ľ	JJ-1040			ST/				IIRN		
	2007						1			
5 F	Ħ pr Tax Year JanDec. 31, 2007, Or Other Tax Year Beo	ginnin	ıg	, 2007, M	onth Ending		, 20		WEB	
_	IMPORTANT! YOU MUST ENTER YOUR SSN (s).			application for						
	Your Social Security Number	ا ۲	Last Name, F	irst Name and	I Initial (Joint filer ONLY if d		and initial of each - E	inter spouse/CU pa	artner last name	int or
										rinted ise, pri
	Spouse's/CU Partner's Social Security Number		Home Address (Number and Street, including apartment number or rural route)							 rrm if all preprinted rrect. Otherwise, print or and address.
suo:										orm if a orrect.
Instructions	County/Municipality Code (See Table p. 51)		City, Town, Post Office State					Zip Code	bel on f ion is c r name	
a lus										lace lat iformati
See		nt for								≤ ⊇. ⊥
Act Notification.	NJ RESIDENCY STATUS If you were a New Jersey reside ONLY part of the taxable year, g period of New Jersey residency:	jive th	e From	M M /	DD/	YY	то	M / [YY
Ct Not	(Fill in only one)	6	6. Regular	Yours		ouse/ J Partner	Domest Partner	ic 6		IBERS
		7	7. Age 65 or (Over Y				7		E
For Privacy	joint return	S							+	
БОГ	joint return 3. Married/CU Partner, filing separate		8. Blind or Disabled OYourself Spouse/CU Partner					8		
	Oreturn. Enter Spouse's/ CU Partner'sSocial Security Number in the	S	 9. Number of your qualified dependent children 10. Number of other dependents 11. Dependents attending colleges 						9	-
	boxes above 4.								10	
		11						11		
	Surviving CU Partner	12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)					12a	12b		
╞	13. Dependent's Last Name, First Name, Mi	iddle	Initial	Depende	ent's Social	Security	Number		Birth Y	⁄ear
			a		-	1-		а		
			b		-	i-17		b		
			0			i. 🕂		7	H	Ħ
	с		C			1.14	++	С	H	
	d		d					d		
	LECTIONS FUND	0						No No	Note: if you fill in t oval(s), it will not i tax or reduce you	ncrease your
Ľ	COMPLETE PAGE	· · · ·			<u> </u>					
	If you were a nder the penalties of perjury, I declare that I have examine					•	•			
s	chedules and statements, and to the best of my knowledge an rty for which I am applying for the tenant homestead rebate as ian taxpayer, this declaration is based on all information of wh	d belie	ef. it is true. corr	ect. and comple	te and that I or	ccupied the	rental prop-		on Line 54 in ful Security numbe	
tł	an taxpayer, this declaration is based on all information of wh	hich th	ne preparer has	any knowledge				check or mo payable to:	ney order and m	ake
	Your Signature			Date					EW JERSEY - 1	
								your NJ-104 your return t	0-V payment vou o:	
1	Spouse's/CU Partner"s Signature (if filing jointly, BOTH mu	n)	Date NJ Division of Taxation Revenue Processing Cen PO Box 111						er	
-	you do not need forms mailed to you next year, fi	tion page 15) Trenton, NJ 08645-0111								
	authorize the Division of Taxation to discuss my return aid Preparer's Signature	Federal Identifi			\supset	Revenue PO Box 5	Processing Cent 55	er		
								You may als	IJ 08647-0555 o pay by e-checlore information g	
Firm's Name Federal Employer Identification Number www.state.nj.us/treasury/taxation										
										_
	Division 1 2 3			4	5	6	Ш	7		



