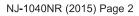
NJ-1040NR **2015**



STATE OF NEW JERSEY

INCOME TAX - NONRESIDENT RETURN

| _ | Check bo | ox 🔲 if applicatior | n for Federal extension is attached or enter co | onfirmation number | | | |
|---|---|---|--|--------------------------|-----------------------|--------------------------------------|---------------------------|
| (C) | Your Social Security Number La | _ast Name, First Nam | me and Initial (Joint filers enter first name and initial o name ONLY if different) | f each - Enter spouse/CU | partner last | | Place label |
| NO | | | • | | | | on form if all |
| JCT | Spouse's/CU Partner's Social Security Number | Home Address (Num | nber and Street, incl. apt. # or rural route) | | Change of A | ddress □ | preprinted information |
| TRI | I I | • | | | _ | | is correct. Otherwise, |
| INS | You must enter your | | | | | | print or |
| ίΕ | SSN(s) above State of Residency (outside NJ) | City, Town, Post Offic | ce | State | Zip Code | | type your name and |
| PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS | State of Residency (Odiside 190) | | | | | | address. |
| ATIC | NJ RESIDENCY If you were a Ne | ew Jersey resid | lent for ANY part of the From | | To | | <u> </u> |
| FIC/ | STATUS taxable year, give | | New Jersey residency. MONTH | H DAY YEAR | MON | NTH DAY YE | EAR |
| OTI | Filing Status (Check only ONE box) | | 6. Regular 🗷 Yourself 🗆 Spour | se/ Dome | | 3 | |
| L | 1. ☐ Single | S | 7. Age 65 or Over Yourself | Spouse/CU Partner | 7 - T | 7 | |
| AC | 2. ☐ Married/CU Couple, filing join | nt return | 8. Blind or Disabled 🗆 Yourself 🗆 | Spouse/CU Partner | - | 8 | |
| ACY | 3. ☐ Married/CU Partner, filing sep | parate return | 9. Number of your qualified depende | nt children | | | 9 |
| RIV | Name and SSN of Spouse/CU P | eparate return | 10. Number of other dependents | | | | 10 |
| R P | 4. ☐ Head of household | EX | | ee Instr. page 13) | 11 | | |
| FOR | 5. ☐ Qualifying widow(er)/ | | 12. Totals (For Line 12a - Add Lines | | | | |
| \dashv | Surviving CU Partnér | | (For Line 12b - Add Line 9 and Line | ne 10) | 12a | a 1 | 2b |
| _ | 2 13. Dependent's Last Name, | First Name, Mi | iddle Initial Dependent's Socia | al Security Number | | Birth Year | |
| Ē | ○ a | | / | | | | |
| N | p | | / | / | | | |
| DEPENDENT | DEPORTMENT OF THE PROPERTY OF | | | | | | |
| DE | N c | | | / | | | |
| | d | | / | / | <u> </u> | | |
| | | • | 1 of your taxes for this fund? If joint | Yes No | | ou check the "Ye rease your tax o | |
| EL | .ECTIONS FUND return, does | ∍s your spouse/Cl | U partner wish to designate \$1? | Yes No | your refund | | 1 leduce |
| | heck Amount (See Line 52) | | | (Column A) | ОМЕ | (Column | FRÓM |
| | | | | (EVERYWHERE) | | NEW JERSEY | SOURCES |
| 14 | Wages, salaries, tips, and other en Check box if you completed Lines | | | - | | 4 | |
| 15 | . Interest | J | 15 | 5 | 1 | 5 | |
| | . Dividends | | 16 | 3 | 1 | 6 | |
| | . Net profits from business (Schedul | | 4- | 7 | 1 | 7 | |
| | . Net gains or income from disposition | | 1 | 3 | 1 | 8 | |
| | . Net gains or income from rents, ro | , , | and convrights | T | $\lceil \mid \rfloor$ | | _ |
| | (Schedule NJ-BUS-1, Part II, Line | 4) | 20 | | + + | 9 | |
| 20 | . Net gambling winnings (See Instru | uction page 18) | 2′ | | | .0 | |
| 21 | . Pensions, Annuities, and IRA Without | ndrawals | | | | | |
| 22 | . Distributive Share of Partnership Ir | ncome (Schedu | | | + | 22 | |
| 23 | . Net pro rata share of S Corporation | on Income (Sche | edule NJ-BUS-1, Part IV, Line 4) | | + | 23 | |
| | | • | 1 // | 4 I | 1 2 | 24 | |
| 24 | . Alimony and separate maintenance | e payments rec | ceived — | | ++ | | |
| | . Alimony and separate maintenance Other - State Nature and Source _ | | ceived | 5 | | 25 | |
| 25 | • | | 25 26 26 26 26 26 26 26 26 26 26 26 26 26 | 5 | | 25 | |
| 25 26 | Other - State Nature and Source _ | nrough 25) | 25 26 27 | 5 3 a | 2 | 26 | |
| 25 26 27a | . Other - State Nature and Source _ . TOTAL INCOME (Add Lines 14 thr | nrough 25) | 25 27 27 27 27 27 27 27 27 27 27 27 27 27 | 5 3 a b | 27 | 7b | |
| 25 26 27a 27b | . Other - State Nature and Source TOTAL INCOME (Add Lines 14 thr . Pension Exclusion (See Instruction | nrough 25) on page 23) on (See Worksh | 25 26 27 27 27 27 27 27 27 27 27 27 27 27 27 | 5 3 a b | 2 | 7b | |





