NJ-1040 2008	STATE OF NEW . INCOME TAX-RESIDE	NT RETURN		
5R		WEB		
For Tax Year JanDec. 31, 2008, Or Other Tax Year B		, 20		
IMPORTANT! YOU MUST ENTER YOUR SSN (s)				
Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first last name ONLY if d	lifferent) paties jage jage jage jage jage jage jage jage		
Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number	or rural route) State Zip Code State and address.		
County/Municipality Code (See Table p. 51)	City, Town, Post Office	State Zip Code o lagra a la construction de la cons		
NJ RESIDENCY STATUS If you were a New Jersey resid ONLY part of the taxable year, period of New Jersey residency VI (Fill in only one) 1. Single	give the MIMI/IDIDI/IYIY			
(Fill in only one) 1.	6. Regular	Domestic Partner 6 NUMBERS HERE		
 A Diagonal Straight Straig	7. Age 65 or Over Yourself Spouse/C 8. Blind or Disabled Yourself Spouse/C			
3. — Married/CU Partner, filing separate return. Enter Spouse's/ CU Partner's	F			
Social Security Number in the	 9. Number of your qualified dependent children 10. Number of other dependents 			
boxes above	11. Dependents attending colleges			
5. Qualifying widow(er)/ Surviving CU Partner	12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)			
	(For Line 12b - Add Lines 9 and 10)	12a 12b		
13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year Does dependent have health insur- ance? (see instr.) Yes No		
N D a				
a				
□ c				
GUBERNATORIAL Do you wish to des	ignate \$1 of your taxes for this fund?	Yes No Note: if you fill in the Yes oval(s), it will not increase your tax or reduce your refund.		
Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the tenant homestead rebate as my principal residence on October 1, 2008. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.				
Your Signature	Date	STATE OF NEW JERSEY - TGI Mail your check or money order with		
your NJ-1040-V payment voucher and your return to:				
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Date NJ Division of Taxation Revenue Processing Center PO Box 111				
	fill in (See instruction page 15)	Trenton, NJ 08645-0111 IF REFUND:		
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) NJ Division of Taxation Revenue Processing Center Pol Box 555				
Paid Preparer's Signature Federal Identification Number PO Box 555 Trenton, NJ 08647-0555 You may also pay by e-check or credit card. For more information go to:				
Firm's Name Federal Employer Identification Number				
Division Use 1 2 3	4 5 6	7		



WEB

NJ-1040 (2008) Page 2

Nam	e(s) as shown on Form NJ-1040	Your Social Security Number
		14
14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)	
15a.	Taxable interest income (See instructions)	15a , , , , , , , , , , , , , , , , , , ,
15b.	Tax-exempt interest income (See instructions)	<u> </u>
16.	DO NOT include on Line 15a Dividends	16 , ,
17	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17
		18
	Net gains or income from disposition of property (Schedule B, Line 4)	
19.	Pensions, Annuities, and IRA Withdrawals (See instruction page 23)	
20.	Distributive Share of Partnership Income (See instruction page 26)	20 , , , , , , , , , , , , , , , , , , ,
	Net pro rata share of S Corporation Income (See instruction page 26) Net gain or income from rents, royalties, patents & copyrights	21 , , , , , , , , , , , , , , , , , , ,
۲۲.	(Schedule C, Line 3)	22 , , , , , , , , , , , , , , , , , ,
23.	Net Gambling Winnings	23 , , , , , , , , , , , , , , , , , , ,
24.	Alimony and separate maintenance payments received	24 , , , , , , , , , , , , , , , , , , ,
25.	Other (See instruction page 26)	25 , ,
	Total Income (Add Lines 14, 15a, and 16 through 25)	26 , ,
	273	
∠ <i>r</i> a.	27b	
27b.	Other Retirement Income Exclusion (See worksheet and instr. page 28)	┺╌┺╌┙╵└╌╋ <mark>┍╼╋╦┙╵┲╼</mark> ┑┍╌┱╌╸┍╌┱╌
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)	27c ,
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28 , , , , , , , , , , , , , , , , , , ,
29.	See instruction page 29. Total Exemption Amount (See instruction page 29 to calculate amount)	29
30.	(Part-Year Residents see instruction page 9) Medical Expenses	30 , , , , , , , , , , , , , , , , , , ,
	(See Worksheet and instruction page 29) Alimony and Separate Maintenance Payments	31
		32
32.		33
33.	Health Enterprise Zone Deduction	
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33)	34
35.	Taxable Income (Subtract Line 34 from Line 28)	35 , , , , , , , , , , , , , , , , , , ,
36a.	Total Property Taxes Paid	
36b.	Fill in oval if you were a New Jersey homeowner on October 1, 2008.	
36c.	Property Tax Deduction (See instruction page 30)	36c ,
	NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37
20	TAX (From Tax Table, page 53)	38
აშ.		

