

NJ-1040NR
2004



STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2004 - December 31, 2004
Or Other Taxable Year Beginning _____, 2004,
Ending _____, 20____

5-N

Check box if application for Federal extension is attached or enter confirmation number _____

Please Print or Type
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) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return	EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	6	
		7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7	
		8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	8	
		9. Number of your qualified dependent children		9
		10. Number of other dependents		10
Name and Social Security Number of Spouse		11. Dependents attending colleges	11	
4. <input type="checkbox"/> Head of household		12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Line 9 and Line 10)	12a	12b
5. <input type="checkbox"/> Qualifying widow(er)				

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

GUBERNATORIAL 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 No Yes No **Note:** If you check the "Yes" box(es) it will not increase your tax or reduce your refund.

Please Attach W-2 Forms Here

	(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
14. Wages, salaries, tips, and other employee compensation	14	14
15. Interest	15	15
16. Dividends	16	16
17. Net profits from business (Attach copy of Federal Schedule C, Form 1040)	17	17
18. Net gains or income from disposition of property (From Line 53)	18	18
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 56)	19	19
20. Net gambling winnings	20	20
21. Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	21	
22. Distributive Share of Partnership Income	22	22
23. Net pro rata share of S Corporation Income	23	23
24. Alimony and separate maintenance payments received	24	24
25. Other - State Nature and Source _____	25	25
26. TOTAL INCOME (Add Lines 14 through 25)	26	26
27. Other Retirement Income Exclusion (See Worksheet and Instructions page 23)	27	27
28. Gross Income (Subtract Line 27 from Line 26)	28	28
29a. Exemptions: From Line 12a _____ x \$1,000 = _____		
29b. From Line 12b _____ x \$1,500 = _____		
29c. Total Exemption Amount (Add line 29a and 29b) Part-year nonresidents see instruction page 5	29c	
30. Medical Expenses (See Worksheet and Instructions page 24)	30	
31. Alimony and separate maintenance payments	31	
32. Qualified Conservation Contribution	32	
33. Total Exemptions and Deductions (Add Lines 29c, 30, 31, and 32)	33	
34. TAXABLE INCOME (Subtract Line 33 from Line 28, Column A)	34	



Name(s) as shown on Form NJ-1040NR		Your Social Security Number	
35. Taxable Income (from Line 34, page 1)	35		
36. Tax on amount on Line 35 (From Tax Table page 30)	36		
37. Income Percentage $\frac{\text{B. (Line 28)}}{\text{A. (Line 28)}} = \text{_____} \%$			
38. NEW JERSEY TAX (Multiply amount from Line 36 _____ x _____ % from Line 37)	38		
39. Total New Jersey Income Tax Withheld (Attach Form W-2)	39		
40. New Jersey Estimated Tax Payments/Credit from 2003 tax return	40		
41. Tax paid on your behalf by Partnership(s)	41		
42. EXCESS NJ UI/HC/WD Withheld (Enclose Form NJ-2450. See Instructions)	42		
43. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instructions)	43		
44. Total Payments/Credits (Add Lines 39 through 43) ENTER TOTAL →	44		
45. If payments (Line 44) are LESS THAN tax (Line 38) enter AMOUNT OF TAX YOU OWE	45		
46. If payments (Line 44) are MORE THAN tax (Line 38) enter OVERPAYMENT	46		
47. Deductions from Overpayment on Line 46 which you elect to credit to:			
(A) Your 2005 Tax	47A		
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	47B		
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	47C		
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	47D		
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	47E		
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	47F		
(G) Designated Contribution <input type="checkbox"/> 0 <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	47G		
48. Total Deductions From Overpayment (Add Lines 47A, B, C, D, E, F and G) ENTER TOTAL →	48		
49. REFUND (Amount to be sent to you, subtract Line 48 from Line 46)	49		

Check If Form NJ-2210 is attached.

NOTE:
AN ENTRY ON LINE 47A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND

SIGN HERE	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.	
	→ _____ Your signature	→ _____ Date
	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

Pay amount on Line 45 in full. Write social security number(s) 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 e-check or credit card.

Name(s) as shown on Form NJ-1040NR	Your Social Security Number
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PART I	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)	
50.						
51. Capital Gains Distribution					51	
52. Other Net Gains					52	
53. Net Gains (Add Lines 50, 51, and 52) (Enter here and on Line 18) (If Loss, enter ZERO)					53	

PART II	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		
54.						
55. Totals	(b)	(c)	(d)	(e)		
56. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 19) (If Loss enter ZERO)					56	

PART III	ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)				
57. Amount reported on Line 14 in Column A required to be allocated					57	
58. Total days in taxable year					58	
59. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)					59	
60. Total days worked in taxable year (subtract Line 59 from Line 58)					60	
61. Deduct days worked outside New Jersey					61	
62. Days worked in New Jersey (subtract Line 61 from Line 60)					62	
63. ALLOCATION FORMULA	$\frac{\text{Line 62}}{\text{Line 60}} \times \text{Line 57} = \text{Salary earned inside N.J.}$		(Include this amount on Line 14, Col. B)			

PART IV	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 which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.						
From Line No. _____	\$ _____	X _____	% = \$ _____			
From Line No. _____	\$ _____	X _____	% = \$ _____			
From Line No. _____	\$ _____	X _____	% = \$ _____			