Defendant. 1. Is plaintiff a senior citizen? □ Yes □ No 2. Plaintiff is the (check one)□ owner □ renter of a principal residence located at:, in the County of, who contests the determination of the Director of the Division of Taxation for the following tax relief program: for the year 3. Set forth the reasons why the application should have been granted and attach any documentation to support that argument. (Attach additional pages if necessary)		aintiff or Filing Attorney Information:
Address		
Telephone Number Email Address	Ad	ldress
Email Address		
Email Address	Те	lephone Number
Plaintiff, Docket No. V. Complaint (to be used for Tax Relief Programs) Defendant. 1. Is plaintiff a senior citizen? Yes No 2. Plaintiff is the (check one)□ owner □ renter of a principal residence located at:, who contests the determination of the Director of the Division of Taxation for the following tax relief program: for the year 3. Set forth the reasons why the application should have been granted and attach any documentation to support that argument. (Attach additional pages if necessary)	En	nail Address
Plaintiff, v. Complaint v. (to be used for Tax Relief Programs Defendant.		Docket No
(to be used for Tax Relief Programs Defendant. 1. Is plaintiff a senior citizen? Yes No 2. Plaintiff is the (check one) □ owner □ renter of a principal residence located at:, in the County of, who contests the determination of the Director of the Division of Taxation for the following tax relief program: for the year 3. Set forth the reasons why the application should have been granted and attach any documentation to support that argument. (Attach additional pages if necessary)	Pla	
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Taxation for the following tax relief program:	2.	at: , in the County of
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 If yes, for what language:	3.	
 If yes, for what language:		
5. Does the plaintiff have any needs under the Americans with Disabilities □ Yes □ No Act? (See attached Instructions for Filing for additional information.)	4.	Will an interpreter be needed? Yes No
Act? (See attached Instructions for Filing for additional information.)		If yes, for what language:
If yes, please identify any requirements or accommodations you may require:	5.	
		If yes, please identify any requirements or accommodations you may require:

I hereby certify that I served a copy of this complaint along with all supporting documentation on the Director, Division of Taxation and the Office of the Attorney General personally or by ordinary mail on

this _____ day of _____.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

Date

Signature of Plaintiff

Please see attached Instructions for Filing for additional information.

Instructions for Filing

- 1. Your complaint **must** be filed with the Tax Court Management Office within 90 days of the date of the final determination of the Director, Division of Taxation. *N.J.S.A.* 54:4-8.66.
- 2. The original complaint **must** be mailed to:

Tax Court of New Jersey Richard J. Hughes Justice Complex P.O. Box 972 Trenton, NJ 08625-0972

3. A copy of the complaint and any attached documents **must** also be served personally or mailed by ordinary mail on the following agency:

Director, Division of Taxation Conference and Appeals Branch P.O. Box 198 Trenton, NJ 08646-0198

Please note that a copy of the following **must** be attached to the complaint:

- 1. The final determination letter of the Director, Division of Taxation
- 2. Any additional documentation you feel will support your request for reconsideration.

NOTE:

- 1. If you are filing a Homestead Rebate complaint, you must attach to the complaint, a copy of pages 1 and 2 of your New Jersey Gross Income Tax Return (Form NJ-1040).
- 2. Any additional documents you submit to the Tax Court after the filing of your complaint must be sent to the assigned Deputy Attorney General at the Office of the Attorney General, Division of Law, P.O. Box 112, Trenton, NJ 08625-0112.
- 3. Some of the types of accommodations the Tax Court can make include an assistive hearing device, a sign language interpreter, or an assistive device or reader for a visual impairment.
- 4. Please note that all Tax Court chambers and courtrooms are handicap accessible. Handicap parking is available at most Tax Court sites. You should allow yourself extra time if you choose to park.

Please Note:

<u>Rule</u> 1:38-7(b) requires attorneys and self-represented litigants to redact (remove) confidential personal identifiers from all documents prior to filing, unless required by statute, court rule, administrative directive or court order.

<u>Rule</u> 1:38-7(a) defines a confidential personal identifier as a *Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number.* An active financial account number may be identified by the last four digits when the account is the subject of litigation and cannot otherwise be identified.

It is not the responsibility of court staff to redact (remove) confidential personal identifiers when included in pleadings or other documents submitted to the court.