NJ-1040 (2007) Page 2

14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	╧	· 🛏						╞	뉘
15a.	Taxable interest income (See instructions)	15a		,	Ц		,			L	
15b.	Tax-exempt interest income (See instructions) 15b	,,_		Ц.							
16.	DO NOT include on Line 15a Dividends	16		, 🗌			, 🗌				
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17		, 🗌			$,\Box$				
	Net gains or income from disposition of property (Schedule B, Line 4)	18		,			\Box			Г	Π
		19								F	П
	Pensions, Annuities, and IRA Withdrawals (See instruction page 23)			" -	H			H	=	F	Ħ
20.	Distributive Share of Partnership Income (See instruction page 26)	20	╧┤	'			"		4	ŀ	븕
	Net pro rata share of S Corporation Income (See instruction page 26) Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	21	॑	, <u> </u>					╡	╞	H
00		23	П	Ξ.						F	Π
	Net Gambling Winnings	24	ᆏ					Η	۲	F	Ħ
24.	Alimony and separate maintenance payments received			'					-	ŀ	岩
25.	Other (See instruction page 26)	25	╧┤	'					4	·⊨	븕
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	닏	,	닞					L	
27a.	Pension Exclusion (See instruction page 27)	, ,			<u>.</u>	<u> </u>					
071	Other Retirement Income Exclusion (See worksheet and instr. page 28) 27b										
27b.	Other Netrement income Exclusion (See worksheet and instit. page 26)				_						
	Total Exclusion Amount (Add Line 27a and Line 27b)	,		27c			, 🗖				
27c.		28		27c			_ ,				
27c. 28.	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29.	28	29	27c			, ,				
27c. 28. 29.	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9)	28	Ц	27c			_ ,				
27c. 28. 29. 30.	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount)	28	29 30	27c							
27c. 28. 29. 30.	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount)	28	29 30 31	27c							
27c. 28. 29. 30. 31.	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount)	28	29 30	27c							
27c. 28. 29. 30. 31. 32.	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses. (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments	28	29 30 31	27c							
27c. 28. 29. 30. 31. 32.	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount)	28	29 30 31 32	27c							
 27c. 28. 29. 30. 31. 32. 33. 34. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses. (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments Qualified Conservation Contribution Health Enterprise Zone Deduction Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) Taxable Income (Subtract Line 34 from Line 28)	28	29 30 31 32 33	27c							
 27c. 28. 29. 30. 31. 32. 33. 34. 35. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses. (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments Qualified Conservation Contribution Health Enterprise Zone Deduction Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.		29 30 31 32 33	27c							
 27c. 28. 29. 30. 31. 32. 33. 34. 35. 36a. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses. (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments Qualified Conservation Contribution Health Enterprise Zone Deduction Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) Taxable Income (Subtract Line 34 from Line 28) If zero or less. MAKE NO ENTRY.		29 30 31 32 33	27c							
 27c. 28. 29. 30. 31. 32. 33. 34. 35. 36a. 36b. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount)		29 30 31 32 33 34	27c							
 27c. 28. 29. 30. 31. 32. 33. 34. 35. 36a. 36b. 36c. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses. (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments Qualified Conservation Contribution Health Enterprise Zone Deduction Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY. Total Property Taxes Paid Fill in oval if you were a New Jersey homeowner on October 1, 2007.		29 30 31 32 33 34	,							
 27c. 28. 29. 30. 31. 32. 33. 34. 35. 36a. 36b. 37. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments Qualified Conservation Contribution Health Enterprise Zone Deduction Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY. Total Property Taxes Paid Fill in oval if you were a New Jersey homeowner on October 1, 2007. Property Tax Deduction (See instruction page 30) NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	35	29 30 31 32 33 34	,							
 27c. 28. 29. 30. 31. 32. 33. 34. 35. 36a. 36b. 36c. 37. 38. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses. (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments Qualified Conservation Contribution Health Enterprise Zone Deduction Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY. Total Property Taxes Paid Fill in oval if you were a New Jersey homeowner on October 1, 2007. Property Tax Deduction (See instruction page 30) NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY. TAX (From Tax Table, page 53) Credit For Income Taxes Paid to Other Jurisdictions.	35	29 30 31 32 33 34 34 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	,							
 27c. 28. 29. 30. 31. 32. 33. 34. 35. 36a. 36b. 36c. 37. 38. 39. 	Total Exclusion Amount (Add Line 27a and Line 27b) New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 9) Medical Expenses. (See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments Qualified Conservation Contribution Health Enterprise Zone Deduction (Add Lines 29, 30, 31, 32, and 33) Total Property Taxes Paid Fill in oval if you were a New Jersey homeowner on October 1, 2007. Property Tax Deduction (See instruction page 30) NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY. Total From Tax Table, page 53)	35	29 30 31 32 33 34	,							



