NJ-1040 1998



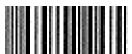
STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

	•						1			
	_	ax Year JanDec. 31, 1998 Or Other Tax Year	•	-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	, 19			ı
5F		Fill in if application for Federal extensi				ill in if your addre				
	Y	Your Social Security Number		Las	t Name, First Name and Initia	al (Joint filers enter first name a	nd initial of each	- Enter spouse last na	me ONLY if different)	
		1 - -								Place label
	S	Spouse's Social Security Number		Hor	ne Address (Number and Street, includi	ing apartment number or rura	l route)			on form you file.
			\neg							Make all neces-
SU	Ļ		- ↓							sary
For Privacy Act Notification, See Instructions	С	County/Municipality Code (See Table p. 41)		City	r, Town, Post Office		State	Zip Co	de	on label.
see I		(Fill in only one)					Г		ENTER	₹
Jn, S		(c iii iii citi,			6. Regular	Yourself \bigcirc S	Spouse	6	NUMB	
icatic		1. Single			7. Age 65 or Over \subset	Yourself S	Spouse	7	HERE	
Notif	200	2. Married, filing joint return	9	ည	8. Blind or Disabled	Yourself S	Spouse		┪	
y Act	STATUS	3.	n G	EXEMPTIONS	Number of your qualifier		L	8		$\overline{}$
rivac	9	Enter Spouse's Social Secur Number in the boxes provide	rity ed	Σ Σ	Number of other depen	·			9	₩
For P	FILING	above			·				10	
	щ	4. Head of Household	Ι,		11. Dependents attending	•	,	11		
		5. Qualifying Widow(er)			12. Totals (For Line 12a - Ad (For Line 12b - Ad	ld Lines 6, 7, 8 and 1 ld Lines 9 and 10)	1)	П		П
					(2a	12b	
	R	RESIDENCY 13. If you were a New Jersey res ONLY part of the taxable year	ident for ir. aive the	9			TO M	M/C		
		period of New Jersey resider	icy:		From/	2''	10		<u> </u>	<u> </u>
			-		61 of your taxes for this fund? ouse wish to designate \$1?	Yes Yes		No No	Note: If you fill in the oval(s) it will not in tax or reduce your	crease your
	4.	Wages, salaries, tips, and other employee co				14		$\neg \vdash$		
,	٦.	wages, salanes, tips, and other employee co	пропоац	1011 (LI10103C W 2)	, ,	$\dashv \dashv$	≓'⊨	╪╬	-
15	ia.	Taxable interest income (See instructions)				15a ,		,	╙	
15	b.	Tax exempt interest income (See instructions)	15	5b	1. 🗆 🗆	1.□			
		DO NOT include on Line 15a						╡┌		
1	6.	Dividends				16 ,		ᆗ'⊨	 -:	
1	7.	Net profits from business (Enclose copy of Fe	ederal Sc	hed	ule C, Form 1040)	17 ,			└	
1	8.	Net gains or income from disposition of prope	erty (Sche	edule	e B, Line 4)	18	$\Box\Box$	\neg . \vdash	ГП.[
	9.	Pensions, a. Taxable Amount Received		19		1 1 1	īĦ	=		
	0.	Annuities		1.	74 1 1, 1	<u> </u>	╎├┼	=		
		and IRA b. Less N.J. Pension Exclusion Withdrawals	•••••		19b],	<u> </u>	ᆜ _		_
		c. Subtract Line 19b from Line 1	9a			19c		\square , \square	□□.[
2	20.	Distributive Share of Partnership Income (Sec	e instruct	ion i	page 22)	20			$\overline{\Box}$	
							丗	≓'⊨	 :	\dashv
2	21.	Net pro rata share of S Corporation Income (See instru	uctio	on page 22)	21 ,		ᆜ , └	<u></u> !	
2	2.	Net gain or income from rents, royalties, pate (Schedule C, Line 3)	nts & cop	oyrig	hts	22 ,			<u> </u>	
2	23.	Net Gambling Winnings				23 ,		\square , \square	<u> </u>	
2	24.	Alimony and separate maintenance payments	s receive	d		24	一一	コ.F	i III	
1					i		$\dashv \dashv$	≓'늗	₩	\dashv
	25.	Other (See instruction page 22)				25 ,	 	ᆗ'⊨	 	
2	26.	Total Income (Add Lines 14, 15a, 16, 17, 18,	19c, 20,	21,	22, 23, 24, and 25)	26			 ∐∐.	



