



Name(s) as shown on Form NJ-1040






Your Social Security Number

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|---|-----|--|--|--|--|--|--|--|--|
| 14. Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s). See Instructions | 14 | | | | | | | | |
| 15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)..... | 15a | | | | | | | | |
| 15b. Tax-exempt interest income (See instructions)..... (Enclose Schedule) DO NOT include on Line 15a | 15b | | | | | | | | |
| 16. 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) | 18 | | | | | | | | |
| 19. Pensions, Annuities, and IRA Withdrawals (See instruction page 24) | 19 | | | | | | | | |
| 20. Distributive Share of Partnership Income (See instruction page 27) (Enclose Schedule) | 20 | | | | | | | | |
| 21. Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule) | 21 | | | | | | | | |
| 22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) | 22 | | | | | | | | |
| 23. Net Gambling Winnings (See instruction page 27) | 23 | | | | | | | | |
| 24. Alimony and separate maintenance payments received | 24 | | | | | | | | |
| 25. Other (Enclose Schedule) (See instruction page 28) | 25 | | | | | | | | |
| 26. Total Income (Add Lines 14, 15a, and 16 through 25) | 26 | | | | | | | | |
| 27a. Pension Exclusion (See instruction page 28) | 27a | | | | | | | | |
| 27b. Other Retirement Income Exclusion (See worksheet and instr. page 30) | 27b | | | | | | | | |
| 27c. Total Exclusion Amount (Add Line 27a and Line 27b)..... | 27c | | | | | | | | |
| 28. New Jersey Gross Income (Subtract Line 27c from Line 26) | 28 | | | | | | | | |
| See instruction page 30. | | | | | | | | | |
| 29. Total Exemption Amount (See instruction page 30 to calculate amount)..... (Part-Year Residents see instruction page 9) | 29 | | | | | | | | |
| 30. Medical Expenses..... (See Worksheet and instruction page 31) | 30 | | | | | | | | |
| 31. Alimony and Separate Maintenance Payments | 31 | | | | | | | | |
| 32. Qualified Conservation Contribution | 32 | | | | | | | | |
| 33. Health Enterprise Zone Deduction..... | 33 | | | | | | | | |
| 34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) | 34 | | | | | | | | |
| 35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY. | 35 | | | | | | | | |
| 36a. Total Property Taxes Paid (See instruction page 32).. | 36a | | | | | | | | |
| 36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010. <input type="radio"/> | | | | | | | | | |
| 36c. Property Tax Deduction (See instruction page 35) | 36c | | | | | | | | |
| 37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY. | 37 | | | | | | | | |
| 38. TAX (From Tax Table, page 53) | 38 | | | | | | | | |



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|-----|---|--------------------------|--------|---------|--|--|--|--|--|
| 39. | TAX (From Line 38, page 2) | | 39 | | | | | | |
| 40. | Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions)..... | <input type="text"/> | 40 | | | | | | |
| 41. | Balance of Tax (Subtract Line 40 from Line 39) | | 41 | | | | | | |
| 42. | Sheltered Workshop Tax Credit | | 42 | | | | | | |
| 43. | Balance of Tax after Credit (Subtract Line 42 from Line 41) | | 43 | | | | | | |
| 44. | Use Tax Due on Out-of-State Purchases (See instruction page 38) If no Use Tax, enter ZERO (0.00). | | 44 | | | | | | |
| 45. | Penalty for Underpayment of Estimated Tax. Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed. | | 45 | | | | | | |
| 46. | Total Tax and Penalty (Add Lines 43, 44, and 45) | | 46 | | | | | | |
| 47. | Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) | | 47 | | | | | | |
| 48. | Property Tax Credit (See instruction page 35) | | 48 | | | | | | |
| 49. | New Jersey Estimated Tax Payments/Credit from 2009 tax return | | 49 | | | | | | |
| 50. | New Jersey Earned Income Tax Credit (See instruction page 40) | | 50 | | | | | | |
| | Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one | <input type="checkbox"/> | | | | | | | |
| | Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit | <input type="checkbox"/> | | | | | | | |
| 51. | EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 40) (Enclose Form NJ-2450) | | 51 | | | | | | |
| 52. | EXCESS New Jersey Disability Insurance Withheld (See instr. page 40) | | 52 | | | | | | |
| 53. | EXCESS New Jersey Family Leave Insurance Withheld (see instr. page 40) Enclose Form NJ-2450 | | 53 | | | | | | |
| 54. | Total Payments/Credits (Add Lines 47 through 53) | | 54 | | | | | | |
| 55. | If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE | | 55 | | | | | | |
| | Fill in <input type="checkbox"/> if paying by e-check or credit card. | <input type="checkbox"/> | | | | | | | |
| | If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount. | | | | | | | | |
| 56. | If Line 54 is MORE THAN Line 46, enter OVERPAYMENT | | 56 | | | | | | |
| | Deductions from Overpayment on Line 56 which you elect to credit to: | | | | | | | | |
| 57. | Your 2011 tax | | 57 | | | | | | |
| 58. |  N.J. Endangered Wildlife Fund | h \$10 | h \$20 | h Other | | | | | |
| 59. |  N.J. Children's Trust Fund To Prevent Child Abuse | h \$10 | h \$20 | h Other | | | | | |
| 60. |  N.J. Vietnam Veterans' Memorial Fund | h \$10 | h \$20 | h Other | | | | | |
| 61. |  N.J. Breast Cancer Research Fund | h \$10 | h \$20 | h Other | | | | | |
| 62. |  U.S.S. New Jersey Educational Museum Fund ... | h \$10 | h \$20 | h Other | | | | | |
| 63. | Other Designated Contribution | h \$10 | h \$20 | h Other | | | | | |
| | See instruction page 41 | | | | | | | | |
| 64. | Total Deductions from Overpayment (Add Lines 57 through 63) | | 64 | | | | | | |
| 65. | REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) | | 65 | | | | | | |

ENTER AMOUNT OF CONTRIBUTION