



STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN

5R

For Tax Year Jan.-Dec. 31, 2010, Or Other Tax Year Beginning _____, 2010, Month Ending _____, 20_____

↓ **IMPORTANT! YOU MUST ENTER YOUR SSN (s).** ↓ Fill in if application for Federal extension is enclosed or enter confirmation # _____.

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)	
Spouse's/CU Partner's Social Security Number [][]-[][]-[][][][]		Home Address (Number and Street, including apartment number or rural route)	
County/Municipality Code (See Table p. 51) [][][][]	City, Town, Post Office	State	Zip Code

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

NJ RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:
From [M] [M] / [D] [D] / [Y] [Y] To [M] [M] / [D] [D] / [Y] [Y]

FILING STATUS	(Fill in only one)		EXEMPTIONS	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse/ CU Partner <input type="radio"/> Domestic Partner	6		ENTER NUMBERS HERE
	1. <input type="radio"/> Single	7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner		7			
	2. <input type="radio"/> Married/CU Couple, filing joint return	8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner		8			
	3. <input type="radio"/> Married/CU Partner, filing separate return. Enter Spouse's/ CU Partner's Social Security Number in the boxes above	9. Number of your qualified dependent children		9			
	4. <input type="radio"/> Head of household	10. Number of other dependents		10			
	5. <input type="radio"/> Qualifying widow(er)/ Surviving CU Partner	11. Dependents attending colleges		11			
		12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)		12a	12b		

DEPENDENTS	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Fill in oval if dependent does not have health insurance including NJ FamilyCare/ Medicaid, Medicare, private or other (see instructions)	
	a _____	[][]-[][]-[][][][]	[][][][]		<input type="checkbox"/>
	b _____	[][]-[][]-[][][][]	[][][][]		<input type="checkbox"/>
	c _____	[][]-[][]-[][][][]	[][][][]		<input type="checkbox"/>
	d _____	[][]-[][]-[][][][]	[][][][]		<input type="checkbox"/>

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

Note: if you fill in the Yes oval(s), it will not increase your tax or reduce your refund.

Under the 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

STATE OF NEW JERSEY - TGI

Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to:
Mail your check or money order with your NJ-1040-V payment voucher and your return to:
NJ Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

IF REFUND:
NJ Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555
You may also pay by e-check or credit card. For more information go to:
www.state.nj.us/treasury/taxation

IF YOU DO NOT NEED FORMS MAILED TO YOU NEXT YEAR, FILL IN (See instruction page 16)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature	Federal Identification Number [][][][]-[][][]-[][][][][]
Firm's Name	Federal Employer Identification Number [][][][]-[][][]-[][][][][]

Division Use [1] [2] [][][][][] [3] [][][][][] [4] [5] [6] [][][][][] [7] [][][][][][]



Name(s) as shown on Form NJ-1040






Your Social Security Number

14. Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s). See Instructions	14								
15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500).....	15a								
15b. Tax-exempt interest income (See instructions)..... (Enclose Schedule) DO NOT include on Line 15a	15b								
16. Dividends	16								
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17								
18. Net gains or income from disposition of property (Schedule B, Line 4)	18								
19. Pensions, Annuities, and IRA Withdrawals (See instruction page 24)	19								
20. Distributive Share of Partnership Income (See instruction page 27) (Enclose Schedule)	20								
21. Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21								
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22								
23. Net Gambling Winnings (See instruction page 27)	23								
24. Alimony and separate maintenance payments received	24								
25. Other (Enclose Schedule) (See instruction page 28)	25								
26. Total Income (Add Lines 14, 15a, and 16 through 25)	26								
27a. Pension Exclusion (See instruction page 28)	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 30)	27b								
27c. Total Exclusion Amount (Add Line 27a and Line 27b).....	27c								
28. New Jersey Gross Income (Subtract Line 27c from Line 26)	28								
See instruction page 30.									
29. Total Exemption Amount (See instruction page 30 to calculate amount)..... (Part-Year Residents see instruction page 9)	29								
30. Medical Expenses..... (See Worksheet and instruction page 31)	30								
31. Alimony and Separate Maintenance Payments	31								
32. Qualified Conservation Contribution	32								
33. Health Enterprise Zone Deduction.....	33								
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33)	34								
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35								
36a. Total Property Taxes Paid (See instruction page 32)..	36a								
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010. <input type="radio"/>									
36c. Property Tax Deduction (See instruction page 35)	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
38. TAX (From Tax Table, page 53)	38								



Name(s) as shown on Form NJ-1040

Your Social Security Number

39.	TAX (From Line 38, page 2)		39						
40.	Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	<input type="text"/>	40						
41.	Balance of Tax (Subtract Line 40 from Line 39)		41						
42.	Sheltered Workshop Tax Credit		42						
43.	Balance of Tax after Credit (Subtract Line 42 from Line 41)		43						
44.	Use Tax Due on Out-of-State Purchases (See instruction page 38) If no Use Tax, enter ZERO (0.00).		44						
45.	Penalty for Underpayment of Estimated Tax. Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.		45						
46.	Total Tax and Penalty (Add Lines 43, 44, and 45)		46						
47.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)		47						
48.	Property Tax Credit (See instruction page 35)		48						
49.	New Jersey Estimated Tax Payments/Credit from 2009 tax return		49						
50.	New Jersey Earned Income Tax Credit (See instruction page 40)		50						
	Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one	<input type="checkbox"/>							
	Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit	<input type="checkbox"/>							
51.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 40) (Enclose Form NJ-2450)		51						
52.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 40)		52						
53.	EXCESS New Jersey Family Leave Insurance Withheld (see instr. page 40) Enclose Form NJ-2450		53						
54.	Total Payments/Credits (Add Lines 47 through 53)		54						
55.	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE		55						
	Fill in <input type="checkbox"/> if paying by e-check or credit card.	<input type="checkbox"/>							
	If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.								
56.	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT		56						
	Deductions from Overpayment on Line 56 which you elect to credit to:								
57.	Your 2011 tax		57						
58.	 N.J. Endangered Wildlife Fund	h \$10	h \$20	h Other					
59.	 N.J. Children's Trust Fund To Prevent Child Abuse	h \$10	h \$20	h Other					
60.	 N.J. Vietnam Veterans' Memorial Fund	h \$10	h \$20	h Other					
61.	 N.J. Breast Cancer Research Fund	h \$10	h \$20	h Other					
62.	 U.S.S. New Jersey Educational Museum Fund ...	h \$10	h \$20	h Other					
63.	Other Designated Contribution	h \$10	h \$20	h Other					
	See instruction page 41								
64.	Total Deductions from Overpayment (Add Lines 57 through 63)		64						
65.	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)		65						

ENTER AMOUNT OF CONTRIBUTION

NJ-1040-V

N J Gross Income Tax

2010

Resident Payment Voucher

SOCIAL SECURITY NUMBER

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LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE, ZIP CODE

MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'.
WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK.

RETURN THIS VOUCHER WITH YOUR PAYMENT

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

Enter amount of payment here:

\$

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