

**A-3128**  
(1-09)

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) erroneously paid estimated tax and qualify for one of the exemptions listed on the GIT/REP-3 Form.
- 2) Taxpayer(s) 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):                      Last    First    Middle

Current Address of Taxpayer(s):                      Number and Street

City:    State:    Zip Code: \_\_\_\_\_

Address of Property Sold:                      Number and Street

City:    State:    Zip Code: \_\_\_\_\_

Property Use:                      \_\_\_\_\_ Personal/Vacation                      \_\_\_\_\_ Rental                      \_\_\_\_\_ Business

**\*\* 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: _____	Sale Price: \$ _____	Tax Rate Table				
Date Purchased: _____	Federal Adjusted Basis: \$ _____					
	Net Gain/Loss: \$ _____ (If Net Loss - enter \$0.)	Net Gain Over	But Not Over	Multiply	Net Gain by:	Estimated Tax Liability
		\$0	\$20,000	x	_____	0.015 _____
		\$20,000	\$35,000	x	_____	0.025 _____
		\$35,000	\$40,000	x	_____	0.035 _____
		\$40,000	\$75,000	x	_____	0.055 _____
		\$75,000	\$500,000	x	_____	0.065 _____
		\$500,000	and over	x	_____	0.085 _____

Amount of Refund Claim: \$ \_\_\_\_\_

Additional Information may be requested in order to complete your claim for a refund.

**\*\* 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 Federal EIN and the preparer's Social Security Number, Federal Identification Number or Federal Preparer Tax Identification Number.

Firm's Name:	Preparer's SS # or Federal PTIN:
Firm's Address:	Preparer's Federal EIN:

**Mail this claim form to:**  
Division of Taxation  
Taxpayer Accounting Branch  
PO Box 046  
Trenton, NJ 08646-0046