

NJ-1040

5R 2016



STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

For Tax Year Jan.-Dec. 31, 2016, Or Other Tax Year Beginning _____, 2016, Month Ending

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, 20____

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

See Instructions	Your Social Security Number <div> <div><div></div><div></div><div></div></div> <div>-</div> <div><div></div><div></div></div> <div>-</div> <div><div></div><div></div><div></div><div></div><div></div></div> </div>	Last Name, First Name and Initial <small>(Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)</small>		
	Spouse's/CU Partner's Social Security Number <div> <div><div></div><div></div><div></div></div> <div>-</div> <div><div></div><div></div></div> <div>-</div> <div><div></div><div></div><div></div><div></div><div></div></div> </div>	Home Address <small>(Number and Street, incl. apt. # or rural route)</small> Change of Address <input type="checkbox"/>		
	County/Municipality Code <small>(See Table p. 50)</small> <div> <div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div></div></div> </div>	City, Town, Post Office	State	Zip Code

For Privacy Act Notification, See Instructions

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

Tc

MM/DD/YY To MM/DD/YY

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 MM / DD / YY To MM / DD / YY

ENTER NUMBERS HERE

FILING STATUS	(Fill in only one)	EXEMPTIONS							
1.	<input type="radio"/> Single		6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner <input type="radio"/> Domestic Partner	6					
2.	<input type="radio"/> Married/CU Couple, filing joint return		7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner	7					
3.	<input type="radio"/> Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's Social Security Number in the boxes above		8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner	8					
4.	<input type="radio"/> Head of household		9. Number of your qualified dependent children				9		
5.	<input type="radio"/> Qualifying widow(er)/Surviving CU Partner		10. Number of other dependents				10		
			11. Dependents attending colleges (See instr. page 16)	11					
			12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)	12a				12b	

FILING STATUS

EXEMPTIONS

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		<div><div></div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
b		<div><div></div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<input type="radio"/>
c		<div><div></div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<input type="radio"/>
d		<div><div></div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<input type="radio"/>

DEPENDENTS

Fill in oval if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other (see instructions)

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.

If enclosing copy of death certificate for deceased taxpayer, fill in

(See instruction page 12)

If you do not need forms mailed to you next year, fill in

(See instruction page 14)

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.




Driver's License Number _____ Pay amount on Line 56 in full. Write Social Security number(s) on check or money order.
 (Voluntary. See instruction page 14.)

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

Paid Preparer's Signature (Fill in ☐ if NJ-1040-O is enclosed)

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**. If not, use the label for **PO Box 555**.

You may also pay by e-check or credit card. See instruction page 11.

Division
Use

1	2					3						4	5	6						7				
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Name(s) as shown on Form NJ-1040

