NJ-1040 2005



STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

| 5 | 2003 | WEB | | | | |
|---|--|--|--|--|--|--|
| Fo | r Tax Year JanDec. 31, 2005, Or Other Tax Year B | · · · · · · · · · · · · · · · · · · · | | | | |
| \ | IMPORTANT! YOU MUST ENTER YOUR SSN (s) | • | | | | |
| | 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) | | | | |
| ee Instructions | Spouse's Social Security Number | Home Address (Number and Street, including apartment number or rural route) Home Address (Number and Street, including apartment number or rural route) | | | | |
| | County/Municipality Code (See Table p. 59) | City, Town, Post Office State Zip Code | | | | |
| ication, S | NJ RESIDENCY STATUS If you were a New Jersey residency ONLY part of the taxable years period of New Jersey residency | give the M M / D D / Y Y M M / D D / Y Y | | | | |
| For Privacy Act Notification. | (Fill in only one) 1. Single 2. Married, filing joint return 3. Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above 4. Head of household 5. Qualifying widow(er) | 6. Regular Yourself Spouse Domestic Partner 7. Age 65 or Over Yourself Spouse 9. Number of your qualified dependent children 9. Number of other dependents 10. Number of other dependents 11. Dependents attending colleges 11. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10) 12a 12b 13ddle Initial Dependent's Social Security Number Birth Year | | | | |
| | a d d | a | | | | |
| Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse wish to designate \$1? Yes No No No No No No No No No N | | | | | | |
| If you were a tenant on October 1, 2005, also complete Page 4 Under the penalties of perjury, I declare that I have examined this income tax return and FAIR tenant rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the FAIR tenant rebate as my principal residence on October 1, 2005. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. Pay amount on Line 52 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI | | | | | | |
| • | Your Signature Spouse's Signature (if filing jointly, BOTH must sign) | Date Mail your check or money order with your NJ-1040-V payment voucher and your return to: NJ Division of Taxation Revenue Processing Center PO Box 111 | | | | |
| If | | Trenton, NJ 08645-0111 If REFUND: | | | | |
| _ | | rn and enclosures with my preparer (below) NJ Division of Taxation Revenue Processing Center | | | | |
| Paid Preparer's Signature PO Box 555 Trenton, NJ 08647-0555 You may also pay by e-check or | | | | | | |
| Fi | rm's Name | Federal Employer Identification Number | | | | |
| D | vision Use 1 2 3 | 4 5 6 7 | | | | |



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| | | NJ-1040 (2005) Page 2 |
|-------------|--|---|
| 14. | Wages, salaries, tips, and other employee compensation (Enclose W-2) | 14 , , , , , , , , , , , , , , , , , , , |
| | | 15a |
| 15a. | Taxable interest income (See instructions) | 134 |
| 15b. | Tax-exempt interest income (See instructions) | |
| 16. | Dividends | 16 , , , , , , , , , , , , , , , , , , , |
| 17. | Net profits from business (Enclose copy of Federal Schedule C, Form 1040) | 17 , , , , , , , , , , , , , , , , , , , |
| 18. | Net gains or income from disposition of property (Schedule B, Line 4) | 18 , , , , , , , , , , , , , , , , , , , |
| 19. | 19a | , |
| | Annuities and IRA b. Less N.J. Pension Exclusion | |
| | Withdrawals | |
| | c. Subtract Line 19b from Line 19a | 190 , , , , , , , , , , , , , , , , , , , |
| 20. | Distributive Share of Partnership Income (See instruction page 34) | 20 , , , , , , , , , , , , , , , , , , , |
| 21. | 1 1 7 | 21 , , , , , , , , , , , , , , , , , , , |
| 22. | Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) | 22 , , , , , , , , , , , , , , , , , , |
| | | 23 |
| 23. | Net Gambling Winnings | |
| 24. | Alimony and separate maintenance payments received | 24 , , , , , , , , , , , , , , , , , , , |
| 25. | Other (See instruction page 35) | 25 , , , , , , , , , , , , , , , , , , , |
| 26. | Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25) | 26 , , , , , , , , , , , , , , , , , , , |
| 27. | Other Retirement Income Exclusion (See Worksheet and instr. page 37) | |
| 28. | New Jersey Gross Income (Subtract Line 27 from Line 26) | 28 , , , , , , , , , , , , , , , , , , , |
| 29a. | Exemptions: From Line 12a x \$1,000 = | 1 |
| 29b. | From Line 12b x \$1,500 = | |
| | - | 29c |
| 29c. | Total Exemption Amount (Add Line 29a and Line 29b) | , |
| 30. | Medical Expenses | 30 , , , , , , , , , , , , , , , , , , , |
| 31. | (See Worksheet and instruction page 38) Alimony and Separate Maintenance Payments | 31 , , |
| | | 32 |
| 32. | Qualified Conservation Contribution | |
| 33. | Health Enterprise Zone Deduction | 33 |
| 34. | Total Exemptions and Deductions (Add Lines 29c, 30, 31, 32, and 33) | 34 , , , , , , , , , , , , , , , , , , , |
| 35. | Taxable Income (Subtract Line 34 from Line 28) | 35 , , , , , , , , , , , , , , , , , , , |
| 36. | Property Tax Deduction (See instruction page 39) | 36 , |
| 37. | NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY. | 37 , , , , , , , , , , , , , , , , , , , |
| 38. | TAX (From Tax Table, page 61) | 38 , , , , , , , , , , , , , , , , , , , |
| 30 | Credit For Income Tayos Paid to Other Jurisdictions (See instructions) | 39 |
| <i>ა</i> ჟ. | Credit For Income Taxes Paid to Other Jurisdictions (See instructions) | 40 |
| 4.0 | D (T (O ()) 00 () () 00 (| |



