

STATE TAX RETURN ADDITIONAL INFORMATION

1. What is your State of Residence (6+ months)?

- New Jersey
- Pennsylvania
- If other, please specify: _____

2. Do you work in Pennsylvania? YES NO

- **If yes, what is your work address:** _____

3. Did you live in the State checked above all 12 months?

- Yes
 - No
- If NO, please provide the date you moved in or out of your resident state (if applicable):
- Moved into _____ (MM/DD/YYYY)
 - Moved out of _____ (MM/DD/YYYY)

4. Do you RENT or OWN your NJ residence? (NJ Resident only)

- Rent
If you RENT, what is your monthly rent? _____
Did you rent all 12 months?
 - Yes
 - No. If no, how many months did you rent? _____
- Own
- Neither

5. What Municipality (where you pay taxes) & County do you live in? _____

6. Are you in the Property Tax Reimbursement (aka., Senior Freeze/ Blue Book) Program?

- YES NO
- If yes, what is your base property tax amount \$ _____

TURN OVER

UWHC VOLUNTEER INCOME TAX ASSISTANCE (VITA)

7. Did everyone on your return have health insurance all year?

- Yes
- No (NOTE: WE WILL CALL YOU IF YOU DON'T HAVE HEALTH INSURANCE TO DETERMINE IF YOU QUALIFY FOR AN EXEMPTION.)

If NO, who did not have health insurance and when did they HAVE health insurance?
If more than 4, add to bottom of this form.

- Name 1: _____
 - List months with insurance: _____

- Name 2: _____
 - List months with insurance: _____

- Name 3: _____
 - List months with insurance: _____

- Name 4: _____
 - List months with insurance: _____

8. Are you or your spouse considered DISABLED by the State of NJ? If so, typically you would receive SSD.

- Yes
If Yes, who is disabled? _____
- No
- Unsure

QUESTIONS? taxes@uwhunterdon.org or (908) 237-1689