					П	\neg	г	INJ	-1040	(): 	190)	Page
27.	Total Income (From Line 26, Page 1)	27	 ,		Щ	_	, <u>L</u>		Ш	- <u> </u>		_
28.	Other Retirement Income Exclusion (See Worksheet and Instr. page 23)			28	Ц	4	, <u> </u>	<u></u>	Ш]. -	<u> </u>	4
29.	New Jersey Gross Income (Subtract Line 28 from Line 27)	29	Ш,		Ш		, <u>L</u>		Ш	- L		
30a.	Exemptions: From Line 12a x \$1,000 =											
30b.	From Line 12b x \$1,500 =								_		_	
30c.	Total Exemption Amount (Add Line 30a and Line 30b)		300		Ц	4	, <u> </u>	F]. -	_	극
31.	Medical Expenses/Medical Savings Account Contributions		31				, <u>L</u>			. <u> </u>		
	(See Worksheet and instruction page 24)							T		Г		\neg
32.	Alimony and Separate Maintenance Payments		32				, <u>L</u>					
33.	Total Exemptions and Deductions (Add Lines 30c, 31 and 32)		33	Ę	Ц	\exists	, <u> </u>	I].		\exists
34.	Taxable Income (Subtract Line 33 from Line 29)	34	Ш,	느	Н	<u></u>	, <u>L</u>	<u> </u>	Ц].[1	<u> </u>	ᆜ
35.	Property Tax Deduction (See instruction page 25)			35			, L			J.		Ш
36.	NEW JERSEY TAXABLE INCOME (Subtract Line 35 from Line 34)	36	\square ,		Ш		, [].[
37.	TAX (From Tax Tables, page 43)	37	<u>П</u> ,		Ц		<u>,</u> [Ļ].		ᆜ
38.	Credit For Income Taxes Paid to Other Jurisdictions (See instructions)	38	<u>Ц</u> ,	느	Ц	╣	, <u>L</u>	누	Щ		ᆜ	닉
39.	Balance of Tax (Subtract Line 38 from Line 37)	39	Ц,	늗	Щ	4	, <u>L</u>	+	Ш	- [- [닉
40.	Use Tax Due on Out-of-State Purchases (See instruction page 27)	40	Ш, П	늗	H	ᆜ 	, <u>L</u>	<u> </u>	Ш	.[[<u>닉</u>	믁
41.	Total Tax (Add Line 39 and Line 40)		 ,				, L			- L		
42.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	42	□ ,		П		, [I].[<u></u>	\exists
43.	Property Tax Credit (See instruction page 28)		$\overline{}$		П	\neg	43	<u> </u>	Ш	l · L	<u> </u>	╡
44.	New Jersey Estimated Tax Payments/Credit from 1997 tax return	44	,		45	를 기	, -	$\frac{1}{1}$	Н	l·L I	_	╡
45.	EXCESS New Jersey UI/HC/WD Withheld (See instr. page 28) (Enclose Form NJ-2450)				45	=	, -	÷	Ш	• L [_ 	╡
46.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 28)(Enclose Form NJ-2450)	47		Г	46	\exists	, ∟ ┌	÷	\Box	• L [믐	爿
47.	Total Payments/Credits (Add Lines 42 through 46)		□ ,	H	H	=	' 	$\frac{1}{1}$	H	• L [<u> </u>	\dashv
48.	If payments (Line 47) are LESS THAN tax (Line 41) enter AMOUNT OF TAX YOU OWE	48	,		Щ		, L		Ш	• L	_	
	If you owe tax, you may make a donation by entering an amount on Lines 52, 5	53, 54, 55	and/or	56 an	ıd addi	ing th	is to	your c	heck	am	ount.	
49.	If payments (Line 47) are MORE THAN tax (Line 41) enter OVERPAYMENT here and on line 50, Page 3	49	\Box				, [].		

NJ-1040 (1998) Page 3



Name	e(s) as shown on F	Form NJ-1040				Your	Social Secu	ırity Numb 	er	ı	
		NOTE: AN ENTRY ON LINES	S 51, 52,	53, 54, 5	5 and/or 56 WII	LL REDUCE	YOUR TA	X REFUN	D	'	
	Deductions from	payment (From Line 49, Page 2) Overpayment on Line 50 which you	u elect to	credit to:		50 ,		\Box , \Box	\prod	-	卄
51.	Your 1999 tax		•••••			, ,			=	╡╘	#
52.	2	The N.J. Endangered Wildlife Fund	G \$5	G \$10	G Other			52	Ш	<u> </u>	
53.		N.J. Children's Trust Fund To Prevent Child Abuse	G \$5	G \$10	G Other		ITER	53	Ш].[
54.	ಇತ್ತಾತ್	The N.J. Vietnam Veterans' Memorial Fund	G \$5	G \$10	G Other		OUNT OF	54].[\Box
55.	ΙẌ́Ì	N.J. Breast Cancer Research Fund	G \$5	G \$10	G Other	CONTR	RIBUTION	55].[
56.		U.S.S. New Jersey Educational Museum Fund	G \$5	G \$10	G Other			56].[
57.	Total Deductions	s from Overpayment (Add Lines 51	through :	56)		57 ,		\Box , \Box].[
58.	REFUND (Amou	ant to be sent to you, Line 50 LESS	Line 57)			58 ,		☐,[□.[\Box
		Schedu	ıle 1 - F	Property	Tax Deduct	tion/Credi	<u> </u>				
	nplete this schedu	nns of this schedule to find out whale if you claim a credit for taxes property toxy you poid in 10	oaid to o	ther juriso	dictions. Comp	olete Sched	ule A.			•	. Do not
1.	Property Tax. E	nter the property tax you paid in 199	98. Rent	ers eriter	16% of rent par	a in 1998. S			١٠		
1. 2.	Property Tax De	eduction. Enter Line 1 or \$10,000, w					ee maada				
	Property Tax De						Column A				
	Property Tax De on Line 4 below Taxable Income	eduction. Enter Line 1 or \$10,000, was See Instructions. e (Copy from Line 34 of your NJ-104)	vhicheve 40)	r is less. A	Also enter this a	amount 3.			3.	Colur	mn B
2. 3. 4.	Property Tax De on Line 4 below Taxable Income Property Tax De	eduction. Enter Line 1 or \$10,000, was. See Instructions. e (Copy from Line 34 of your NJ-104 eduction (Copy from Line 2 of this seeduction)	vhicheve 10) chedule)	r is less. A	Also enter this a	3. 4.			3. 4.		mn B
2. 3. 4. 5.	Property Tax De on Line 4 below Taxable Income Property Tax De Taxable Income	eduction. Enter Line 1 or \$10,000, was See Instructions. a (Copy from Line 34 of your NJ-104 eduction (Copy from Line 2 of this see After Property Tax Deduction (Sub	vhicheve 10) chedule) otract Lin	r is less. A	Also enter this a	3. 4.			3.	Colur	mn B
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