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| Name(s) as shown on Form NJ-1040 | | Your Social Security Number | | | | | |
|----------------------------------|--|--|--|--|--|--|--|
| | | | | | | | |
| 41. | Balance of Tax (From Line 40, Page 2) | . 41 , , | | | | | |
| 42. | Use Tax Due on Out-of-State Purchases (See instruction page 44) If no Use Tax, enter ZERO (0.00) | 42 , , , , , , , , , , , , , , , , , , , | | | | | |
| 40 | | 42 | | | | | |
| 43. | Penalty for Underpayment of Estimated TaxFill in if Form NJ-2210 is enclosed. | | | | | | |
| 44. | Total Tax and Penalty (Add Lines 41, 42, and 43) | | | | | | |
| 45. | Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R) | 45 | | | | | |
| 46. | Property Tax Credit (See instruction page 39) | 46 | | | | | |
| 47. | New Jersey Estimated Tax Payments/Credit from 2004 tax return | 47 , , , , , , , , , , , , , , , , , , | | | | | |
| 48. | New Jersey Earned Income Tax Credit (See schedule below) | 48 , | | | | | |
| 49. | EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450) | 49 , | | | | | |
| 50. | EXCESS New Jersey Disability Insurance Withheld (See instr. page 47) | 50 , | | | | | |
| 51. | (Enclose Form NJ-2450) Total Payments/Credits (Add Lines 45 through 50) | | | | | | |
| | | | | | | | |
| 52. | If Line 51 is LESS THAN Line 44, enter AMOUNT YOU OWE | | | | | | |
| 53. | If Line 51 is MORE THAN Line 44, enter OVERPAYMENT Deductions from Overpayment on Line 53 which you elect to credit to: | 53 , , , , , , , , , , , , , , , , , , | | | | | |
| 54. | Your 2006 tax | 54 , , , , , , , , , , , , , , , , , , | | | | | |
| 55. | N.J. Endangered Wildlife Fund □ \$10 □ \$20 □ Other | 55 | | | | | |
| 56. | N.J. Children's Trust Fund To Prevent Child Abuse □ \$10 □ \$20 □ Other | 56 | | | | | |
| 57. | N.J. Vietnam Veterans' Memorial Fund □ \$10 □ \$20 □ Other | ENTER 57 | | | | | |
| 58. | N.J. Breast Cancer | AMOUNT 58 | | | | | |
| 59. | Research Fund | CONTRIBUTION | | | | | |
| | S10 🗆 \$20 🗆 Other | 59 | | | | | |
| 60. | Other Designated Contribution | 0 60 | | | | | |
| 61. | Total Deductions from Overpayment (Add Lines 54 through 60) | 61 , , , , , , , , , , , , , , , , , , | | | | | |
| 62. | REFUND (Amount to be sent to you. Subtract Line 61 from Line 53) | 62 , , , , , , , , , , , , , , , , , , | | | | | |
| | SIGN YOUR RETURN ON PAGE 1 | | | | | | |
| L | If you were a tenant on October 1, 2005, also | complete Page 4 | | | | | |
| | ARNED INCOME TAX CREDIT SCHEDULE | | | | | | |
| Lir Co | You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2005, your gross income on Line 28, Form NJ-1040 is \$20,000 or less, and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions. | | | | | | |
| | 1. Did you file a 2005 Federal Schedule EIC on which you listed at least one "qualifying child"? ← Yes ← No | | | | | | |
| | 2. Fill in oval if you had the IRS figure your Federal Earned Income Credit | | | | | | |
| | 3. Enter the amount of Federal Earned Income Credit from your 2005 Federal Form 1040 or 1040A | | | | | | |
| | 4. Enter 20% of amount on Line 3 here and on Line 48 above | 4. Enter 20% of amount on Line 3 here and on Line 48 above | | | | | |



