



New Jersey Nonresident  
Income Tax Return

For Tax Year January 1, 2020 – December 31, 2020  
Or Other Tax Year Beginning \_\_\_\_\_, 2020  
Ending \_\_\_\_\_, 2021

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

5-N

Check box if this is an amended return

<b>FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS</b>	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.)			<b>NJ RESIDENCY STATUS</b> If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.  From _____ MONTH DAY YEAR To _____ MONTH DAY YEAR		
	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, incl. apt. # or rural route)		Change of address <input type="checkbox"/>			
	State of Residency (outside NJ)	City, Town, Post Office	State	ZIP Code			
	<b>Filing Status</b> (Check only ONE box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/CU Couple, filing joint return 3. <input type="checkbox"/> Married/CU Partner, filing separate return <hr/> Name and SSN of Spouse/CU Partner 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving CU Partner		<b>EXEMPTIONS</b>	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	6.		
7. Age 65 or over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	7.						
8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	8.						
9. Veteran Exemption <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	9.						
		10. Number of your qualified dependent children	10.				
		11. Number of other dependents	11.				
		12. Dependents attending colleges (See Instructions)	12.				
		13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.	13a.			13b.	13c.

<b>DEPENDENT INFORMATION</b>	14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____	_____ / _____ / _____	_____
	b _____	_____ / _____ / _____	_____
	c _____	_____ / _____ / _____	_____
	d _____	_____ / _____ / _____	_____

<b>GUBERNATORIAL ELECTIONS FUND</b>	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"/>	<b>Note:</b> If you check the "Yes" box(es), it will not increase your tax or reduce your refund.
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Driver's License # (Voluntary) <input type="checkbox"/>	State <input type="checkbox"/>	<b>(Column A)</b> AMOUNT OF GROSS INCOME (EVERYWHERE)	<b>(Column B)</b> AMOUNT FROM NEW JERSEY SOURCES
15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72 <input type="checkbox"/>		15.	15.
16. Interest.....		16.	16.
17. Dividends.....		17.	17.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4).....		18.	18.
19. Net gains or income from disposition of property (From line 65).....		19.	19.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4).....		20.	20.
21. Net gambling winnings (See Instructions).....		21.	21.
22. Pensions, Annuities, and IRA Withdrawals.....		22.	
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4).....		23.	23.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4).....		24.	24.
25. Alimony and separate maintenance payments received.....		25.	
26. Other – State Nature and Source _____		26.	26.
27. TOTAL INCOME (Add lines 15 through 26).....		27.	27.



Name(s) as shown on Form NJ-1040NR			Your Social Security Number		
28a. Pension Exclusion (See Instructions).....	28a.				
28b. Other Retirement Income Exclusion (See Worksheet and Instructions).....	28b.		28b.		
28c. Total Exclusion Amount (Add line 28a and line 28b).....	28c.		28c.		
29. Gross Income (Subtract line 28c from line 27).....	29.		29.		
30. Total Exemption Amount (See Instructions).....	30.				
31. Medical Expenses (See Worksheet and Instructions).....	31.				
32. Alimony and separate maintenance payments.....	32.				
33. Qualified Conservation Contribution.....	33.				
34. Health Enterprise Zone Deduction.....	34.				
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)....	35.				
36. Organ/Bone Marrow Donation Deduction (See instructions).....	36.				
37. Total Exemptions and Deductions (Add lines 30 through 36).....	37.				
38. TAXABLE INCOME (Subtract line 37 from line 29, column A).....	38.				
39. Tax on amount on line 38 (From Tax Table).....	39.				
40. Income Percentage $\frac{\text{B. (line 29)}}{\text{A. (line 29)}} = \underline{\hspace{2cm}}\%$					
41. NEW JERSEY TAX (Multiply amount from line 39 _____ x _____% from line 40)	41.				
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions).....	42.				
43. Gold Star Family Counseling Credit (See Instructions).....	43.				
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions).....	44.				
45. Total Credits (Add lines 42, 43, and 44).....	45.				
46. Balance of Tax After Credits (Subtract line 45 from line 41).....	46.				
47. Penalty for Underpayment of Estimated Tax. Check box <input type="checkbox"/> if Form NJ-2210NR is enclosed.....	47.				
48. Total Tax and Penalty (Add line 46 and line 47).....	48.				
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099).....	49.				Also enter on line 50: <ul style="list-style-type: none"> <li>• Payments made in connection with sale of NJ real property</li> <li>• Payments by S corporation for nonresident shareholder</li> </ul>
50. New Jersey Estimated Tax Payments/Credit from 2019 return.....	50.				
51. Tax paid on your behalf by Partnership(s).....	51.				
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450).....	52.				
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450).....	53.				
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450).....	54.				
55. Pass-Through Business Alternative Income Tax Credit (See instructions).....	55.				
56. Total Payments/Credits (Add lines 49 through 55).....	56.				



Name(s) as shown on Form NJ-1040NR		Your Social Security Number				
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE .....		57.				
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT .....		58.				
59. Deductions from Overpayment on line 58 that you elect to credit to:		<b>NOTE:</b> An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund				
(A) Your 2021 Tax .....	59A.					
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59B.					
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59C.					
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59D.					
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59E.					
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59F.					
(G) Designated Contribution <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59G.					
60. Total Deductions From Overpayment (Add lines 59A through 59G).....		60.				
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58) .....		61.				
<b>SIGN HERE</b>	Under penalties of perjury, I declare that I have examined this return, 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.		<b>Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:</b> <b>State of New Jersey – TGI</b> <b>Division of Taxation</b> <b>Revenue Processing Center</b> <b>PO Box 244</b> <b>Trenton, NJ 08646-0244</b>  You may also pay by e-check or credit card.			
	Your Signature _____ Date _____ Spouse's/CU Partner's Signature (if filing jointly,BOTH must sign) _____ If enclosing copy of death certificate for deceased taxpayer, check box (See instructions) <input type="checkbox"/>					
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>					
	Paid Preparer's Signature _____ Federal Identification Number _____  Firm's name _____ Firm's Federal Employer Identification Number _____					

Name(s) as shown on Form NJ-1040NR	Your Social Security Number
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<b>PART I</b>	<b>Net Gains or Income From Disposition of Property</b>	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.
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(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)
62.					

63. Capital Gains Distribution .....	63.	
64. Other Net Gains .....	64.	
65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero) .....	65.	

<b>PART II</b>	<b>Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey</b>	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)
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66. Amount reported on line 15 in column A required to be allocated .....	66.	
67. Total days in taxable year .....	67.	
68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	68.	
69. Total days worked in taxable year (subtract line 68 from line 67) .....	69.	
70. Deduct days worked outside New Jersey.....	70.	
71. Days worked in New Jersey (subtract line 70 from line 69).....	71.	

72. ALLOCATION FORMULA       $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} =$  \_\_\_\_\_ (Include this amount on line 15, col. B)

<b>PART III</b>	<b>Allocation of Business Income to New Jersey</b>	(See instructions if other than Formula Basis of allocation is used.)
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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 \_\_\_\_\_% = \$ \_\_\_\_\_