



Your Social Security Number

Name(s) as shown on Form NJ-1040

Page 2

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) 15.

16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) 16a.

16b. Tax-exempt interest income (Enclose schedule) (See instructions) Do not include on line 16a..... 16b.

17. Dividends..... 17.

18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)..... 18.

19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)..... 19.

20a. Taxable pension, annuity, and IRA distributions/withdrawals (See instructions) 20a.

20b. Excludable pension, annuity, and IRA distributions/withdrawals (See instr) 20b.

21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 21.

22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 22.

23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) 23.

24. Net gambling winnings (See instructions) 24.

25. Alimony and separate maintenance payments received 25.

26. Other (Enclose documents) (See instructions)..... 26.

27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) 27.

28a. Pension/Retirement Exclusion (See instructions) 28a.

28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 20–21) 28b.

28c. Total Exclusion Amount (Add lines 28a and 28b) 28c.

29. **New Jersey Gross Income** (Subtract line 28c from line 27) (See instructions) 29.

30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) 30.

31. Medical Expenses (See Worksheet F and instructions)..... 31.

32. Alimony and separate maintenance payments (See instructions) 32.

33. Qualified Conservation Contribution..... 33.

34. Health Enterprise Zone Deduction 34.

35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) 35.

36. Organ/Bone Marrow Donation Deduction (See instructions) 36.

37a. **NJBEST** Deduction **b. NJCLASS** Deduction **c. NJ Higher Ed.** Tuition Ded.

38. Total Exemptions and Deductions (Add lines 30 through 37c)..... 38.

39. Taxable Income (Subtract line 38 from line 29)..... 39.

40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) 40a.

40b. Indicate your residency status during 2024 (fill in only one oval) Homeowner Tenant Both

41. Property Tax Deduction (From Worksheet H) (See instructions)..... 41.



Your Social Security Number

Name(s) as shown on Form NJ-1040

42. **New Jersey Taxable Income** (Subtract line 41 from line 39).....42.

43. Tax on amount on line 42 (Tax Table page 54).....43.

44. Credit For Income Taxes Paid to Other Jurisdictions **Enter Code** 44.

(Enclose Schedule NJ-COJ) (See instructions)

45. Balance of Tax (Subtract line 44 from line 43).....45.

46. Sheltered Workshop Tax Credit.....46.

47. Gold Star Family Counseling Credit (See instructions).....47.

48. Credit for Employer of Organ/Bone Marrow Donor (See instructions).....48.

49. Total Credits (Add lines 46 through 48).....49.

50. Balance of Tax After Credits 50.

(Subtract line 49 from line 45) If zero or less, make no entry.....

51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases 51.

(See instructions) If no Use Tax, enter 0.00

52. Interest on Underpayment of Estimated Tax.....52.

Fill in if Form NJ-2210 is enclosed

53a. Fill in oval if anyone in your tax household does not currently have health insurance.

(Enclose NJ-EZ Enroll form)(See instructions)

53b. If you indicated at line 53a that someone in your tax household does not have health

insurance, fill in oval to allow Get Covered New Jersey to help you obtain coverage.....

(See instructions)

53c. Shared Responsibility Payment (See instructions).....53c.

REQUIRED Enclose Schedule NJ-HCC and fill in

54. **Total Tax Due** (Add lines 50 through 53c)54.

55. **Total NJ Income Tax Withheld** 55.

(Enclose Forms W-2 and 1099)(Part-year residents, see instr.)

56. Property Tax Credit (See instructions page 25).....56.

57. New Jersey Estimated Tax Payments/Credit from 2023 tax return.....57.

58. New Jersey Earned Income Tax Credit (See instructions).....58.

Fill in if you had the IRS calculate your federal earned income credit

Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit

59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions).....59.

60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions).....60.

61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions).....61.

62. Wounded Warrior Caregivers Credit (See instructions).....62.

63. Pass-Through Business Alternative Income Tax Credit (See instructions).....63.

64. Child and Dependent Care Credit (See instructions).....64.

Fill in if you are a CU couple claiming the Child and Dependent Care Credit

65. New Jersey Child Tax Credit (See instructions)..... **# of dependents age 5 or**

younger on 12/31/24 65.

66. **Total Withholdings, Credits, and Payments** (Add lines 55 through 65).....66.

67. If line 66 is less than line 54, you have tax due. 67.

Subtract line 66 from line 54 and enter the amount you owe.....

If you owe tax, you can still make a donation on lines 70 through 77.



Your Social Security Number

Name(s) as shown on Form NJ-1040

Page 4

68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment.....68.

69. Amount from line 68 you want to credit to your 2025 tax69.

70. Contribution to N.J.
 Endangered Wildlife Fund \$10 \$20 Other 70.
 Fund To Prevent Child Abuse \$10 \$20 Other 71.
 72. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other 72.
 73. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other 73.
 74. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other 74.
 75. Other Designated Contribution (See instructions) \$10 \$20 Other 75. Enter Code
 76. Other Designated Contribution (See instructions) \$10 \$20 Other 76. Enter Code
 77. Other Designated Contribution (See instructions) \$10 \$20 Other 77. Enter Code
 78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)78.
 79. **Balance due** (If line 67 is more than zero, add line 67 and line 78) 79. Fill in if paying by e-check or credit card
 80. **Refund amount** (If line 68 is more than zero, subtract line 78 from line 68)80.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?
 If joint return, does your spouse/CU partner want to designate \$1?
 This does not reduce your refund or increase your balance due.

➔ You Spouse/CU Partner
 Yes No
 Yes No

Signature

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. (N.J.S.A. 2C:28-1)

Your Signature	Date	Spouse's/CU Partner's Signature (required if filing jointly)	Date
Driver's License Number (Voluntary) (See instructions) <input type="text"/>			
Fill in <input type="radio"/> if death certificate is enclosed.		Fill in <input type="radio"/> if you do not want a paper form next year.	
<input type="radio"/> I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).			
Paid Preparer's Signature (Fill in <input type="radio"/> if NJ-1040-O is enclosed)		Federal Identification Number <input type="text"/>	
Firm's Name		Firm's Federal Employer Identification Number <input type="text"/>	

Keep a copy of this return and all supporting documents for your records.

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and mail tax return to:
 State of New Jersey
 Division of Taxation
 Revenue Processing Center – Payments
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to: State of New Jersey – TGI
 You can also make a payment on our website: nj.gov/taxation

Refund or No Tax Due Address

Mail to:
 State of New Jersey
 Division of Taxation
 Revenue Processing Center – Refunds
 PO Box 555
 Trenton, NJ 08647-0555