR PERMIT (NOTE - 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		
REQUIRED QUESTION - CHECK YES OR NO	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?	YES	
		NO	

X. ADDITIONAL INFORMATION REQUIRED FOR ALL NEW JERSEY TAXPAYERS

SALES & USE TAX QUESTIONS	FULL & 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, & 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 ->	
VETERAN QUESTIONS	ARE YOU A MILITARY VETERAN HONORABLY DISCHARGED OR RELEASED BEFORE THE LAST DAY OF THE TAX YEAR?			
	TAXPAYER		SPOUSE	
YES ->			YES ->	
NO ->			NO ->	
IF YES, AND ONLY IF NOT PREVIOUSLY PROVIDED , COMPLETE THE ATTACHED VETERANS INC TAX EXEMPTION SUBMISSION FORM & 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**.