| Na | me(s) as shown on Form NJ-1040NR | | | Your | r Social Security Number |
|----------|--|---------------------|--|--------------|---|
| 29. | Gross Income (From page 1, Line 28) | 29 | | 1 | 29 |
| | Total Exemption Amount (See Instruction page 25) | 30 | | | |
| | Medical Expenses (See Worksheet and Instructions page 25) | 31 | | | |
| | Alimony and separate maintenance payments | 32 | | | |
| | Qualified Conservation Contribution | 33 | | | |
| | Health Enterprise Zone Deduction | 34 | | | |
| 35. | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) | 35 | | | |
| 36. | Total Exemptions and Deductions (Add Lines 30, 31, 32, 33, 34, and 35) | 36 | | | |
| 37. | TAXABLE INCOME (Subtract Line 36 from Line 29, Column A) | 37 | | | |
| 38. | Tax on amount on Line 37 (From Tax Table page 34) | 38 | | | |
| 39. | Income Percentage B. (Line 29) =% | | | | |
| | A. (Line 29) | | | | |
| | NEW JERSEY TAX (Multiply amount from Line 38 x% fr | | | - | 40 |
| | Sheltered Workshop Tax Credit (Enclose Form GIT-317. See Instruction page 27) | | | | 41 |
| | Balance of Tax After Credit (Subtract Line 41 from Line 40) | | | | 42 |
| | Penalty for Underpayment of Estimated Tax. Check box ☐ if Form NJ-2210 is enclo | | | | 43 |
| | Total Tax and Penalty (Add Line 42 and Line 43) | | | | 44 |
| | Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) | - | | | |
| | New Jersey Estimated Tax Payments/Credit from 2014 tax return | 46 | | | Also enter on Line 46:Payments made in |
| 47. | Tax paid on your behalf by Partnership(s) | 47 | | | connection with sale of |
| 48. | EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450. See Instr.) | 48 | | | NJ real property |
| 49. | EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instr.) | 49 | | | Payments by S corporation for |
| | EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450. See Instr.) | 50 | | | nonresident shareholder |
| 51. | Total Payments/Credits (Add Lines 45 through 50) | E | NTER TOTAL - | → | 51 |
| 52. | If Line 51 is LESS THAN Line 44, enter AMOUNT YOU OWE (Enter check amount o | on Pag | e 1) | | 52 |
| | If Line 51 is MORE THAN Line 44, enter OVERPAYMENT | | | | 53 |
| 54. | Deductions from Overpayment on Line 53 which you elect to credit to: | 54 | 1A | | |
| | (A) Your 2016 Tax | | 1B | | NOTE: |
| | (B) N.J. Endangered Wildlife Fund □ \$10, □ \$20, □ Other (C) N.J. Children's Trust Fund □ \$10, □ \$20, □ Other ENTER | | 1C | | AN ENTRY ON LINE |
| | (D) N.J. Vietnam Veterans' Memorial Fund □ \$10, □ \$20, □ Other AMOUNT | | 4D | | 54A, B, C, D, E, F, OR G |
| | (E) N.J. Breast Cancer Research Fund □ \$10, □ \$20, □ Other OF | 1 - | 1E | | WILL REDUCE YOUR TAX |
| | (F) U.S.S. N.J. Educational Museum Fund ☐ \$10, ☐ \$20, ☐ Other CONTRIBUTION | N 54 | 1F | | REFUND |
| | (G) Designated Contribution ☐ ☐ \$10, ☐ \$20, ☐ Other ☐ | | 1G | | |
| 55. | Total Deductions From Overpayment (Add Lines 54A, B, C, D, E, F, and G) | . E | NTER TOTAL = | - | 55 |
| 56. | | | | [| 56 |
| | | | | | |
| | | | | | |
| L, | | | | | |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying sch to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person oth is based on all information of which the preparer has any knowledge. | iedules ier than | and statements, an taxpayer, this declar | ิต ration | Pay amount on Line 52 in full. Write social security number(s) |
| RE | Your Signature Date Spouse's/CU Partner's Signature | e (if filina | jointly, BOTH must sign | n) | on check or money order and make payable to: |
| 冒 | | _ | ,,ast olgi | , | STATE OF NEW JERSEY-TGI |
| z | If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 9) | | Division of Taxation Revenue Processing Center | | |
| SIGN HER | I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) | | PO Box 244 | | |
| | | | | | Trenton, NJ 08646-0244 |
| | Paid Preparer's Signature Federal | I Identific | ation Number | | You may also pay by e-check or credit card. |
| | Firm's name Federal Empl | oloyer Ide | entification Number | | |
| Divi: | | 6 | 7 | | 8 |

