



For Tax Year Jan.-Dec. 31, 1995 Or Other Tax Year Beginning _____, 1995, Month Ending , 19 _____

SR Check block if application for Federal extension is attached. Check here if your address has changed.

Your Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)		Place label on form you file. Make all necessary changes on label.
Spouse's Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>		Home address (Number and Street, including apartment number or rural route)		
County/Municipality Code (See Table p. 25) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		City, Town, Post Office State Zip Code		

FILING STATUS	(Check only ONE box)		ENTER NUMBERS HERE	
	1. <input type="checkbox"/> Single	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	6	<input type="text"/>
	2. <input type="checkbox"/> Married, filing joint return	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7	<input type="text"/>
	3. <input type="checkbox"/> Married, filing separate return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	8	<input type="text"/>
	Name of Spouse <input type="text"/> - <input type="text"/> - <input type="text"/>		9. Number of your qualified dependent children	9
Social Security Number of Spouse <input type="text"/> - <input type="text"/> - <input type="text"/>		10. Number of other dependents	10	<input type="text"/>
4. <input type="checkbox"/> Head of Household	11. Dependents attending colleges	11	<input type="text"/>	<input type="text"/>
5. <input type="checkbox"/> Qualifying Widow(er)	12. Totals (For Line 12a - Add Lines 6, 7, 8 and 11) (For Line 12b - Add Lines 9 and 10)	12a	<input type="text"/>	12b <input type="text"/>

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From / / To / /

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
If joint return, does your spouse wish to designate \$1? Yes No

Note: If you check the Yes box(es) it will not increase your tax or reduce your refund.

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15a. Taxable interest income	15a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Dividends	16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Pensions, Annuities and IRA Withdrawals							
a. Taxable Amount Received	19a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Less New Jersey Pension Exclusion	19b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Subtract Line 19b from Line 19a	19c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. Distributive Share of Partnership Income (See instr. p. 14)	20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. Net pro rata share of S Corporation Income (See instr. p. 14)	21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. Net gain or income from rents, royalties, patents & copyrights (Sch. C, Line 3)	22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Net Gambling Winnings	23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Alimony and separate maintenance payments received	24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Other (See instr. p. 14)	25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. Total Other Income (Add Lines 22 through 25)	26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27a. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, and 26)	27a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27b. Other Retirement Income Exclusion (See Worksheet and instr. p. 14 & 15)	27b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27c. New Jersey Gross Income (Subtract Line 27b from Line 27a). If \$7,500 or less see instr. p. 15	27c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Net losses in one category of income (Lines 14 through 25) cannot be applied against income in another.
In case of a net loss in any category, enter ZERO for the category.






26. New Jersey Gross Income (From Line 27c, Page 1)	28								
29a. Exemptions: From Line 12a _____ x \$1,000 = _____									
29b. From Line 12b _____ x \$1,500 = _____									
29c. Total Exemption Amount (Add Line 29a and Line 29b)	29c								
30. Medical Expenses (See Worksheet and Instr. p. 15 and 16)	30								
31. Alimony & Separate Maintenance Payments	31								
32. Total Exemptions & Deductions (Add Lines 29c, 30, and 31) ENTER TOTAL ▶	32								
33. NEW JERSEY TAXABLE INCOME (Subtract Line 32 from Line 28) If zero or less, enter ZERO	33								
34. TAX: (From Tax Tables, p. 27)	34								
35. Credit For Income Taxes Paid To Other Jurisdictions (From Schedule A, Line 5)	35								
36. Balance of Tax (Subtract Line 35 from Line 34)	36								
37. Use Tax Due on Out-of-State Purchases (See instr. p. 16). If no Use Tax, enter ZERO ..	37								
38. Total Tax (Add Line 36 and Line 37)	38								
39. Total N.J. Income Tax Withheld (Enclose Forms W-2 and 1099R)	39								
40. New Jersey Estimated Tax Payments/Credit from 1994 tax return	40								
41. EXCESS N.J. WD/HC Withheld (See instr. p. 17)	41								
42. EXCESS N.J. Disability Insurance Withheld (See instr. p. 17)	42								
43. Total Payments/Credits (Add Lines 39 through 42)	43								
44. If payments (Line 43) are LESS THAN tax (Line 38) enter AMOUNT OF TAX YOU OWE	44								

Part Year Residents
See
Instr. p. 3

Check if Form NJ-2210
is attached

▶ If an amount is entered
on Line 41 or Line 42
▶ attach Form NJ-2450

If you owe tax, you may make a donation by entering an amount on Lines 46B, 46C and/or 46D and adding this to your check amount.

45. If payments (Line 43) are MORE THAN tax (Line 38) enter OVERPAYMENT	45								
46. Deductions from Overpayment on Line 45 which you elect to credit to:									
(A) Your 1996 Tax	46A								
(B)  The N.J. Conserve Wildlife Fund <input type="checkbox"/> \$5. <input type="checkbox"/> \$10. Other \$ _____	46B								
(C)  The Children's Trust Fund To Prevent Child Abuse <input type="checkbox"/> \$5. <input type="checkbox"/> \$10. Other \$ _____	46C								
(D)  The N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$5. <input type="checkbox"/> \$10. Other \$ _____	46D								
47. Total Deductions From Overpayment (Add Lines 46A, B, C, and D)	47								
48. REFUND (Amount to be sent to you, Line 45 LESS Line 47)	48								

NOTE:
AN ENTRY ON
LINES 46A,
B, C or D WILL
REDUCE YOUR
TAX REFUND

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Property Tax Rebate Application, 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.

▶ Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign) _____

If you do not need forms mailed to you next year, check box (See instr. p. 6)

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on line 44 in full.
Write social security number on
check or money order and make
payable to:

STATE OF NEW JERSEY - TGI

Mail your return in one of the
envelopes provided.
REFUND or PAYMENT

(REV 9-95)

Division
Use

1	2	3	4	5	6	7	8
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