

NJ-1040 1992

STATE OF NEW JERSEY INCOME TAX—RESIDENT RETURN HOMESTEAD PROPERTY TAX REBATE APPLICATION

For Tax Year Jan.-Dec. 31, 1992 Or Other Tax Year Beginning _____, 1992, Ending _____, 19____

5R Check block if application for Federal extension is attached.

Please place label on form you file. Make all necessary changes on label.

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	Home address (Number and Street, including apartment number or rural route)		
County/Municipality Code (See Table p. 22)	City, Town, Post Office	State	Zip Code

FILING STATUS	EXEMPTIONS	ENTER NUMBERS HERE	
(Check only ONE box)		6	
1. <input type="checkbox"/> Single	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7	
2. <input type="checkbox"/> Married, filing joint return	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	8	
3. <input type="checkbox"/> Married, filing separate return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		9
Name and Social Security No. of Spouse _____	9. Number of your qualified dependent children		10
	10. Number of other dependents	11	
4. <input type="checkbox"/> Head of Household	11. Dependents attending colleges		
5. <input type="checkbox"/> Qualifying Widow(er)	12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11) (For Line 12b—Add Line 9 and Line 10)	12a	12b

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY 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? Yes No
If joint return, does your spouse wish to designate \$1? Yes No
Note if you check the Yes box(es) it will not increase your tax or reduce your refund.

14. Wages, salaries, tips, and other employee compensation (Attach W-2)	14		
15a. Taxable interest income	15a		
15b. Tax exempt interest income. DO NOT include on Line 15a.	15b		
16. Dividends	16		
17. Net profits from business (Attach copy of Federal Schedule C, Form 1040)	17		
18. Net gains or income from disposition of property (Schedule B, Line 4)	18		
19. Pensions, Annuities and IRA Withdrawals			
a. Taxable Amount Received	19a		
b. Less New Jersey Pension Exclusion	19b		
c. Subtract Line 19b from Line 19a	19c		
20. Distributive Share of Partnership Income (Attach copy of Schedule K-1 Federal Form 1065)	20		
21. Net gain or income from rents, royalties, patents & copyrights (Sch. C, Line 3)	21		
22. Net Gambling Winnings	22		
23. Alimony and separate maintenance payments received	23		
24. Other (See instr. p. 12)	24		
25. Total Other Income (Add Lines 21 through 24)	25		
26a. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20 and 25)	26a		
26b. Other Retirement Income Exclusion (See Worksheet and instr. p. 13)	26b		
26c. New Jersey Gross Income (Subtract Line 26b from Line 26a). If \$3,000 or less see instr. p. 13. ...	26c		
27a. Exemptions: From Line 12a _____ x \$1,000 = _____			
27b. From Line 12b _____ x \$1,500 = _____			
27c. Total Exemption Amount (Add Line 27a and Line 27b)	27c		
28. Medical Expenses (See Worksheet and instr. p. 13)	28		
29. Alimony & Separate Maintenance Payments	29		
30. Total Exemptions and Deductions (Add Lines 27c, 28, and 29)	30	ENTER TOTAL	
31. NEW JERSEY TAXABLE INCOME (Subtract Line 30 from Line 26c) If zero or less, enter ZERO	31		
32. TAX: (From Tax Rate Schedules, p. 14)	32		
33. Credit For Income Taxes Paid To Other Jurisdictions (From Schedule A, Line 5)	33		
34. Balance of Tax (Subtract Line 33 from Line 32)	34		
35. Use Tax Due on Out-of-State Purchases (See instr. p. 15)	35		
36. Total Tax (Add Line 34 and Line 35) Also enter on Line 37	36		

← Part Year Residents
See instr. p. 3

Please Print or Type For Privacy Act Notification See Instructions Please Attach W-2/1099R Forms Here Please Attach Check or Money Order Here