STATE OF NEW JERSEY

| 2005 | FAIR TENANT REBAT | | | | |
|---|--|--|--|--|--|
| ↓ IMPORTANT! YOU MUST ENTER YOUR SSN (s). ↓ | (NOT FOR HOM | EOWNERS) WEB | | | |
| 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) | | | | |
| Spouse's Social Security Number | | rinted ise, print | | | |
| Spouse's Social Security Number | Home Address (Number and Street, including apartment number or rural r | onte) | | | |
| | | Onlie) State Zip Code Zip Co | | | |
| County/Municipality Code (See Table p. 59) | City, Town, Post Office | State Zip Code | | | |
| County/Municipality Code (See Table p. 59) 1. Single 2. Married, filing joint return 3. Married, filing separate return 4. Head of household | | Place lat informatitype youn | | | |
| vg 1. □ Single | NJ RESIDENCY STATUS | | | | |
| 1. Single 2. Married, filing joint return 3. Married, filing separate return 4. Head of household | | From M M / D D / Y Y | | | |
| 3. Married, filing separate return | part of the taxable year, give the period of | | | | |
| 의 보고 4. | New Jersey residency: | To M M / D D / Y Y | | | |
| 5. Qualifying widow(er) | | | | | |
| 7. On October 1, 2005, I rented and occupied an apartn ← Yes ← No If "No," STOP. You are not not not not not not not not not not | ot eligible for a rebate as a tenant and you should no | rincipal residence. t file this application. See instruction page 56. | | | |
| Enter the GROSS INCOME you reported on Line 28 or see instructions | | | | | |
| gross income reported on your spouse's return (Line and fill in oval 11. TOTAL GROSS INCOME (Add Line 9 and Line 10) STOP - IF LINE 11 IS MORE THAN \$100,000, YOU 12. Enter the address of the rental property in New Jers | 11 , | | | | |
| | | | | | |
| Street Address (including apartment number) 13. Enter the total rent you (and your spouse) paid durin | 0005 (| Municipality | | | |
| property indicated at Line 12 | | , | | | |
| Enter the number of days during 2005 that you (and indicated at Line 12. (If you lived there for all of 2005 | | | | | |
| 15. Did anyone, other than your spouse, occupy and shaYes ← (If yes, you must complete Lines 15 a, | | Line 12? | | | |
| 15a. Enter the total number of tenants (including yourself) indicated at Line 14. (For this purpose, husband and | | | | | |
| 15b. Enter the name(s) and social security number(s) of a | Il other tenants (other than your spouse) who share | ed the rent. | | | |
| Name | | ±// | | | |
| Name | SS# | ±/ | | | |
| Name | SS# | ±// | | | |
| 15c. Enter the total rent paid by all tenants during the per | od indicated at Line 14 15c | | | | |
| Under the penalties of perjury, I declare that I have examined this FAIR tenant rebate application, including accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the FAIR tenant rebate as my principal residence on October 1, 2005. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. | | | | | |
| ш \blacktriangleright | | If you are ONLY filing a FAIR Tenant Rebate | | | |
| Your Signature | Date | Application, mail your application to: | | | |

Spouse'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 23)

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

Paid Preparer's Signature

Firm's Name

NJ Division of Taxation Revenue Processing Center PO Box 197 Trenton, NJ 08646-0197