NJ-1040NR (2015) Page 3

| Name(s) as shown on Form NJ-1040NR | | | | | | Your So | cial Security Numb | oer |
|---|-------------------------------|--------------------------|---|-----------|----------------------------|----------------------------------|---|--------|
| | | | | | | | | |
| PART I NET GAINS OR INCOME FR DISPOSITION OF PROPERT | | | ns or income, less roperty including i | | | | , exchange, or oth e or intangib l e. | er |
| (a) Kind of property and description | (c) Date sold (Mo., day, yr.) | T (0) Gross sales once T | | | d (see s) and | (f) Gain or (loss) (d less e) | | |
| 57. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 50. Capital Caina Diatribution | | | | | | | | |
| 58. Capital Gains Distribution | | | | | | - | | |
| 60. Net Gains (Add Lines 57, 58, and 59) | | | | | | 55 | | |
| ALLOCATION OF WAGE AN | | | · | <u></u> | | 00 | | |
| PART II INCOME EARNED PARTLY I OUTSIDE NEW JERSEY | | ` | s if compensation allocation is used | | ds entire l y on v | olume of | business transact | ted or |
| 61. Amount reported on Line 14 in Colum | n A required to b | e allocated | | | | 61 | | |
| 62. Total days in taxable year | | | | | | 62 | | |
| 63. Deduct nonworking days (Sundays, S | aturdays, ho l idays | s, sick leave, vac | cation, etc.) | | | 63 | | |
| 64. Total days worked in taxable year (sub | otract Line 63 fror | n Line 62) | | | | 64 | | |
| 65. Deduct days worked outside New Jers | sey | | | | | 65 | | |
| 66. Days worked in New Jersey (subtract | Line 65 from Line | e 64) | | | | 66 | | |
| 67. ALLOCATION FORMULA (Line (Line | x _ 66) | (Enter amount fron | = (Sal | lary earn | ed inside N.J.) | | de this amount on 4, Col. B) | |
| PART III ALLOCATION OF BUSINESS INCOME TO NEW JERSEY | 3 | (See instruction | s if other than Fo | rmula E | Basis of a l locati | on is use | d.) | |
| BUSINESS ALLOCATION PERCENTAGE | · | · | | | | | | |
| Enter below the line number and amount of multiply by allocation percentage to determ | | | • | n A whic | ch is required to | be al l oc | ated and | |
| From Line No \$ | X | % | = \$ | | | | | |
| From Line No \$ | X | % | = \$ | | | | | |
| From Line No \$ | X | % | = \$ | | | | | |



NEW JERSEY GROSS INCOME TAX BUSINESS INCOME SUMMARY SCHEDULE

2015

| Nam | e(s) as shown on Form NJ-1040NR | | | | Your Social Security Number | ər |
|----------|---|---------------|---|-------------------------------------|---|----|
| | | | | | | |
| PA | RT I NET PROFITS FROM BUSINESS | | List the net profi | t (loss) from bus | siness(es). See instructions. | |
| | Business Name | | Social Security Federal I | | Profit or (Loss) | |
| 1. | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17, Column A. If loss, enter ZE | ERO on Line 1 | I7, Column A.) | 4. | | |
| PA | RT II NET GAINS OR INCOME FROM RENTS | | rents, royalties, p | atents, and cop | less net loss, derived from or in the yrights. See instructions. state 2-Royalties 3-Patents 4-Co | |
| | Source of Income or Loss. If rental real estate, enter physical address of property. | | Security Number/ ederal EIN | Type - Enter number from list above | Income or (Loss) | |
| 1. | | | | | | |
| 2. | | | | | | |
| | | | | | | |
| 3. 4. | Net Income or (Loss). (Add Lines 1, 2, and 3.) | | 10. Oakuran A.) | | | |
| PA | (Enter here and on Line 19, Column A. If loss, enter ZERT III DISTRIBUTIVE SHARE OF PARTNERS | | Liet the dietribu | tive share of inc | come (loss) from partnership(s). | |
| | Partnership Name | | Federal E | EIN | Share of Partnership Income or (Loss) | |
| 1. | | | | | | |
| | | | | | | |
| 2. | | | | | | |
| 3. | | | 10) | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Ad (Enter here and on Line 22, Column A. If loss, enter ZE | | 22, Column A.) | | | |
| PA | RT IV NET PRO RATA SHARE OF S CORPOR | RATION INC | OME List the pro rat See instruction | | me (usable loss) from S corporation | |
| | S Corporation Name | | Federal I | EIN | Pro Rata Share of S Corpora Income or (Usable Loss) | |
| 1. | | | | | | |
| 2. | | | | | | |
| | | | | | | |
| 3. 4. | Net Pro Rata Share of S Corporation Income or (Usable | | | | | |
| | (Enter here and on Line 23, Column A. If loss, enter ZE | ERO on Line 2 | 23, Column A.) | 4. | | |