WEB

NJ-1040 (2007) Page 3

Nam	ne(s) as shown on Fe	orm NJ-1040			Your Social	Security I	Number			
41.	Balance of Tax (Fr	om Line 40, Page 2)			41], 🗖	,		I.C	
42.	Sheltered Worksho	op Tax Credit			42	,	,		1.[
43.	Balance of Tax after	er Credit (Subtract Line 42 from	Line 41)		43], 🗖			1.[
44.		ut-of-State Purchases (See instr er ZERO (0.00).			44], 🗖	,_		1.[
45.	Penalty for Underp Fill in — if Form I	ayment of Estimated Tax NJ-2210 is enclosed.			45], 🗖	,			
46.	Total Tax and Pen	alty (Add Lines 43, 44, and 45)			46	,	,		I.L	
47.	Total New Jersey	Income Tax Withheld (From en	closed Forms W-2 a	and 1099)	47	,	,		<u>ן ך</u>	
48.	Property Tax Credi	it (See instruction page 30)					48		<u>l L</u>	
49.	New Jersey Estima	ated Tax Payments/Credit from 2	006 tax return		49	,└	,	Ц	l.L	Ц
50.	Fill in Fill i	d Income Tax Credit (See instru n oval if you had the IRS figure y n oval if you are a CU couple cla	your Federal Éarneo	d Income Credi	it 🖸	50	,			
51.	EXCESS New Jers	ey UI/WF/SWF Withheld (See inst	r. page 38) (Enclose F	orm NJ-2450)		51	,		I.C	
52.	EXCESS New Jers (Enclose Form NJ-		52			<u>.</u>				
53.	,	redits (Add Lines 47 through 52	2)		53	,	,	Ш	<u> L</u>	
54.	Fill in 🔵 if paying	THAN Line 46, enter AMOUNT g by e-check or credit card. may make a donation by enterin				, and adding	, this to your	payment a	mour	nt.
55.		THAN Line 46, enter OVERPAY verpayment on Line 55 which yo				, _	_ _ ,	╄	.L Г	
56.	Your 2008 tax				56	,	, ,		1. L	
57.	2	N.J. Endangered Wildlife Fund	□ \$10 □ \$20	Other	ENTER		57			
58.		N.J. Children's Trust Fund To Prevent Child Abuse	□ \$10 □ \$20	Other	AMOUNT		58		I.C	
59.		N.J. Vietnam Veterans' Memorial Fund	□ \$10 □ \$20	Other	OF CONTRIBUTIO	N	59		I.C	
60.	X	N.J. Breast Cancer Research Fund	□ \$10 □ \$20	□ Other			60			
61.	<u> </u>	U.S.S. New Jersey Educational Museum Fund	□ \$10 □ \$20	☐ Other			61			
62.		Contribution	□ \$10 □ \$20	□ Other		0	62			
60	See instruction pag	-	through CO		63], 🗖				
63.		om Overpayment (Add Lines 56			64				IΓ	
64.	REFUND (Amount	to be sent to you. Subtract Line 6	3 from Line 55)						1. L	

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4



STATE OF NEW JERSEY HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)