CONTINUE TO PAGE 3



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NJ-1040 (2008) Page 3

40. Credit For Income Taxes Plaid to Other Jurisdictions 41. Balance of Tax (Subtract Line 40 from Line 39) 41. Balance of Tax (Subtract Line 40 from Line 39) 42. Sheltered Workshop Tax Credit 43. Balance of Tax after Credit (Subtract Line 42 from Line 41) 43. Balance of Tax after Credit (Subtract Line 42 from Line 41) 44. Just Tax Due on Out-of-State Purchases (See instruction page 30) 44. Just Tax Due on Out-of-State Purchases (See instruction page 30) 44. Just Tax Due on Out-of-State Purchases (See instruction page 30) 45. Property Tax Credit (See instruction page 30) 46. Just Tax Due on Out-of-State Advector (From enclosed Forms W-2 and 1099) 47. Total New Jersey Estimated Tax Payments/Credit form 2007 tax return 49. Property Tax Credit (See instruction page 30) 41. Property Tax Credit (See instruction page 37) Fill in Cardit See instruction page 33)	Na	ime(s) as shown o	on Form NJ-1040			Your Social	Security Num	nber			
39 CM (100 Life 30) 41 31 42 Sheltered Workshop Tax Credit 43 Balance of Tax (Subtract Line 40 from Line 39) 44 1 45 Sheltered Workshop Tax Credit 46 1 47 Balance of Tax after Credit (Subtract Line 42 from Line 41) 48 Balance of Tax after Credit (Subtract Line 42 from Line 41) 49 1 41 Use Tax Low Out-of-State Parchases (See instruction page 30) 44 1 45 1 46 1 47 Total Tax and Penalty (Ad Lines 43, 44, and 45) 48 Property Tax Credit (See instruction page 30) 49 1 41 1 42 1 43 1 44 1 45 1 46 1 47 Total New Jersey Eatimated Tax Paymenta/Credit from 2007 tax return 49 1 41 1 42 1 43 1 44 1 4						20					
Enter other jurisdiction code (Gee instructions) 44 1 41 Balance of Tax (Subtract Line 40 from Line 39) 41 1 42 Sheltered Workshop Tax Credit 42 1 1 43 Balance of Tax after Credit (Subtract Line 42 from Line 41) 43 3 1 1 44 Balance of Tax (Subtract Line 42 from Line 41) 43 1 1 1 1 45 Sheltered Workshop Tax Credit (Subtract Line 42, non 45) 44 1 1 1 46 Total Tax and Penalty (Add Lines 43, 44, and 45) 45 1 1 1 47 Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) 47 1 1 1 1 48 Property Tax Credit (See instruction page 30) 48 1	39.					39		,	₽.		느
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22. Other Points of	41.	Balance of Tax (Subtract Line 40 from Line 39).			41 ,],	□.		
44. Use Tax Due on Out-of-State Purchases (See Instruction page 36) If no Use Tax, enter ZERO (0.00). 44 , , 45. Penalty for Underpayment of Estimated Tax. 45 , , , 46. Total Tax and Penalty (Add Lines 43, 44, and 45) 47. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1089) . . . 48. Property Tax Credit (See instruction page 30) 49. New Jersey Estimated Tax. Payments/Credit from 2007 tax returm 49. New Jersey Estimated Tax. Payments/Credit from 2007 tax returm 49. New Jersey Users OutWerk/SWF Withheld (See instruction page 37) . <td>42.</td> <td>Sheltered Works</td> <td>hop Tax Credit</td> <td></td> <td></td> <td> 42 ,</td> <td></td> <td>], 💶</td> <td>\square.</td> <td></td> <td></td>	42.	Sheltered Works	hop Tax Credit			42 ,], 💶	\square .		
