

NJ-1040 1994

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

For Tax Year Jan.-Dec. 31, 1994 Or Other Tax Year Beginning _____, 1994, Ending _____, 19____

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

Please Print or Type

Please Attach W-2, 1099R Forms Here

Please Attach Check or Money Order Here

| | | |
|---|---|---|
| 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) _____ | Please place label on form you file. Make all necessary changes on label. |
| Spouse's Social Security Number _____ | Home address (Number and Street, including apartment number or rural route) _____ | |
| County/Municipality Code (See Table p. 25) _____ | City, Town, Post Office _____ | |
| | | State _____ |
| | | Zip Code _____ |




| FILING STATUS | EXEMPTIONS | ENTER NUMBERS HERE | |
|---|---|--------------------|-----|
| (Check only ONE box) | | | |
| 1. <input type="checkbox"/> Single | 6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse | 6 | |
| 2. <input type="checkbox"/> Married, filing joint return | 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse | 7 | |
| 3. <input type="checkbox"/> Married, filing separate return | 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse | 8 | |
| _____ | 9. Number of your qualified dependent children | | 9 |
| Name and Social Security No. of Spouse | 10. Number of other dependents | | 10 |
| 4. <input type="checkbox"/> Head of Household | 11. Dependents attending colleges | 11 | |
| 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 _____ <small>MONTH DAY YEAR MONTH DAY YEAR</small> | |
|-------------------------|---|--|

| | | |
|-------------------------------------|---|--|
| GUBERNATORIAL ELECTIONS FUND | Do you wish to designate \$1 of your taxes for this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If joint return, does your spouse wish to designate \$1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (See instr. p. 14) | 20 | |
| 21. Net pro rata share of S Corporation Income (See instr. p. 14) | 21 | |
| 22. Net gain or income from rents, royalties, patents & copyrights (Sch. C, Line 3) | 22 | |
| 23. Net Gambling Winnings | 23 | |
| 24. Alimony and separate maintenance payments received | 24 | |
| 25. Other (See instr. p. 14) | 25 | |
| 26. Total Other Income (Add Lines 22 through 25) | 26 | |
| 27a. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21 and 26) | 27a | |
| 27b. Other Retirement Income Exclusion (See Worksheet and instr. p. 14 and 15) | 27b | |
| 27c. New Jersey Gross Income (Subtract Line 27b from Line 27a). If \$7,500 or less see instr. p. 15. .. | 27c | |
| 28a. Exemptions: From Line 12a _____ x \$1,000 = _____ | | |
| 28b. From Line 12b _____ x \$1,500 = _____ | | |
| 28c. Total Exemption Amount (Add Line 28a and Line 28b) | 28c | |
| 29. Medical Expenses (See Worksheet and instr. p. 15 and 16) | 29 | |
| 30. Alimony & Separate Maintenance Payments | 30 | |
| 31. Total Exemptions and Deductions (Add Lines 28c, 29 and 30) | 31 | ENTER TOTAL → |
| 32. NEW JERSEY TAXABLE INCOME (Subtract Line 31 from Line 27c) If zero or less, enter ZERO | 32 | |
| 33. TAX: (From Tax Tables, p. 27) | 33 | |
| 34. Credit For Income Taxes Paid To Other Jurisdictions (From Schedule A, Line 5) | 34 | |
| 35. Balance of Tax (Subtract Line 34 from Line 33) | 35 | |
| 36. Use Tax Due on Out-of-State Purchases (See instr. p. 16) If no Use Tax, enter ZERO | 36 | |
| 37. Total Tax (Add Line 35 and Line 36) Also enter on Line 38 | 37 | |

← Part Year Residents
See instr. p. 3

| | | |
|--|----------------------|--|
| 38. Total Tax (From Line 37 Page 1) | 38 | |
| 39. Total N.J. Income Tax Withheld (Attach Forms W-2 and 1099R) | 39 | |
| 40. New Jersey Estimated Tax Payments/Credit from 1993 tax return | 40 | |
| 41. EXCESS N.J. WD/HC Withheld (See instr. p. 17) | 41 | |
| 42. EXCESS N.J. Disability Insurance Withheld (See instr. p. 17) | 42 | |
| 43. Total Payments/Credits (Add Lines 39 through 42) | ENTER TOTAL → | |
| 44. If payments (Line 43) are LESS THAN tax (Line 38) enter AMOUNT OF TAX YOU OWE | 43 | |
| If you owe tax, you may make a donation by entering an amount on Lines 46B, 46C and/or 46D and adding this to your check amount. | | |
| 45. If payments (Line 43) are MORE THAN tax (Line 38) enter OVERPAYMENT | 44 | |
| 46. Deductions from Overpayment on Line 45 which you elect to credit to: | 45 | |
| (A) Your 1995 Tax | 46A | |
| (B)  The N.J. Conserve Wildlife Fund | 46B | |
| (C)  The Children's Trust Fund ... To Prevent Child Abuse | 46C | |
| (D)  The N.J. Vietnam Veterans' Memorial Fund | 46D | |
| 47. Total Deductions From Overpayment (Add Lines 46A, B, C and D) | ENTER TOTAL → | |
| 48. REFUND (Amount to be sent to you, Line 45 LESS Line 47) | 47 | |
| | 48 | |

Check if Form NJ-2210 is attached
 If an amount is entered on Line 41 or Line 42 attach Form NJ-2450

NOTE: AN ENTRY ON LINE 46A, B, C or D WILL REDUCE YOUR TAX REFUND

Form HR-1040 HOMESTEAD PROPERTY TAX REBATE APPLICATION 1994

| | | |
|--|---|--|
| 1. Enter the GROSS INCOME you reported on Line 27c, Form NJ-1040 (Part year residents see instr. p. 22) | 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 27c Form NJ-1040) and check this box <input type="checkbox"/> | 2 | |
| 3. TOTAL GROSS INCOME (Add Line 1 and Line 2) | 3 | |

STOP—IF LINE 3 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.

4. Enter your **New Jersey** residence on December 31, 1994 if different than indicated on Page 1. If you were not a resident on December 31, 1994 enter your last **New Jersey** residence. Street Address _____ Municipality _____

5. Check your residency status during 1994: a. HOMEOWNER b. TENANT c. 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 _____ Lot _____ Qualifier _____

7a. Yes No Did you live at more than one New Jersey residence during the year?
 b. Yes No Did you share ownership of a principal residence during the year with anyone, other than your spouse?
 c. Yes No Did any principal residence you owned during the year consist of multiple dwelling units?
 d. Yes 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.
WARNING!!! If you live in subsidized housing, you may not be eligible for a Homestead Rebate. See instructions, pg. 22.

| | | | |
|------------------|---|-----|------|
| HOMEOWNER | 8. Enter the total 1994 property taxes you (and your spouse) paid on your principal residence in New Jersey during 1994 | 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 1994 | 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 44 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. |
| | Your signature _____ | Date _____ Spouse's signature (if filing jointly, BOTH must sign.) _____ | |
| | If you do not need forms mailed to you next year, check box (See instr. p.6) <input type="checkbox"/> | | |
| | Paid Preparer's Signature _____ | Federal Identification Number _____ | |
| Firm's Name _____ | Federal Employer Identification Number _____ | | |