



State of New Jersey
NONRESIDENT SELLER'S TAX DECLARATION
 (C.55, P.L. 2004)

GIT/REP-1
 (11-04)

(Please Print or Type)

SELLER(S) INFORMATION

Name(s)

Street Address:

City, Town, Post Office

State

Zip Code

PROPERTY INFORMATION (Brief Property Description)

Block(s)

Lot(s)

Qualifier

Street Address:

City, Town, Post Office

State

Zip Code

Seller's Percentage of Ownership

Consideration

Closing Date

SELLER(S) DECLARATION

The undersigned understands that this declaration and its contents may be disclosed or provided to the New Jersey Division of Taxation and that any false statement contained herein could be punished by fine, imprisonment, or both. I furthermore declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete.

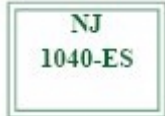
Date

Signature (Seller) Please indicate if Power of Attorney or Attorney in Fact

Date

Signature (Seller) Please indicate if Power of Attorney or Attorney in Fact

(Detach on dotted line)



1 - OFFICIAL USE ONLY

**New Jersey Gross Income Tax
 Declaration of Estimated Tax-VOUCHER**

Calendar Year - Due

YOUR SOCIAL SECURITY NUMBER

SPOUSE SOCIAL SECURITY

LAST NAME, FIRST NAME AND INITIAL

Be sure to include your social security number on your check or money order to ensure proper credit for this payment

STREET ADDRESS

CITY, STATE ZIP CODE

Indicate the return for which payment is being made by checking the appropriate box:

Make Checks Payable To:

State of NJ-Div. of Taxation
 Revenue Processing Center
 PO Box 222
 Trenton, NJ 08646-0222

N
 16

NJ-1040NR

F
 26

NJ-1041

AMOUNT OF THIS PAYMENT



01209