If no Use Tax, enter ZERO (0.00). 44 45. Penalty for Underpayment of Estimated Tax. Fill in if Form NJ-2210 is enclosed. 46. Total Tax and Penalty (Add Lines 43, 44, and 45). 47. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) 48. Property Tax Credit (See instruction page 30) 49. New Jersey Estimated Tax Payments/Credit from 2007 tax return 49. New Jersey Estimated Tax Payments/Credit from 2007 tax return 49. New Jersey Estimated Tax Payments/Credit from 2007 tax return 49. New Jersey Estimated Tax Payments/Credit from 2007 tax return 49. New Jersey Estimated Tax Payments/Credit from 2007 tax return 49. New Jersey Estimated Tax Payments/Credit from 2007 tax return 49. New Jersey UlWF/SWF Withheld (See instr. cape 38) 51. EXCESS New Jersey UlWF/SWF Withheld (See instr. page 38) 52. EXCESS New Jersey UlWF/SWF Withheld (See instr. page 38) 53. Norm NJ-2450) 54. J 55. J 56. J 57. Marking Payments/Credit (Ad Lines 47 through 52) 58. S10. 59. N.J. Chidren 57 mush payment on Line 55 which you eleven an amount on Lines 57, 58, 59, 60, 61 and/or 62 and adding this to your payment amount. 56. J 57. N.J. Chidren 57 mush from Comparyment on Line 56 which you eleven to oredit to: 50. N.J. Weinam Fuel Control Noveneyment on Line 55 which you eleven to oredit to: 50. N.J. C	43.	Balance of Tax a	fter Credit (Subtract Line 42 fror	n Line 41)		43 ,		,	\Box		
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 New Jersey Earned Income Tax Preditione Unit 2001 dar Heultin	48.	Property Tax Cre	edit (See instruction page 30)					48	Ц.		
50. New Jersey Earned income Tax Credit (See instruction page 3/) Fill in or Fill in oval if you had the IRS figure your Federal Earned Income Credit excess New Jersey Ul/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450) EXCESS New Jersey Disability Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450) Total Payments/Credits (Add Lines 47 through 52) f Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE	49.	New Jersey Esti	mated Tax Payments/Credit from	2007 tax return		49 ,		,	Ц.		Ц
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 Carlo Los er form NJ-2450) Total Payments/Credits (Add Lines 47 through 52) If Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE If June 53 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 55 which you elect to credit to: If Line 53 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 55 which you elect to credit to: Your 2009 tax N.J. Endangered Widlife Fund \$10 \$20 Other N.J. Children's Trust Fund To Prevent Child Abuse \$10 \$20 Other N.J. Breast Cancer Research Fund \$10 \$20 Other N.J. Breast Cancer Research Fund \$10 \$20 Other Other Educational Museum Fund \$10 \$20 Other Total Deductions from Overpayment (Add Lines 56 through 62) 	51.	EXCESS New Je	ersey UI/WF/SWF Withheld (See ir	istr. page 38) (Enclose F	Form NJ-2450)		51	,	่□.		
