

STATE OF NEW JERSEY  
**AMENDED**  
INCOME TAX RESIDENT RETURN

**7X** For Tax Year Jan.-Dec. 31, 1994 Or Other Tax Year Beginning \_\_\_\_\_, 1994, Ending \_\_\_\_\_, 19 \_\_\_\_\_

TAXPAYER IDENTIFICATION AND STATUS	Your Social Security Number		Last Name, First Name and Initial (Joint filers enter first name and initial of each—Enter spouse last name ONLY if different)			
	Spouse's Social Security Number		Home address (Number and Street, including apartment number or rural route)			
	County/Municipality Code		City, Town, Post Office		State	Zip Code
	<b>FILING STATUS</b>			<b>EXEMPTIONS</b>		<b>As Originally Reported</b>
<b>ON ORIGINAL RETURN</b> <b>ON AMENDED RETURN</b> 1. <input type="checkbox"/> <input type="checkbox"/> Single 2. <input type="checkbox"/> <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> <input type="checkbox"/> Married, filing separate return 4. <input type="checkbox"/> <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> <input type="checkbox"/> Qualifying Widow(er)			6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 9. Number of your qualified dependent children ... 10. Number of other dependents ..... 11. Dependents attending colleges ..... 12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11) 12a (For Line 12b—Add Line 9 and Line 10) 12b			
<b>RESIDENCY STATUS</b> 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____ MONTH DAY YEAR      MONTH DAY YEAR						

**GUBERNATORIAL ELECTIONS FUND**      Checking below will not increase your tax or reduce your refund.

Check here →  If you did not previously want to have \$1 go to the fund but now want it to do so.  
 Check here →  If joint return and if spouse did not previously want to have \$1 to go to the fund but now wants it to do so.

		As Originally Reported		Amended (See Instructions)	
14. Wages, salaries, tips and other employee compensation .....	14.				
15a. Taxable Interest Income .....	15a.				
15b. Tax exempt interest income. DO NOT include on Line 15a .....	15b.				
16. Dividends .....	16.				
17. Net profits from business .....	17.				
18. Net gains or income from disposition of property .....	18.				
19. Pensions, Annuities    a. Taxable Amount Received .....	19a.				
and IRA Withdrawals    b. Less New Jersey Pension Exclusion ..	19b.				
c. Subtract Line 19b from Line 19a .....	19c.				
20. Distributive Share of Partnership Income .....	20.				
21. Net pro rata share of S Corporation Income .....	21.				
22. Net gain or income from rents, royalties, patents & copyrights .	22.				
23. Net Gambling Winnings .....	23.				
24. Alimony and separate maintenance payments received .....	24.				
25. Other .....	25.				
26. Total Other Income (Add Lines 22 through 25) .....	26.				
27a. Total Income (Add Lines 14, 15a, 16, 17, 18 19c, 20, 21 and 26) .....	27a.				
27b. OTHER Retirement Income Exclusion .....	27b.				
27c. New Jersey Gross Income (Subtract Line 27b from Line 27a) ...	27c.				
28. Exemptions (See instructions) .....	28.				
29. Medical Expenses .....	29.				
30. Alimony & separate maintenance payments .....	30.				
31. Total Exemptions and Deductions (Add Lines 28, 29 and 30) ...	31.				
32. NEW JERSEY TAXABLE INCOME (Subtract Line 31 from Line 27c)	32.				
33. TAX: (see instructions) .....	33.				
34. Credit For Income Taxes Paid To Other Jurisdictions .....	34.				
35. Balance of Tax (Subtract Line 34 from Line 33) .....	35.				
36. Use Tax Due on Out-of-State Purchases (see instr. NJ 1040) ....	36.				
37. Total Tax (Add Line 35 and Line 36) .....	37.				

	As Originally Reported		Amended (See Instructions)	
38. Total Tax (From Line 37, Page 1) .....	38.			
39. Total New Jersey Income Tax Withheld .....	39.			
40. New Jersey Estimated Tax Payments/Credit from 1993 tax return .....	40.			
41. EXCESS N.J. WD/HC Withheld (see instructions NJ 1040) .....	41.			
42. EXCESS N.J. Disability Insurance Withheld (see instructions NJ 1040) .....	42.			
43. Amount Paid with original return, assessments and/or with request for extension to file .....	43.			
44. Total payments (Add Lines 39 through 43) .....	44.			
45. Refund previously issued from Original Return .....	45.			
46. Net payments (Subtract Line 45 from Line 44) .....	46.			
47. If payments (Line 46) are LESS THAN tax (Line 38) enter AMOUNT OF TAX YOU OWE .....			47.	
48. If payments (Line 46) are MORE THAN tax (Line 38) enter OVERPAYMENT .....			48.	
49. Amount of Line 48 to be (A) REFUNDED .....			49A.	
(B) CREDITED to your 1995 tax .....	49B.			

Enter below, name, social security number and address as shown on original return (if same as indicated on page 1, write "Same"). If changing from separate to joint return, enter names, social security numbers and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

**Explanation of Changes to Income, Deductions, and Credits**

Enter the line reference for which you are reporting a change and give the reason for each change.



**If amending Line 34, complete the calculations below:**

(Income from Other Jurisdictions) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 (Income from New Jersey sources) \_\_\_\_\_ (New Jersey Tax Line 33, Page 1)

Under the penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 47 in full. Write social security number on check or money order and make payable to: State of New Jersey-TGI. Mail your return to: Division of Taxation, Lakewood Processing Center, 895 Towbin Rd., Suite A, Lakewood, N.J. 08701. If REFUND: Division of Taxation, Income Tax—CN-555, Trenton, NJ 08647-0555

SIGN HERE

 \_\_\_\_\_  \_\_\_\_\_  
 Your signature Date Spouse's signature (if filing jointly, BOTH must sign.)

Paid Preparer's Signature Federal Employer Identification Number

Firm's Name

Division Use 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_