

NJ-1040NR
2001

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan.-Dec. 31, 2001 Or Other Tax Year Beginning _____, 2001, Ending _____, 20

5-N Check block if application for Federal extension is attached.

FOR PRIVACY ACT NOTIFICATION See Instructions	Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse 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 Social Security Number	Home Address (Number and Street, including apartment number or rural route)			
	↑ You must enter your ↑ SSN(s) above	City, Town, Post Office	State		Zip Code
	State of Residency				
(Check only ONE box)		EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	6	
1. <input type="checkbox"/> Single	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		7		
2. <input type="checkbox"/> Married, filing joint return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		8		
3. <input type="checkbox"/> Married, filing separate return	9. Number of your qualified dependent children			9	
Name and Social Security Number of Spouse	10. Number of other dependents			10	
4. <input type="checkbox"/> Head of Household	11. Dependents attending colleges		11		
5. <input type="checkbox"/> Qualifying Widow(er)	12. Totals (For Line 12a - Add Lines 6, 7, 8 and 11) (For Line 12b - Add Line 9 and Line 10)	12a	12b		
RESIDENCY STATUS 13. If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ To _____ MONTH DAY YEAR MONTH DAY YEAR					
GOVERNMENTAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse wish to designate \$1? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund. Yes <input type="checkbox"/> No <input type="checkbox"/>					
NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 10 of the instructions.					
		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES		
14a. Total Income (From Line 46, Part I)	14a		14a		
14b. Other Retirement Income Exclusion (See Worksheet and Instructions)	14b		14b		
14c. Gross Income (Subtract Line 14b from Line 14a)	14c		14c		
15. Total Exemption Amount (See Instructions)	15		NOTE: Part-Year Residents SEE INSTRUCTIONS		
16. Medical Expenses (See Worksheet and Instructions Page 11)	16				
17. Alimony and separate maintenance payments	17				
18. Qualified Conservation Contribution	18				
19. Total Exemptions and Deductions (Add Lines 15, 16, 17 and 18)	19				
20. TAXABLE INCOME (Subtract Line 19 from Line 14c, Column A)	20				
21. Tax on amount on Line 20 (From Tax Tables on Page 30)	21				
22. Income Percentage (See instruction page 12) _____ %					
23. NEW JERSEY TAX (Multiply amount from Line 21 by percentage from Line 22)	23				
24. Total New Jersey Tax Withheld (Attach Form W-2)	24		Check <input type="checkbox"/> If Form NJ-2210 is attached. If an amount is entered ← on Line 26 or Line 27 ← attach Form NJ-2450		
25. New Jersey Estimated Tax Payments/Credit from 2000 tax return	25				
26. EXCESS N.J. UI/HC/WD Withheld (See Instructions)	26				
27. EXCESS N.J. Disability Insurance Withheld (See Instructions)	27				
28. Total Payments/Credits (Add Lines 24 through 27) ENTER TOTAL →	28				
29. If payments (Line 28) are LESS THAN tax (Line 23) enter AMOUNT OF TAX YOU OWE	29				
30. If payments (Line 28) are MORE THAN tax (Line 23) enter OVERPAYMENT	30				
31. Deductions from Overpayment on Line 30 which you elect to credit to:			NOTE: AN ENTRY ON LINE 31A, B, C, D, E, F OR G WILL REDUCE YOUR TAX REFUND		
(A) Your 2002 Tax	31A				
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31B				
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31C				
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31D				
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31E				
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31F				
(G) Designated Contribution <input type="text" value="0"/> <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31G				
32. Total Deductions From Overpayment (Add Lines 31A, B, C, D, E, F and G) ENTER TOTAL →	32				
33. REFUND (Amount to be sent to you, Line 30, LESS Line 32)	33				
Under penalties of perjury, I declare that I have examined this 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.					
→ _____ Date		→ _____ Spouse's signature (if filing jointly, BOTH must sign)			
Paid Preparer's Signature		Federal Identification Number			
Firm's name		Federal Employer Identification Number			
Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____					
Pay amount on Line 29 in full. Write social security number on check or money order and make payable to: STATE OF NEW JERSEY-TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244 You may also pay by credit card or e-check.					

SIGN HERE

Please Attach W-2 Forms Here

Please Print or Type

TOTAL INCOME		Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category.	(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
34.	Wages, salaries, tips, and other employee compensation		34	
35.	Interest		35	
36.	Dividends		36	
37.	Net profits from business (Attach copy of Federal Schedule C, Form 1040)		37	
38.	Net gains or income from disposition of property (From Line 50)		38	
39.	Net gains or income from rents, royalties, patents, and copyrights (From Line 53)		39	
40.	Net Gambling winnings		40	
41.	Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion		41	
42.	Distributive Share of Partnership Income		42	
43.	Net pro rata share of S Corporation Income		43	
44.	Alimony and separate maintenance payments received		44	
45.	Other - State Nature and Source _____		45	
46.	TOTAL INCOME (Add Lines 34 thru 45) (enter here and on Line 14a, Page 1) .		46	

NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
47.					
48.	Capital Gains Distribution				48
49.	Other Net Gains				49
50.	Net Gains (Add Lines 47, 48, and 49) (Enter here and on Line 38) (If Loss, enter ZERO)				50

NET GAINS 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.			
(a) Kind of property	(b) Net Rental Income (Loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights	
51.					
52.	Totals	(b)	(c)	(d)	(e)
53.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 39) (If Loss enter ZERO)				53

**ALLOCATION OF WAGE AND SALARY
INCOME EARNED PARTLY INSIDE AND
OUTSIDE NEW JERSEY**

54.	Amount reported on Line 34 in Column A of Part I required to be allocated	54		
55.	Total days in taxable year	55		
56.	Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	56		
57.	Total days worked in taxable year (Line 55 minus Line 56)	57		
58.	Deduct days worked outside New Jersey	58		
59.	Days worked in New Jersey (Line 57 less Line 58)	59		
60.	ALLOCATION FORMULA $\frac{\text{(Line 59)}}{\text{(Line 57)}} \times \frac{\text{(Enter amount from Line 54)}}{\text{(Salary earned inside N.J.)}} =$ _____			(Include this amount on Line 34, Col. B, Part I)

**ALLOCATION OF BUSINESS
INCOME TO NEW JERSEY**

(See instructions if other than Formula Basis of allocation is used.)

BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)

Enter below, the line number and amount of each item of business income reported in Column A of Part I which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

- From Line No. _____ Part I \$ _____ X _____ % = \$ _____
- From Line No. _____ Part I \$ _____ X _____ % = \$ _____
- From Line No. _____ Part I \$ _____ X _____ % = \$ _____
- From Line No. _____ Part I \$ _____ X _____ % = \$ _____
- From Line No. _____ Part I \$ _____ X _____ % = \$ _____