



040HP02180

Your Social Security Number

Name(s) as shown on Form NJ-1040

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) 15.

16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) 16a.

16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a..... 16b.

17. Dividends..... 17.

18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)..... 18.

19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)..... 19.

20a. Pensions, Annuities, and IRA Withdrawals (See instructions)..... 20a.

20b. Excludable Pensions, Annuities, and IRA Withdrawals 20b.

21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 21.

22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 22.

23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4) 23.

24. Net Gambling Winnings (See instructions)..... 24.

25. Alimony and Separate Maintenance Payments received..... 25.

26. Other (Enclose documents) (See instructions)..... 26.

27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26) 27.

28a. Retirement/Pension Exclusion (See instructions) 28a.

28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 22) 28b.

28c. Total Exclusion Amount (Add Lines 28a and 28b) 28c.

29. **New Jersey Gross Income** (Subtract Line 28c from Line 27) (See instructions) 29.

30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.) 30.

31. Medical Expenses (See Worksheet F and instructions page 24)..... 31.

32. Alimony and Separate Maintenance Payments (See instructions) 32.

33. Qualified Conservation Contribution..... 33.

34. Health Enterprise Zone Deduction 34.

35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) 35.

36. Total Exemptions and Deductions (Add Lines 30 through 35) 36.

37. Taxable Income (Subtract Line 36 from Line 29)..... 37.

38a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) ...38a.

38b. Block Lot Qualifier

38c. County/Municipality Code Fill in if you completed Worksheet G.

39. Property Tax Deduction (From Worksheet H) (See instructions)..... 39.

40. **New Jersey Taxable Income** (Subtract Line 39 from Line 37) 40.



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70. Other Designated Contribution (See instructions)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	Enter Code <input type="text"/> <input type="text"/>	70.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
71. Other Designated Contribution (See instructions)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	Enter Code <input type="text"/> <input type="text"/>	71.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
72. Other Designated Contribution (See instructions)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	Enter Code <input type="text"/> <input type="text"/>	72.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)			73.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73).....			74.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in <input type="radio"/> if paying by e-check or credit card				
75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)			75.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?
If joint return, does your spouse want to designate \$1?
This does not reduce your refund or increase your balance due.

➔ You Spouse/CU Partner Yes No
 Yes No

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.

➔ You Spouse/CU Partner Yes No
 Domestic Partner Yes No

Signature

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

_____ Your Signature	_____ Date	_____ Spouse's/CU Partner's Signature (required if filing jointly)	_____ Date
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Driver's License Number (Voluntary) (Instructions page 42)

Fill in if death certificate is enclosed.

Fill in if you do not want a paper form next year.

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

Paid Preparer's Signature (Fill in if NJ-1040-O is enclosed)

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Keep a copy of this return and all supporting documents for your records.

Tax Due Address

Mail payment along with the NJ-1040-V payment voucher and tax return to:
 State of New Jersey
 Division of Taxation
 Revenue Processing Center – Payments
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey – TGI
 You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address

Mail to:
 State of New Jersey
 Division of Taxation
 Revenue Processing Center – Refunds
 PO Box 555
 Trenton, NJ 08647-0555