-	2007				ΙΔΝΤ		() ()	WEB	3 I	
	IMPORTANT! YOU MUST ENTER YOUR SSN (s).									
-	Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)								
Privacy Act Notification, See Instructions		bornited								
t Noti uctio	Spouse's/CU Partner's Social Security Number	Home Add	Iress (Number and S	treet, including apartme	nt number or	rural route)			form if all preprinted correct. Otherwise, print ie and address.	
N Ac										
Privac	County/Municipality Code (See Table p. 51)	City, Town	, Post Office			State	Zip Code			
For F		,,	,						Place label on for information is cor type your name a	
S	1. Single	NJ RE								
TAT	2 Married/CLI Couple, filing joint return		were a New Jer							
FILING STATUS	3.		the taxable yea ersey residency	ar, give the perio	od of					
2	4.					To		ען/ע ו ע		
	5.									
	DO NOT FILE FORM TR-1040 IF YOU WEF					-	•	uctions)		
7	7. On October 1, 2007, I rented and occupied an apartment or							actruction no	ao 19	
c	3. On December 31, 2007, I (and/or my spouse/CU partner) was a							•	0	
C	Fill in only one oval. See instruction page 48.	a. 🖵 🗲	Age 65 of old	er D. 🖵 🗲 I	Blind of C	lisadied C.		or billing or g	Isabled	
g	 Enter the GROSS INCOME you reported on Line 28, Form or see instructions 			9	\Box , [], 🗖	\square		
10). If your filing status is MARRIED/CU PARTNER, FILING SE	PARATE	RETURN							
	and you and your spouse/CU Partner MAINTAIN THE SAM	E PRINC	IPAL							
	RESIDENCE, enter the gross income reported on your spouse's/CU partner's									
	return (Line 28, Form NJ-1040) and fill in oval									
11	1. TOTAL GROSS INCOME (Add Line 9 and Line 10)							ᆈᇿ		
	STOP - IF LINE 11 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A TENANT REBATE. 12. Enter the address of the rental property in New Jersey that was your principal residence on October 1, 2007 .									
12										
	Street Address (including apartment number)				Municipa	ality				
13	8. Enter the total rent you (and your spouse/CU partner) paid rental property indicated at Line 12			13	,], 🗖	D.C		
14	, , , , ,	Enter the number of days during 2007 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12. (If you lived there for all of 2007, enter 365)								
15	5. Did anyone, other than your spouse/CU partner, occupy an Yes — (If yes, you must complete Lines 15 a, b, and		· · · ·	or the rental pr	operty in	ndicated at L	ine 12?			
158	a. Enter the total number of tenants (including yourself) who s	,		he period	4.5 -		-			
	indicated at Line 14. (For this purpose, husband and wife/CU				15a					
15b	b. Enter the name(s) and social security number(s) of all othe	r tenants	(other than yo	our spouse/CU	partner) who share	d the rent.			
	Name							/		
	Name				SS#		/	/		
L	Name				SS#		/	/		
	Enter the total rent paid by all tenants during the period ind			15c	,		,		\Box	
t	Under the penalties of perjury, I declare that I have examined this reb pest of my knowledge and belief, it is true, correct, and complete and the repart borgetead repate as my principal residence on October 1, 200	hat I occup	pied the rental pr	operty for which	I am app	lying for the				
i	nant homestead rebate as my principal residence on October 1, 2007. If prepared by a person other than taxpayer, this de based on all information of which the preparer has any knowledge.						If you are O	NI Y filing		
ШI	ve Ginactura					Form TR-1040, mail your				
Ш,	r Signature Date						application	to:		
Ξ'	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)		Da	ate			NJ Division of Taxation			
SIGN HERE	If you do not need forms mailed to you next year, fill in	n (See in	struction page	15)			Revenue Pr PO Box 197		enter	
ร	I authorize the Division of Taxation to discuss my rebate a	pplicatio	n and enclosur	es with my pre	eparer (k	pelow)	Trenton, NJ		7	
I	Paid Preparer's Signature		Federal Identific	ation Number	_				1	
I	Firm's Name		Federal Employ	er Identification I	Number					