| Name(s) as shown on Form NJ-1040                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               | Your Socia     | Social Security Number           |                   |        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------|---------------------------------------------------|----------|----------|-------------------------------|----------------|----------------------------------|-------------------|--------|--|
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION  If you are claiming a credit for income taxes paid to more than one jurisdiction a separate Schedule A must be enclosed for each. See instructions page 42                                                                                         |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   | ,      |  |
| A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| Income actually taxed by other jurisdiction during tax year (indicate name                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           | (DO NOT comb                                                                                                                                                                                                                            | (DO NOT combine the same income taxed by more than one jurisdiction)  (The amount on Line 1 cannot exceed the amount shown on Line 2) |                                             |                |                                                   |          |          |                               | 1.             |                                  |                   |        |  |
| 2.                                                                                                                                                                                                                                                                                                                        | Income subject                                                                                                                                                                                                                          | ncome subject to tax by New Jersey (From Line 28, Form NJ-1040)                                                                       |                                             |                |                                                   |          |          |                               | 2.             |                                  |                   |        |  |
| 3.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                         | Maximum Allowable Credit Percentage 1 Divide Line 2 into Line 1) 2                                                                    |                                             |                |                                                   |          |          |                               | 3.             |                                  |                   | %      |  |
|                                                                                                                                                                                                                                                                                                                           | IF YOU ARE NO                                                                                                                                                                                                                           | OU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN E                                                                 |                                             |                |                                                   |          |          | OLUMN A                       |                | (                                | COLUMN B          |        |  |
| 4.                                                                                                                                                                                                                                                                                                                        | Taxable Income                                                                                                                                                                                                                          | e (after Exemptions a                                                                                                                 | and Deductions) from I                      | Line 35, For   | m NJ-1040                                         | 4.       |          |                               | 4.             |                                  |                   |        |  |
| 5.                                                                                                                                                                                                                                                                                                                        | , ,                                                                                                                                                                                                                                     | Enter in Box 5a the line 1. See instruc                                                                                               | e amount from Workshotions page 36.         | neet F,<br>5a, |                                                   |          |          |                               |                |                                  |                   |        |  |
| ı                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         | Property tax deductions particularly                                                                                                  | ction. Enter the amou                       |                | sheet F, line 2                                   | 2. 5.    |          |                               | 5.             |                                  | - 0 -             |        |  |
| 6.                                                                                                                                                                                                                                                                                                                        | New Jersey Ta                                                                                                                                                                                                                           |                                                                                                                                       |                                             |                |                                                   | 6.       |          |                               | 6.             |                                  |                   | $\top$ |  |
| 7.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                         | New Jersey Taxable Income (Line 4 minus Line 5)  Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)                          |                                             |                |                                                   |          |          |                               | 7.             |                                  |                   | +      |  |
| 8.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                         | it (Line 3 times Line                                                                                                                 |                                             | idicaj         |                                                   | 7.<br>8. |          |                               | 8.             |                                  |                   | +      |  |
| 9.                                                                                                                                                                                                                                                                                                                        | Credit for<br>Taxes Paid to                                                                                                                                                                                                             | Enter in Box 9<br>tax paid to other                                                                                                   | a the income or wage er jurisdiction during |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           | Other Jurisdiction                                                                                                                                                                                                                      | tax year on inc<br>See instruction                                                                                                    | come shown on Line 1.<br>as page 46.        | .   9a.        |                                                   |          |          |                               |                |                                  |                   |        |  |
| ı                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         |                                                                                                                                       | 0 page 1-1                                  | <u> </u>       |                                                   | +        | $\dashv$ |                               |                |                                  |                   |        |  |
| ı                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         |                                                                                                                                       | . (Enter lesser of Line                     |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           | may not exceed your New Jersey tax on Line 38).  9.  9.  9.  15 you are not distible for a property tax banefit enter the amount from Line 9. Column B. on Line 40. Form NJ 1040. Make no entry on Line 250                             |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           | <ul> <li>If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.</li> </ul>                                               |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           | <ul> <li>If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.</li> </ul> |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| Schedule B NET GAINS OR INCOME FROM  List the net gains or income, less net loss, derived from the sale, exchange, or other                                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| ٥                                                                                                                                                                                                                                                                                                                         | Chedule D                                                                                                                                                                                                                               | DISPOSITION O                                                                                                                         | F PROPERTY                                  |                |                                                   |          |          |                               |                |                                  | gible or intangib |        |  |
| 1.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                         | ,                                                                                                                                     |                                             |                | c. Date sold (Mo., d. Gross day, yr.) sales price |          |          | e.Cost or oth                 | or other basis |                                  | Gain or           |        |  |
|                                                                                                                                                                                                                                                                                                                           | description                                                                                                                                                                                                                             |                                                                                                                                       |                                             |                |                                                   |          |          | as adjuste                    |                | (loss)<br>(d less e)             |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                       | (1010., 44., 5)                             |                |                                                   | prioc    |          | and expen                     | ,              |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   | +      |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| 2.                                                                                                                                                                                                                                                                                                                        | Capital Gains Distributions                                                                                                                                                                                                             |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| 3.                                                                                                                                                                                                                                                                                                                        | Other Net Gains                                                                                                                                                                                                                         | Other Net Gains                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| 4.                                                                                                                                                                                                                                                                                                                        | Net Gains (Add                                                                                                                                                                                                                          | Lines 1, 2, and 3) (I                                                                                                                 | Enter here and on Line                      |                |                                                   |          |          |                               |                | 4.                               |                   |        |  |
| Schedule C  NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS  List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions. |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   | e Tax  |  |
| 1.                                                                                                                                                                                                                                                                                                                        | a. Kind of Prop                                                                                                                                                                                                                         | Kind of Property b. Net Rental Income (Loss)                                                                                          |                                             |                | c. Net Income<br>From Royalties                   |          |          | d. Net Income<br>From Patents |                | e. Net Income<br>From Copyrights |                   |        |  |
| -                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                | , , , , , ,                                       |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                                                                                                       |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
| 2.                                                                                                                                                                                                                                                                                                                        | Totals                                                                                                                                                                                                                                  | ls b.                                                                                                                                 |                                             |                | c. d.                                             |          |          | e.                            |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         | Income (Combine Columns b, c, d, and e) (Enter here                                                                                   |                                             |                |                                                   |          |          |                               |                |                                  |                   |        |  |
|                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                                       |                                                                                                                                       |                                             |                |                                                   |          |          |                               | 3.             |                                  |                   |        |  |