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51. In Line 53 is LCGS THAN Line 46, enter OVERPAYMENT 55. If Line 53 is MORE THAN Line 46, enter OVERPAYMENT 56. Your 2009 tax 56. Your 2009 tax 57. N.J. Endangered Wildlife Fund 58. N.J. Children's Trust Fund 59. N.J. Children's Trust Fund 59. N.J. Vietnam Veterans' Memorial Fund 60. N.J. Breast Cancer Research Fund 61. U.S.S. New Jersey 62. Other Designated Contribution 63. Total Deductions from Overpayment (Add Lines 56 through 62)	53.	Total Payments	/Credits (Add Lines 47 through	52)		53 ,		,	Ц.		
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56. Your 2009 tax 57. N.J. Endangered 58. N.J. Children's Trust Fund 59. N.J. Vietnam Veterans' 59. N.J. Vietnam Veterans' 60. N.J. Breast Cancer Research Fund \$10 \$20 Other 61. S.S. New Jersey Educational Museum Fund \$10 \$20 Other 62. Other Designated Contribution 63. Total Deductions from Overpayment (Add Lines 56 through 62)	55.	If Line 53 is MOF	RE THAN Line 46, enter OVERP	AYMENT		55 ,],	\Box		
57. N.J. Endangered Wildlife Fund 58. Image: N.J. Children's Trust Fund To Prevent Child Abuse 59. N.J. Vietnam Veterans' Memorial Fund S10 S20 Other AMOUNT 59. N.J. Vietnam Veterans' Memorial Fund S10 S20 Other N.J. Vietnam Veterans' Memorial Fund S10 S20 Other N.J. Breast Cancer Research Fund S10 S20 Other Other S10 S20 Other Other S10 S20 Other S20 Other S10 S20 Other S10 S20 Other S10 S20 Other S10 S20 Other S20 Other S20 S20 Other S20 S20 <tr< td=""><td>56.</td><td></td><td></td><td></td><td></td><td>56 ,</td><td></td><td>,</td><td>\square</td><td></td><td></td></tr<>	56.					56 ,		,	\square		
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59. N.J. Vietnam Veterans' 60. Memorial Fund 61. N.J. Breast Cancer Research Fund \$10 \$20 Other 61. S.S. New Jersey 61. Educational Museum Fund 62. Other Designated Contribution 63. Total Deductions from Overpayment (Add Lines 56 through 62)	58.	STOP CHILD ABUSE	N.J. Children's Trust Fund					58			
60. N.J. Breast Cancer Research Fund \$10 \$20 \$0 ther 60 60 61. U.S.S. New Jersey Educational Museum Fund \$10 \$20 \$0 ther 61 61 62. Other Designated Contribution \$10 \$20 \$0 ther 62 62 63. Total Deductions from Overpayment (Add Lines 56 through 62) 63 , 63	59.		N.J. Vietnam Veterans'					59	Π.		
61. U.S.S. New Jersey Educational Museum Fund \$10 62. Other Designated Contribution 63. Total Deductions from Overpayment (Add Lines 56 through 62)	60.		N.J. Breast Cancer			CONTRIBUTION		60	Π.		
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63. Total Deductions from Overpayment (Add Lines 56 through 62)	62.		d Contribution				0	62	\square		
64	63.		-	6 through 62)		63		,			
						64],			