- | | | | | | | | | | | | | | | |
|------|---|-----|--|--|---|--|--|---|--|--|---|--|--|--|
| 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 (Schedule NJ-BUS-1, Part I, Line 4)
(Enclose copy of Federal Schedule C, Form 1040) | 17 | | | , | | | , | | | , | | | |
| 18. | Net gains or income from disposition of property (Schedule B, Line 4) | 18 | | | , | | | , | | | , | | | |
| 19a. | Pensions, Annuities, and IRA Withdrawals (See instruction page 21) | 19a | | | , | | | , | | | , | | | |
| 19b. | Excludable Pensions, Annuities, and IRA Withdrawals .. | 19b | | | , | | | , | | | , | | | |
| 20. | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4)
(See instruction page 24) (Enclose Schedule NJK-1 or Federal Schedule K-1) .. | 20 | | | , | | | , | | | , | | | |
| 21. | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4)
(See instruction page 25) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) . | 21 | | | , | | | , | | | , | | | |
| 22. | Net gains or income from rents, royalties, patents & copyrights
(Schedule NJ-BUS-1, Part IV, Line 4) | 22 | | | , | | | , | | | , | | | |
| 23. | Net Gambling Winnings (See instruction page 25) | 23 | | | , | | | , | | | , | | | |
| 24. | Alimony and separate maintenance payments received | 24 | | | , | | | , | | | , | | | |
| 25. | Other (Enclose Schedule) (See instruction page 25) | 25 | | | , | | | , | | | , | | | |
| 26. | Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25) | 26 | | | , | | | , | | | , | | | |
| 27a. | Pension Exclusion (See instruction page 26) | 27a | | | , | | | , | | | , | | | |
| 27b. | Other Retirement Income Exclusion (See Worksheet and instr. page 26) ... | 27b | | | , | | | , | | | , | | | |
| 27c. | Total Exclusion Amount (Add Line 27a and Line 27b) | 27c | | | , | | | , | | | , | | | |
| 28. | New Jersey Gross Income (Subtract Line 27c from Line 26) | 28 | | | , | | | , | | | , | | | |
| 29. | Total Exemption Amount (See instruction page 28 to calculate amount) | 29 | | | , | | | , | | | , | | | |
| 30. | Medical Expenses | 30 | | | , | | | , | | | , | | | |
| 31. | Alimony and Separate Maintenance Payments | 31 | | | , | | | , | | | , | | | |
| 32. | Qualified Conservation Contribution | 32 | | | , | | | , | | | , | | | |
| 33. | Health Enterprise Zone Deduction | 33 | | | , | | | , | | | , | | | |
| 34. | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) | 34 | | | , | | | , | | | , | | | |
| 35. | Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34) | 35 | | | , | | | , | | | , | | | |
| 36. | Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY. | 36 | | | , | | | , | | | , | | | |
| 37a. | Total Property Taxes (18% of Rent) Paid (See instruction page 29) | 37a | | | , | | | , | | | , | | | |
| 37b. | Block <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Qualifier <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | |
| 37c. | County/Municipality Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fill in oval if you completed Worksheet G-1 <input type="radio"/> (See instruction page 33) | | | | | | | | | | | | | |
| 38. | Property Tax Deduction (From Worksheet G. See instruction page 33) | 38 | | | , | | | , | | | , | | | |
| 39. | New Jersey Taxable Income (Subtract Line 38 from Line 36)
If zero or less, MAKE NO ENTRY | 39 | | | , | | | , | | | , | | | |






CONTINUE TO PAGE 3



040HP03160

Your Social Security Number

Name(s) as shown on Form NJ-1040

40.	TAX (From Tax Table, page 52)		40						
41.	Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....		41						
42.	Balance of Tax (Subtract Line 41 from Line 40)		42						
43.	Sheltered Workshop Tax Credit		43						
44.	Balance of Tax after Credit (Subtract Line 43 from Line 42)		44						
45.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00).		45						
46.	Penalty for Underpayment of Estimated Tax. Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.		46						
47.	Total Tax and Penalty (Add Lines 44, 45, and 46)		47						
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)		48						
49.	Property Tax Credit (See instruction page 29)		49						
50.	New Jersey Estimated Tax Payments/Credit from 2015 tax return		50						
51.	New Jersey Earned Income Tax Credit (See instruction page 38)		51						
	Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit								
52.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450)		52						
53.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 38)		53						
54.	EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450)		54						
55.	Total Payments/Credits (Add Lines 48 through 54)		55						
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE..... Fill in <input type="checkbox"/> if paying by e-check or credit card. If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.		56						
57.	If Line 55 is MORE THAN Line 47, enter OVERPAYMENT		57						
	Deductions from Overpayment on Line 57 which you elect to credit to:								
58.	Your 2017 tax		58						
59.	 N.J. Endangered Wildlife Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59						
60.	 N.J. Children's Trust Fund To Prevent Child Abuse	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60						
61.	 N.J. Vietnam Veterans' Memorial Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61						
62.	 N.J. Breast Cancer Research Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62						
63.	 U.S.S. New Jersey Educational Museum Fund ...	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	63						
64.	Other Designated Contribution	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	64						
	(See instruction page 39)								
65.	Total Deductions from Overpayment (Add Lines 58 through 64)		65						
66.	REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)		66						

