	R or Ta	J-1040 2011 x Year JanDec. 31, 2011, Or Other Tax Year Be	, č				CON	/E 7 Montl	T <mark>AX-</mark> n Endi		/ JERSE DENT RE	ETL		-	VEB	6
<b>\</b>		PORTANT! YOU MUST ENTER YOUR SSN(s).	¥								is enclosed					
SU	Sp	ur Social Security Number	] ]						UNL		rst name and initia	l of ea	ich - Enter	spouse/Cl	J partner I	Place label on form if all preprinted bin formation is correct. Otherwise, print of type your name and address.
See Instructions	Co	ounty/Municipality Code (See Table p. 51)		City,	Town,	Post O	ffice				State	:	Zip Coo	de		Place label on fo information is co type your name a
		J RESIDENCY STATUS If you were a New Jersey residency ONLY part of the taxable year, g period of New Jersey residency	aive	for the	From	Μ	M /	D	D		то		/ N	D		ΥY
For Privacy Act Notification.	STATUS	(Fill in only one) 1. Single 2. Married/CU Couple, filing joint return	IONS	7. A	egular ge 65 o lind or [				self 🧲		r Dome Partn 2/CU Partner		6 7 8	,	ENT NUM HER	IBERS
Ц Ц Ц	ST	<ol> <li>Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's</li> </ol>														
	Q	Social Security Number in the	XEMPT	9. N	umber (	of your	qualifie	a aep	endent	children .		••			9	
	FILING	boxes above	X	10. N	umber o	of othe	depen	dents							10	
	<b>L</b>	4.		11. C	epende	nts atte	ending o	college	es (See	e instr. pag	e 18)	[	11			
		5. — Qualifying widow(er)/ Surviving CU Partner		12. T						, and 11) 10)			12a		12b	
	ENTS	13. Dependent's Last Name, First Name, Middle Initial		De	oenden	ťs So	cial Se	curity	Numt	ber	Birt	h Ye		not hav including icaid, M	re health NJ Famil	ndent does insurance yCare/ Med- private or ructions)
	Ш П	a				1-Г		I-Г				Т				$\supset$
	END		1		÷	i_F	1	i_F	÷	<u> </u>	1 H H	÷	+-	i –	_	_
		b				╡╞			+-		╡╞╾╪═	÷	+-		_	_
		c				느		I-L							<u> </u>	
		d				]-C		I-C							$\square$	$\supset$
		ERNATORIAL Do you wish to desi CTIONS FUND If joint return, does	-		•				e \$1?		Yes Yes	) No ) No		oval(s),	you fill in it will not or reduc	increase
a	nd to	the penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, ad on all information of which the preparer has any know	and	comple									Pay amou Write Soc check or r payable to STATE OI Mail your	ial Securi money or o: F NEW JE	ty numbe der and n ERSEY -	r(s) on nake TGI
	Yo	ur Signature					Da	ate						040-V pag		ucher and
P	Sp	ouse's/CU Partner's Signature (if filing jointly, BOTH mi	ust :	sign)			Da	ate						ivision of nue Proc		enter
If		do not need forms mailed to you next year, fill ir			truction	page	16)				⊂	$\supset$	PO B	lox 111 on, NJ 0		
		orize the Division of Taxation to discuss my retu	rn a	ind en	closures	with r	ny prep	oarer (	below	) (			If REFUN		_	
P	aid P	reparer's Signature				Fede	ral Iden	tificatio	on Num	ber		1	Reve PO B	ivision of nue Proce lox 555 on, NJ 0	essing Ce	
F	irm's	Name				Fede	ral Emp	loyer l	dentific	ation Numb	er		You may a			
								T	Т				page 13.			EV 9-11)
L																
	ivisior Use	1 2 3					4	ŧ [	5	6			7			



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NJ-1040 (2011) Page 2

Nam	e(s) as shown on Form NJ-1040	You	ur Social Security I	Number		
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	$\Box$ , $\Box$			
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	<b>_</b> ,_				
16.	Dividends	16	,	,		
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	<b></b> , <b></b>	,		Щ
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	<b>↓</b> , <b>↓</b> ,	<u> </u>	╧	느니
	Pensions, Annuities, and IRA Withdrawals (See instruction page 24) Distributive Share of Partnership Income (See instruction page 27) (Enclose Schedule)	19 20				出
21.	Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21	,	,		
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	<b></b> , <b></b>	_, _		
23.	Net Gambling Winnings (See instruction page 27)	23		_,		Щ
24.	Alimony and separate maintenance payments received	24	<b></b> , <b></b>	,	╧	Щ
25.	Other (Enclose Schedule) (See instruction page 28)	25	<b>↓</b> , <b>└</b> ↓	<b></b> , <b></b>	╧	느니
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	┍╾┥			ш
27a.	Pension Exclusion (See instruction page 28)	, ,	┝╪╪╪┥┝			
27b.	Other Retirement Income Exclusion (See worksheet and instr. page 29)	,	└╌┡╾╋╦┙┕	╧┙╧╸		
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)	_	27c	┝═┥╵┝═╋	┿┥	井귀
28.	New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29.	28	,		┿┥	井井
29.	Total Exemption Amount (See instruction page 31 to calculate amount)		29		┿	HH
30.	Medical Expenses		30		┿┥	HH
31.	Alimony and Separate Maintenance Payments		31		┿┥	HH
32.	Qualified Conservation Contribution		32		#1	HH
33.	Health Enterprise Zone Deduction		34		┿┥	HH
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33)	35	34		#1	HH
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	30	╉╾┙╵┕╾╇╾┩ ┱╼┰╌┐┝╼┨	╶┓╵╘╼┻		
36a.		┛				
36b.	Fill in oval if you were a New Jersey homeowner on October 1, 2011		260			
	Property Tax Deduction (See instruction page 35) NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35)	37	36c		┿	H
	If zero or less, MAKE NO ENTRY.	31			┿┥	
38.	TAX (From Tax Table, page 53)		38	, <b></b> _		