R-1040 2008 TR-1040

WEB STATE OF NEW JERSEY HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)

+	IMPORTANT! YOU MUST ENTER YOUR SSN (s). ↓)	
t Notification, uctions	Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)			
tifice		Henry Address of the second state			l bel on form if all preprinted ion is correct. Otherwise, print o ir name and address.
y Act No Instructic	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or rural route)			
ivac					on fo is co ame
For Privacy Act See Instru	County/Municipality Code (See Table p. 51)	City, Town, Post Office	State	Zip Code	Place label c information i type your na
	1. Single				
FILING STATUS		NJ RESIDENCY STATUS	M		
STA.	2.	6. If you were a New Jersey resident for ONLY	From [V]	רן/ןטןטן/ואן	TIT
ğ	3.	part of the taxable year, give the period of New Jersey residency:			
	4.	New bersey residency.	То	M / D D / 1	YIYI
	5.				
	DO NOT FILE FORM TR-1040 IF YOU WE		D 1 2008	(Soo Instructions)	\ \
-	7. On October 1, 2008, I rented and occupied an apartment of ← Yes ← No If "No," STOP. You are not elig	other rental dwelling in New Jersey as my p	orincipal reside	ence.	
8	8. On December 31, 2008, I (and/or my spouse/CU partner) was Fill in only one oval. See instruction page 48.	a. — 🗲 Age 65 or older b. — 🗲 Blind or	disabled c. 🤇	──← Not 65 or blind or	disabled
ę	9. Enter the GROSS INCOME you reported on Line 28, Form or see instructions	9], 💶 🗌	
1(If your filing status is MARRIED/CU PARTNER, FILING SE and you and your spouse/CU Partner MAINTAIN THE SAM 	PARATE RETURN			
	RESIDENCE, enter the gross income reported on your sported on your sported on the second seco	use's/CU partner's], [
11	11. TOTAL GROSS INCOME (Add Line 9 and Line 10)],	
	STOP - IF LINE 11 IS MORE THAN \$100,000, YOU ARE	NOT ELIGIBLE FOR A TENANT REBATE.			
12	2. Enter the address of the rental property in New Jersey that	t was your principal residence on October 1	, 2008 .		
	Street Address (including apartment number)		Municipa	ality	
1:	3. Enter the total rent you (and your spouse/CU partner) paid rental property indicated at Line 12	during 2008 for the 13], 🔲 . [
14	14. Enter the number of days during 2008 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12. (If you lived there for all of 2008, enter 366)				
1	 Did anyone, other than your spouse/CU partner, occupy ar Yes	, , , , , , , , , , , , , , , , , , , ,	indicated at L	ine 12?	
15a	a. Enter the total number of tenants (including yourself) who s indicated at Line 14. (For this purpose, husband and wife/Cl		a		
15	b. Enter the name(s) and social security number(s) of all other	r tenants (other than your spouse/CU partne	er) who share	d the rent.	
	Name		,	///	
	Name			//	
	Name	554	#	′′ <i></i>	_
	c. Enter the total rent paid by all tenants during the period inc], []. [_	
	Under the penalties of perjury, I declare that I have examined this ret best of my knowledge and belief, it is true, correct, and complete and i tenant homestead rebate as my principal residence on October 1, 20 is based on all information of which the preparer has any knowledge.	hat I occupied the rental property for which I am ap	plying for the		
SIGN HERE	Your Signature	Date		If you are ONLY filing Form TR-1040, mail yo application to:	our
I	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Date		NJ Division of Taxatior	h
Z				Revenue Processing C	
D	If you do not need forms mailed to you next year, fill i			PO Box 197	
I authorize the Division of Taxation to discuss my rebate application and enclosures with my preparer (below) Trenton, NJ 08646-01 Paid Preparer's Signature Federal Identification Number			Trenton, NJ 08646-019	97	
	Firm's Name	Federal Employer Identification Number			

NJ-1040-V 2008	N J Gross Income Tax Payment Voucher	SOCIAL SECURITY NUMBER – – –
		LAST NAME, FIRST NAME AND INITIAL STREET ADDRESS
MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'. WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK. RETURN THIS VOUCHER WITH YOUR PAYMENT		CITY, STATE, ZIP CODE
	State of New Jersey Division of Taxation	Enter amount of payment here:

\$ <u>_____</u>

0730400000000000000000750P000000000

Revenue Processing Center

Trenton, NJ 08645-0111

PO Box 111