ENTER
AMOUNT
OF
CONTRIBUTION



040HH01160

↓ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ↓

For Privacy Act Notification, See Instructions	Your Social Security Number <div> <div></div><div></div><div></div> <div></div><div></div> <div></div><div></div><div></div><div></div> </div>	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)			Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.
	Spouse's/CU Partner's Social Security Number <div> <div></div><div></div><div></div> <div></div><div></div> <div></div><div></div><div></div><div></div> </div>	Home Address (Number and Street, incl. apt # or rural route)		Change of Address <input type="checkbox"/>	
	County/Municipality Code (See Table p. 50) <div> <div></div><div></div><div></div><div></div> </div>	City, Town, Post Office	State	Zip Code	
FILING STATUS 1. <input type="radio"/> Single 2. <input type="radio"/> Married/CU Couple, filing joint return 3. <input type="radio"/> Married/CU Partner, filing separate return 4. <input type="radio"/> Head of household 5. <input type="radio"/> Qualifying widow(er)/Surviving CU Partner	NJ RESIDENCY STATUS 6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: <div> <div>From</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div> <div>To</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> </div> </div>				

- Have Filed Or Will File a 2016 New Jersey Resident Return, Form NJ-1040; Or
- Were a New Jersey Homeowner on October 1, 2016; Or
- Were Under Age 65 and NOT Blind or Disabled on December 31, 2016; Or
- Had New Jersey Gross Income for 2016 of More Than \$20,000 (More Than \$10,000 if Filing Status is Single or Married/CU Partner, Filing Separate Return).

- | | |
|---|---|
| 7a. On December 31, 2016, were you age 65 or older? | Yourself <input type="radio"/> Yes <input type="radio"/> No
Spouse/CU Partner <input type="radio"/> Yes <input type="radio"/> No |
| 7b. On December 31, 2016, were you blind or disabled? | Yourself <input type="radio"/> Yes <input type="radio"/> No
Spouse/CU Partner <input type="radio"/> Yes <input type="radio"/> No |

If you (and your spouse/CU partner) did not meet the age or disability requirements, do not file Form NJ-1040-H. See instructions.

8. On October 1, 2016, did you own and occupy a home in New Jersey as your principal residence? ☐ Yes ☐ No
If "Yes," STOP. Do not file Form NJ-1040-H. See instructions.

9. Indicate whether at any time during 2015 you either owned a home or rented a dwelling in New Jersey as your principal residence on which property taxes (or rent) were paid. Fill in the appropriate oval. If you were both a homeowner and a tenant during the year, fill in "Both."
- ☐ Homeowner ☐ Tenant ☐ Both ☐ Neither **(Fill in only one)**

If "Homeowner" or "Tenant" or "Both," you may be asked to provide proof of property taxes or rent paid on your principal residence.

If you were neither a homeowner nor a tenant, STOP. You are not eligible for a property tax credit. Do not file Form NJ-1040-H.

10. Enter your NEW JERSEY GROSS INCOME 10 [] [] , [] [] [] , [] [] [] [] .

Enter the amount of income you would have reported on Line 28, Form NJ-1040 if you had filed the tax return. See instructions.

This is a Property Tax Credit Application for Certain Homeowners and Tenants.
There is no tenant rebate application available for 2016 since tenant rebates for 2009, 2010, 2011, 2012, 2013, 2014 and 2015 were suspended by the State Budget.

Division Use	1	2					3							4	5	6					7							
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Under the penalties of perjury, I declare that I have examined this property tax credit 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 _____

If enclosing copy of death certificate for deceased taxpayer, fill in (See instruction page 12) ☐

Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____

If you do not need forms mailed to you next year, fill in (See instruction page 14)						<input type="checkbox"/>	
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)						<input type="checkbox"/>	
Paid Preparer's Signature				Federal Identification Number			
Firm's Name				Federal Employer Identification Number			

Mail your Property Tax Credit Application (NJ-1040-H) to:

NJ Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555