

NJ-1040NR
2017



STATE OF NEW JERSEY

INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2017 – December 31, 2017

Or Other Taxable Year Beginning _____, 2017

Ending _____, 20____

5-N

Check box if application for federal extension is attached or enter confirmation number _____

FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS	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)			Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.
	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, incl. apt. # or rural route) Change of Address <input type="checkbox"/>			
	↑ You must enter your SSN(s) above ↑ State of Residency (outside NJ)	City, Town, Post Office	State	Zip Code	

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ To _____
MONTH DAY YEAR MONTH DAY YEAR

Filing Status
(Check only ONE box)

1. Single

2. Married/CU Couple, filing joint return

3. Married/CU Partner, filing separate return

Name and SSN of Spouse/CU Partner

4. Head of household

5. Qualifying widow(er)/Surviving CU Partner

EXEMPTIONS

6. Regular Yourself Spouse/CU Partner Domestic Partner

7. Age 65 or Over Yourself Spouse/CU Partner

8. Blind or Disabled Yourself Spouse/CU Partner

9. Number of your qualified dependent children

10. Number of other dependents

11. Dependents attending colleges (See Instr. page 14)

12. For Line 12a - Add Lines 6, 7, 8, and 11
For Line 12b - Add Line 9 and Line 10

12c. Veteran Exemption Yourself Spouse/CU Partner

6		
7		
8		
		9
		10
11		
12a		12b
12c		

DEPENDENT INFORMATION	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____	_____/_____/_____	_____
	b _____	_____/_____/_____	_____
	c _____	_____/_____/_____	_____
	d _____	_____/_____/_____	_____

GUBERNATORIAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Driver's License # (Voluntary) _____ State _____	(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
14. Wages, salaries, tips, and other employee compensation Check box if you completed Lines 61 through 67 <input type="checkbox"/>	14	14
15. Interest	15	15
16. Dividends	16	16
17. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4)	17	17
18. Net gains or income from disposition of property (From Line 60)	18	18
19. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, Line 4)	19	19
20. Net gambling winnings (See Instruction page 19)	20	20
21. Pensions, Annuities, and IRA Withdrawals	21	
22. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, Line 4)	22	22
23. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, Line 4)	23	23
24. Alimony and separate maintenance payments received	24	
25. Other - State Nature and Source _____	25	25
26. TOTAL INCOME (Add Lines 14 through 25)	26	26
27a. Pension Exclusion (See Instruction page 24)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and Instructions page 24)	27b	27b
27c. Total Exclusion Amount (Add Line 27a and Line 27b)	27c	27c
28. Gross Income (Subtract Line 27c from Line 26)	28	28

Name(s) as shown on Form NJ-1040NR	Your Social Security Number
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PART I	NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.				
	(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
	57.					
	58. Capital Gains Distribution					58
	59. Other Net Gains					59
	60. Net Gains (Add Lines 57, 58, and 59) (Enter here and on Line 18) (If Loss, enter ZERO)					60

PART II	ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)			
	61. Amount reported on Line 14 in Column A required to be allocated	61			
	62. Total days in taxable year	62			
	63. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	63			
	64. Total days worked in taxable year (subtract Line 63 from Line 62)	64			
	65. Deduct days worked outside New Jersey	65			
	66. Days worked in New Jersey (subtract Line 65 from Line 64)	66			
	67. ALLOCATION FORMULA $\frac{\text{(Line 66)}}{\text{(Line 64)}} \times \frac{\text{(Enter amount from Line 61)}}{\text{(Salary earned inside N.J.)}} =$				(Include this amount on Line 14, Col. B)

PART III	ALLOCATION OF BUSINESS INCOME TO NEW JERSEY	(See instructions if other than Formula Basis of allocation is used.)			
BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)					
Enter below the line number and amount of each item of business income reported in Column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.					
	From Line No. _____	\$ _____	X _____	% = \$ _____	
	From Line No. _____	\$ _____	X _____	% = \$ _____	
	From Line No. _____	\$ _____	X _____	% = \$ _____	