## CONTINUE TO PAGE 3



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NJ-1040 (2011) Page 3

Na	me(s) as shown on	Form NJ-1040			Your Soci	al Security N	umber			
$\vdash$									_	
39.	,	3, page 2)			39		,		.L	
40.		Taxes Paid to Other Jurisdictions code (See instructions)			40		$\Box$ , $\Box$		.C	
41.	Balance of Tax (Su	ubtract Line 40 from Line 39)			41	,	,		.[	
42.	Sheltered Worksho	op Tax Credit			42	,	,		.[	
43.	Balance of Tax afte	er Credit (Subtract Line 42 from L	ne 41)		43	,	,		.[	
44.		ut-of-State Purchases (See instru er ZERO (0.00)	,		44	,	,		.[	
45.	Penalty for Underp	payment of Estimated Tax			45	, 🗖	,		.C	
		NJ-2210 is enclosed.			46				Г	
46.	Total Tax and Per	nalty (Add Lines 43, 44, and 45)			40				-	
47.	Total New Jersey	Income Tax Withheld (From end	closed Forms W-2	and 1099)	47	,	,			Ц
48.	Property Tax Cred	it (See instruction page 35)					48			
49.	New Jersey Estimation	ated Tax Payments/Credit from 20	10 tax return			,	_,		느느	Ц
50.	<ul> <li>New Jersey Earned Income Tax Credit (See instruction page 40)</li> <li>Fill in Fill in oval if you had the IRS figure your Federal Earned Income Credit</li> <li>Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit</li> </ul>									
51.	EXCESS New Jers	ey UI/WF/SWF Withheld (See instr.	page 41) (Enclose F	orm NJ-2450)		51	$\Box$ , $\Box$		.C	
52.						52	,			
53.		sey Family Leave Insurance Withl -2450)				53	,		. [	
54.	Total Payments/C	redits (Add Lines 47 through 53)			54	,	_,		.[	
55.	Fill in — if payin	THAN Line 46, enter AMOUNT Yo g by e-check or credit card. may make a donation by entering			1, 62 and/or 63 a	nd adding this	s to your p	ayment ar	noun	t.
56.		THAN Line 46, enter OVERPAYN verpayment on Line 56 which you				,				井
57.					57	,				井
58.	17 A	N.J. Endangered Wildlife Fund	□ \$10 □ \$20	Other			58		느느	Ц
59.	STOP CHILD ABUSE	N.J. Children's Trust Fund To Prevent Child Abuse	□ \$10 □ \$20	Other	ENTER AMOUNT		59		.L	
60.		N.J. Vietnam Veterans' Memorial Fund	□ \$10 □ \$20	Other	OF		60		.[	
61.	X	N.J. Breast Cancer Research Fund	□ \$10 □ \$20	Other	CONTRIBUTION	N	61		.Ľ	
62.		U.S.S. New Jersey Educational Museum Fund	□ \$10 □ \$20	Other			62		<u> </u>	
63.	Other Designated ( See instruction page	Contribution	□ \$10 □ \$20	Other		ĻĻ,	63	Щ	Ļ	Ц
64.		om Overpayment (Add Lines 57 tl	nrough 63)			,	,		.L	
65.	REFUND (Amount	to be sent to you. Subtract Line 64	from Line 56)		65	,	,		.[	

## SIGN YOUR RETURN ON PAGE 1

NJ-1040-V N J Gross Income Tax 2011 Resident Payment Voucher	SOCIAL SECURITY NUMBER										
MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'. WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK.	LAST NAME, FIRST NAME AND INITIAL  STREET ADDRESS  CITY, STATE, ZIP CODE										
RETURN THIS VOUCHER WITH YOUR PAYMENT State of New Jersey Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111	Enter amount of payment here:										
0130900000	00000000077750P000000000000000000000000										

Please cut on dotted lines