A-3128 (2-17) State of New Jersey Division of Taxation

## CLAIM FOR REFUND OF ESTIMATED GROSS INCOME TAX PAYMENT PAID UNDER PROVISIONS OF C. 55, P.L. 2004

For Official Use Only

Claim No.

In order to qualify for this refund --

1) Taxpayer(s) must attach a copy of the GIT/REP-3 Form if they erroneously paid estimated tax and qualify for one of the exemptions listed on the GIT/REP-3 Form.

2) Taxpayer(s) must attach documentation that they overpaid estimated tax based on calculated gain on sale of property.

PLEASE PRINT OR TYPE THIS FORM.									
Social Security No(s):									
Name of Taxpayer(s):	_ast		Firs	it				Middle	
Current Address of Taxpayer(s):	Number and	Street							
City:		State:		2	Zip Code:				
Address of Property Sold:	Number and	Street							
City:		State:		2	Zip Code:				
Property Use: Persona			ation		Re	ntal			Business
** Use the Schedule below to determin ** Taxpayers who submitted an errone A completed copy of the GIT/REP-3 Fo attached.	ous payment and qualify	/ for an exempti		REP-3 Fo	rm-Seller's R	esidency C	ertification/Ex	emption –	enter \$0.
				Tax Rate Table					
Date Sold:	Sale Price:	\$	N	et Gain	But Not				Estimated
Date Purchased:	Federal Adjusted Basis:	\$		Over	Over	Multiply	Net Gain	by:	Tax Liability
				\$0	\$20,000	х		0.015	
Percentage Owned:	Net Gain/Loss: (If Net Loss - enter \$0.)	\$		\$20,000	\$35,000	x		0.025	
Estimated Gross Income Tax Payment su	bmitted: \$	Арр	blicable	\$35,000	\$40,000	x		0.035	
Tax Year:				\$40,000	\$75,000	x		0.055	
** Estimated Tax Liability Due:		\$		\$75,000	\$500,000	x		0.065	
				\$500,000	and over	x		0.085	
Amount of Refund Claim:		\$							
Additional Information may be request <u>Tax Payment submitted" before your c</u>		your claim for a	a refund. <u>The I</u>	Division m	ust have rec	ord of rece	iving the "Esti	mated Gro	oss Income

\*\* Payment of the Estimated Tax Liability does not relieve you of your responsibility to file the required return, nor does it close the tax year covered. The tax year remains open until the required return has been filed and accepted; all tax, penalties, and interest charges have been paid; and the statutory audit period has expired.

## Appointment of Taxpayer Representative

If this Claim Form is being prepared by anyone other than the taxpayer(s), an Appointment of Taxpayer Representative must be included.

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Signature of Claimant(s)/Preparer:	Date:
If the preparer of this claim has been paid, indicate the firm's name, address, the firm's Feo Number or Federal Preparer Tax Identification Number.	deral EIN and the preparer's Social Security Number, Federal Identification
Firm's Name:	Preparer's SS # or Federal PTIN:
Firm's Address:	Preparer's Federal EIN:

## Mail this claim form along with the Settlement Statement (HUD-1) or Closing Disclosure form to:

Division of Taxation Taxpayer Accounting Branch P.O. Box 046 Trenton, N.J. 08646-0046

- 1. This form is to be completed by nonresident individuals, estates or trusts to claim a refund of estimated gross income tax payment paid under provisions of C. 55, P.L. 2004.
- 2. Separate forms must be used for each taxpayer, except for Husband & Wife that file jointly.
- 3. Include taxpayer's current address or address where refund should be mailed.
- 4. Include the address of property sold and the amount of refund being requested.
- 5. Check box indicating type of property use.
- 6. Include the Date of Sale, Sale Price, Date of Purchase, Federal Adjusted Basis, Percentage Owned and Net Gain/Loss of the property sold.
- 7. Calculate and enter your estimated tax liability using the Table provided on the form.

Example:

\*\*Use the Schedule below to determine your estimated tax liability. \*\* Taxpayers who submitted an erroneous payment and qualify for an exemption on the GIT/REP-3 Form – Seller's Residency Certification/Exemption – enter \$0. A completed copy of the GIT/REP-3 Form indicating your exemption status must be attached.

Date Sold: 02/04/2009	5 Sale Price:	\$300,000	Tax Rate Table					
Date Purchased: 09/21/200	1 Federal Adjusted Basis:	\$279,000	Net Gain	But Not				Estimated
Date i dichased. 03/21/2001		<i>\\\</i>	Over	Over	Multiply	Net Gain	by:	Tax Liability
Percentage Owned: 100%	Net Gain/Loss:	\$21,000	\$0	\$20,000	х		0.015	
	(If Net Loss - enter \$0.)		\$20,000	\$35,000	x	\$21,000	0.025	<u>\$525</u>
Estimated Green Ta	x Payment submitted:	\$6,000	\$35,000	\$40,000	x		0.035	
			\$40,000	\$75,000	x		0.055	
** Estimated Table Iity	Due:	\$525	\$75,000	\$500,000	x		0.065	
		<b>AC 175</b>	\$500,000	and over	x		0.085	
Amount of Refund Claim:		\$5,475						

8. Include the estimated Gross Income Tax payment submitted.

\*\* Payment of the Estimated Tax Liability does not relieve you of your responsibility to file the required return nor does it close the tax year covered.

The tax year remains open until the required return has been filed and accepted; all tax, penalties, and interest charges have been paid: and the statutory audit period has expired.

- 9. Enter the amount of your Net Refund being claimed.
- 10. Whenever an agent on behalf of the taxpayer executes a claim, an Appointment of Taxpayer Representative specifically authorizing such agent to act on behalf of the taxpayer must accompany the claim for refund form.
- 11. Mail this claim for refund along with the Settlement Statement (HUD-1) or Closing Disclosure form to:

New Jersey Division of Taxation Taxpayer Accounting Branch PO Box 046 Trenton, NJ 08646-0046



12. Failure to complete all required lines on Form A-3128 or to attach required documentation rejected as incomplete. Incomplete claims will be returned. Claims will not be deemed receives a properly completed claim form <u>along with the required documentation</u>.

result in the claim being til the Division of Taxation