



040HP01210

2021 NJ-1040

New Jersey Resident
Income Tax Return

5R

Affix preprinted label below ONLY if the information is correct.

Your Social Security Number (required)				Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)			
<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>							
Spouse's/CU Partner's SSN (if filing jointly)				Home Address (Number and Street, including apartment number)			
<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>							
County/Municipality Code (See Table page 50)				City, Town, Post Office		State	ZIP Code
<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>							
Fill in <input type="text"/> if federal extension filed.		Fill in <input type="text"/> if the address above is a foreign address.		Fill in <input type="text"/> if your address has changed.			

Part-year residents, provide months/days you were a New Jersey resident during 2021:

From: M M / D D / 2 1 To: M M / D D / 2 1

Fiscal year filers only:

Enter month of your year end 2022**Filing Status**

Fill in only one.

- Single
- Married/CU Couple, filing joint return
- Married/CU Partner, filing separate return
- Head of Household
- Qualifying Widow(er)/Surviving CU Partner

Enter spouse's/CU partner's SSN

Indicate the year of your spouse's/CU partner's death: 2019 or 2020**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular.....	<input checked="" type="radio"/> Self	<input type="radio"/> Spouse/ CU Partner	<input type="radio"/> Domestic Partner	<input type="text"/> x \$1,000 = <input type="text"/>
7. Senior 65+ (Born in 1956 or earlier)	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner	<input type="text"/> x \$1,000 = <input type="text"/>	
8. Blind/Disabled.....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner	<input type="text"/> x \$1,000 = <input type="text"/>	
9. Veteran	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner	<input type="text"/> x \$6,000 = <input type="text"/>	
10. Qualified Dependent Children				<input type="text"/> x \$1,500 = <input type="text"/>
11. Other Dependents				<input type="text"/> x \$1,500 = <input type="text"/>
12. Dependents Attending Colleges (See instructions)				<input type="text"/> x \$1,000 = <input type="text"/>
13. Total Exemption Amount (Add totals from the lines at 6 through 12).....				13. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial

Social Security Number

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Birth Year

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No Health
Insurance

Division
use
 1 2 3 4 5 6 7



040HP02210

Your Social Security Number

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Name(s) as shown on Form NJ-1040

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a.....	16b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Dividends.....	17.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C).....	18.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4).....	19.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20a. Taxable pension, annuity, and IRA distributions/withdrawals (See instructions)	20a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Net gambling winnings (See instructions)	24.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
25. Alimony and separate maintenance payments received.....	25.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
26. Other (Enclose documents) (See instructions).....	26.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28a. Pension/Retirement Exclusion (See instructions)	28a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20).....	28b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
31. Medical Expenses (See Worksheet F and instructions).....	31.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
32. Alimony and separate maintenance payments (See instructions)	32.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
33. Qualified Conservation Contribution.....	33.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
34. Health Enterprise Zone Deduction	34.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
37. Total Exemptions and Deductions (Add lines 30 through 36).....	37.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
38. Taxable Income (Subtract line 37 from line 29).....	38.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 24) ...	39a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39b. Block <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Qualifier <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
39c. County/Municipality Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Fill in <input type="oval"/> if you completed Worksheet G.
39d. Indicate your residency status during 2021 (fill in only one oval).....		<input type="radio"/> Homeowner <input type="radio"/> Tenant <input type="radio"/> Both



040HP03210

Your Social Security Number

Name(s) as shown on Form NJ-1040

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40. Property Tax Deduction (From Worksheet H) (See instructions).....	40.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
41. New Jersey Taxable Income (Subtract line 40 from line 38).....	41.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
42. Tax on amount on line 41 (Tax Table page 52).....	42.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Enter Code <input type="text"/> <input type="text"/>				
44. Balance of Tax (Subtract line 43 from line 42).....	44.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
45. Sheltered Workshop Tax Credit.....	45.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
46. Gold Star Family Counseling Credit (See instructions).....	46.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
48. Total Credits (Add lines 45 through 47).....	48.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00	50.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
51. Interest on Underpayment of Estimated Tax	51.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in <input type="text"/> if Form NJ-2210 is enclosed				
52. Shared Responsibility Payment (See instructions)	52.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
REQUIRED Enclose Schedule HCC and fill in <input type="text"/>				
53. Total Tax Due (Add lines 49 through 52)	53.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099)(Part-year, see instr.)	54.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
55. Property Tax Credit (See instructions page 23).....	55.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
57. New Jersey Earned Income Tax Credit (See instructions)	57.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in <input type="text"/> if you had the IRS calculate your federal earned income credit Fill in <input type="text"/> if you are a CU couple claiming the NJ Earned Income Tax Credit				
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
61. Wounded Warrior Caregivers Credit (See instructions)	61.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
63. Child and Dependent Care Credit (See instructions)	63.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in <input type="text"/> if you are a CU couple claiming the Child and Dependent Care Credit				
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If you owe tax, you can still make a donation on lines 68 through 75.				
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment.....	66.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
67. Amount from line 66 you want to credit to your 2022 tax.....	67.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



040HP04210

Your Social Security Number

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68. Contribution to N.J. Endangered Wildlife Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	68.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
69. Contribution to N.J. Children's Trust Fund To Prevent Child Abuse	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	69.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
70. Contribution to N.J. Vietnam Veterans' Memorial Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	70.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
71. Contribution to N.J. Breast Cancer Research Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	71.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
72. Contribution to U.S.S. New Jersey Educational Museum Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	72.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
73. Other Designated Contribution (See instructions)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	73.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
74. Other Designated Contribution (See instructions)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	74.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
75. Other Designated Contribution (See instructions)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	75.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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 PartnerYes
Yes No
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

Driver's License Number (Voluntary) (See instructions) 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

Firm's Federal Employer Identification Number

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

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail 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:
nj.gov/taxation

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:

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