NEW JERSEY GROSS INCOME TAX ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT

2015

| Nan | ne(s) as shown on Form NJ-1040NR | | | | Your Social Security Number | | | | | | |
|-----|---|-----|---------------------------------------|---------------------------------------|-----------------------------|---|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | Column A | | Column B | | | | | | |
| PA | PART I INCOME (LOSS) | | Reportable Regular Business Income | Alternative Business Income/(Loss) | | | | | | | |
| 1. | Net Profits From Business | 1a. | | 1b. | | | | | | | |
| 2. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a. | | 2b. | | | | | | | |
| 3. | Distributive Share of Partnership Income | 3a. | | 3b. | | | | | | | |
| 4. | Net Pro Rata Share of S Corporation Income | 4a. | | 4b. | | | | | | | |
| 5. | Loss Carryforward From Tax Year 2014 | | | 5b. | (|) | | | | | |
| 6. | Totals | 6a. | | 6b. | | | | | | | |
| P/ | ART ADJUSTMENT CALCULATION | | | | | | | | | | |
| 7. | Total Regular Business Income | 7. | | | | | | | | | |
| 8. | Total Alternative Business Income/(Loss). (If loss, enter zero) | 8. | | | | | | | | | |
| 9. | Business Increment (Line 7 minus Line 8) | 9. | | | | | | | | | |
| 10. | Adjustment Percentage | 10. | 0.40 |) | | | | | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.40) | 11. | | | | | | | | | |
| P/ | ART III LOSS CARRYFORWARD TO TAX YEAR 2016 | | | | | | | | | | |
| 12. | Loss Carryforward to Tax Year 2016 | | | 12. | (|) | | | | | |

Instructions

| Line 1a. | Enter the amount from Line 17, Column A, of Form NJ-1040NR. |
|----------|--|
| Line 1b. | Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR). |
| Line 2a. | Enter the amount from Line 19, Column A, of Form NJ-1040NR. |
| Line 2b. | Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR). |
| Line 3a. | Enter the amount from Line 22, Column A, of Form NJ-1040NR. |
| Line 3b. | Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR). |
| Line 4a. | Enter the amount from Line 23, Column A, of Form NJ-1040NR. |
| Line 4b. | Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR). |
| Line 5b. | Enter the amount from Line 12 of your 2014 Schedule NJ-BUS-2 (Form NJ-1040NR). |
| Line 6a. | Enter the total of Lines 1a through 4a. |
| Line 6b. | Enter the total of Lines 1b through 5b, netting gains with losses. |
| Line 7. | Enter the amount from Line 6a of this schedule. |

- Line 9. Subtract Line 8 from Line 7. If the result is zero, also enter zero on Line 11 and on Line 35 of Form NJ-1040NR, and continue with Line 12.
- Line 10. The adjustment percentage for tax year 2015 is 40% (0.40).

Line 8.

Line 11. Multiply the amount on Line 9 by 40% (0.40). Enter here and on Line 35 of Form NJ-1040NR.

Enter the amount from Line 6b of this schedule. If loss, enter zero here.

Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

| NJ-1040N | R-V Nonresident Payment Vouche | SOCIAL SECURITY NUMBER | | | - | | | - | | | | |
|----------------------|--|------------------------------|--------|----------|------|------|-------|-------|-----|-------|-------|------|
| | | LAST NAME, FIRST NAM | ME ANI | D INITIA | L | | | | | • | • | |
| IAKE YOUR CHECK PAYA | ABLE TO 'STATE OF NEW JERSEY - TGI'. | STREET ADDRESS | | | | | | | | | | |
| RITE YOUR SOCIAL SEC | URITY # AND TAX YEAR ON YOUR CHECK. | CITY, STATE, ZIP CODE | | | | | | | | | | |
| | State of New Jersey Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244 | | | Enter | r an | nour | nt of | pay | men | t her | e: | |
| | 013090000000 | 000000000 | 15 | 121 | 60 | 00 | 000 | 000 | 000 | | | |
| | | | | ••••• | | | | ••••• | | | ••••• | |