37. Total Tax (From Line 36 Page 1)	37	
38. Total N.J. Income Tax Withheld (Attach Forms W-2 and 1099R)	38	Check <input type="checkbox"/> if Form NJ-2210 is attached ← If an amount is entered on Line 40 or Line 41 attach Form NJ-2450
39. New Jersey Estimated Tax Payments/Credit from 1991 tax return	39	
40. EXCESS N.J. Unemployment Insurance Withheld (See instr. p. 15)	40	
41. EXCESS N.J. Disability Insurance Withheld (See instr. p. 15)	41	
42. Total Payments/Credits (Add Lines 38 through 41)	ENTER TOTAL	42
43. If payments (Line 42) are LESS THAN tax (Line 37) enter AMOUNT OF TAX YOU OWE		43
If you owe tax, you may make a donation by entering an amount on Lines 45B, 45C and/or 45D and adding this to your check amount.		
44. If payments (Line 42) are MORE THAN tax (Line 37) enter OVERPAYMENT		44
45. Deductions from Overpayment on Line 44 which you elect to credit to:		NOTE: AN ENTRY ON LINE 45A, B, C or D WILL REDUCE YOUR TAX REFUND
(A) Your 1993 Tax	45A	
(B) The N.J. Endangered Wildlife Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$	45B	
(C) The Children's Trust Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$	45C	
(D) The N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$	45D	
46. Total Deductions From Overpayment (Add Lines 45A, B, C and D)	ENTER TOTAL →	46
47. REFUND (Amount to be sent to you, Line 44 LESS Line 46)		47

Form HR-1040 HOMESTEAD PROPERTY TAX REBATE APPLICATION 1992

1. Enter the GROSS INCOME you reported on Line 26c, Form NJ-1040 (Part year residents see instr. p. 20)	1	
2. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 26c Form NJ-1040) and check this box → <input type="checkbox"/>	2	
3. TOTAL GROSS INCOME (Add Line 1 and Line 2)	3	
4. Enter your New Jersey residence on December 31, 1992 if different than indicated on Page 1. If you were not a resident on December 31, 1992 enter your last New Jersey residence. Street Address _____ Municipality _____		
5. Check your residency status during 1992: a. <input type="checkbox"/> HOMEOWNER b. <input type="checkbox"/> TENANT c. <input type="checkbox"/> BOTH		
6. If you checked "Homeowner" or "Both" on Line 5, enter the block and lot number of the residence for which the rebate is claimed. Block <input type="text"/> - <input type="text"/> Lot <input type="text"/> - <input type="text"/> Qualifier <input type="text"/>		
7a. <input type="checkbox"/> Yes <input type="checkbox"/> No Did you live at more than one New Jersey residence during the year?		
b. <input type="checkbox"/> Yes <input type="checkbox"/> No Did you share ownership of a principal residence during the year with anyone, other than your spouse?		
c. <input type="checkbox"/> Yes <input type="checkbox"/> No Did any principal residence you owned during the year consist of multiple dwelling units?		
d. <input type="checkbox"/> Yes <input type="checkbox"/> No Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year?		
If you answered "Yes" to any of the above, you MUST complete and submit Schedule HR-A.		

HOMEOOWNER	8. Enter the total 1992 property taxes you (and your spouse) paid on your principal residence in New Jersey during 1992	8	
	IF YOU COMPLETED SCHEDULE HR-A, Part I, enter:		
	9a. Total Property taxes paid (Sch. HR-A, PART I, Line 5)	9a	
	9b. Number of days as an owner (Sch. HR-A, PART I, Line 4)	9b	Days

TENANT	10. Enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 1992	10	
	IF YOU COMPLETED SCHEDULE HR-A, Part II, enter:		
	11a. Total Rent Paid (Sch. HR-A, PART II, Line 11)	11a	
	11b. Number of days as a tenant (Sch. HR-A, PART II, Line 10)	11b	Days

SIGN HERE	Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Property Tax Rebate Application, 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.		Pay amount on line 43 in full. Write social security number on check or money order and make payable to: STATE OF NEW JERSEY-TGI Mail your return in one of the envelopes provided. REFUND or PAYMENT. (REV. 10-92)
	Your signature _____ Date _____	Spouse's signature (if filing jointly, BOTH must sign.) _____	
	Paid Preparer's Signature _____	Federal Identification Number _____	
	Firm's Name _____	Federal Employer Identification Number _____	