

STATE OF NEW JERSEY AMENDED INCOME TAX RESIDENT RETURN

7x

For Tax Year Jan. 1, 2018 - Dec. 31, 2018 or Other Tax Year Beginning _____, 2018 Ending _____, 2019

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)		
Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, incl. apt. # or rural route)		Change of address <input type="checkbox"/>
County/Municipality Code	City, Town, Post Office	State	Zip Code

TAXPAYER IDENTIFICATION AND STATUS

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

FILING STATUS	EXEMPTIONS	As Originally Reported	Amended
On Original Return <input type="checkbox"/> On Amended Return <input type="checkbox"/> Single 1. <input type="checkbox"/> <input type="checkbox"/> Married/CU Couple, filing joint return 2. <input type="checkbox"/> <input type="checkbox"/> Married/CU Partner, filing separate return 3. <input type="checkbox"/> <input type="checkbox"/> Head of Household 4. <input type="checkbox"/> <input type="checkbox"/> Qualifying Widow(er)/Surviving CU Partner 5.	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner 7. Age 65 or over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner 9. Veteran Exemption <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner 10. Number of your qualified dependent children 11. Number of other dependents 12. Dependents attending colleges (See instr. NJ-1040) 13a. Add Lines 6, 7, 8, and 12. 13b. Add Lines 10 and 11. 13c. Enter amount from Line 9.	6.	
		7.	
		8.	
		9.	
		10.	
		11.	
		12.	
		13a.	
		13b.	
		13c.	

DEPENDENT INFORMATION	14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Check box if dependent does not have health insurance
	a _____	_____ / _____ / _____	_____	<input type="checkbox"/>
	b _____	_____ / _____ / _____	_____	<input type="checkbox"/>
	c _____	_____ / _____ / _____	_____	<input type="checkbox"/>
	d _____	_____ / _____ / _____	_____	<input type="checkbox"/>

GUBERNATORIAL ELECTIONS FUND	Do you wish to designate \$1 of your taxes for this fund?	Yes <input type="checkbox"/>	Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.
	If joint return, does your spouse/CU Partner wish to designate \$1?	Yes <input type="checkbox"/>	

SIGN HERE	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. _____ Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Pay amount on Line 65 in full. Write Social Security number(s) on check or money order and make payable to: State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 664 Trenton, NJ, 08646-0664 You can also pay by e-check or credit card.
	If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040) <input type="checkbox"/> Drivers License # _____ (Voluntary. See instructions NJ-1040.)	
	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 Federal Employer Identification Number	

BOTH COLUMNS MUST BE FULLY COMPLETED

As Originally Reported	Amended (See Instructions)
15	
16a	
16b	
17	
18	
19	
20a	
20b	
21	
22	
23	
24	
25	
26	
27	
28a	
28b	
28c	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38a	

38b. Block Lot Qualifier

38c. County/Municipality Code

Check box if you completed Worksheet G. (See instr. NJ-1040)

39	
40	
41	
42	
43	
44	
45	
46	
47	

39. Property Tax Deduction (See instructions NJ-1040).....

40. **New Jersey Taxable Income** (Subtract Line 39 from Line 37) ...

41. Tax on Amount on Line 40 (See instructions)

42. Credit For Income Taxes Paid to Other Jurisdictions
Enter other jurisdiction code (See instr. NJ-1040)

43. Balance of Tax (Subtract Line 42 from Line 41)

44. Child and Dependent Care Credit (See instructions NJ-1040).....

45. Balance of Tax (Subtract Line 44 from Line 43)

46. Sheltered Workshop Tax Credit (See instructions NJ-1040)

47. Balance of Tax (Subtract Line 46 from Line 45)

BOTH COLUMNS MUST BE FULLY COMPLETED

	As Originally Reported		Amended (See Instructions)	
48. Gold Star Family Counseling Credit (See instructions NJ-1040) ..	48			
49. Balance of Tax After Credits (Subtract Line 48 from Line 47).....	49			
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	50			
51. Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form NJ-2210 is enclosed <input type="checkbox"/>	51			
52. Total Tax Due (Add Lines 49, 50, and 51)	52			
53. Total New Jersey Income Tax Withheld	53			
54. Property Tax Credit (See instructions NJ-1040)	54			
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55			
56. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	56			
57. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	57			
58. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040).....	58			
59. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040).....	59			
60. Wounded Warrior Caregivers Credit (See instructions NJ-1040).	60			
61. Amount Paid with original return, assessments, and/or with request for extension to file.....	61			
62. Total payments/credits (Add Lines 53 through 61)	62			
63. Refund previously issued from Original Return	63			
64. Net Payments (Subtract Line 63 from Line 62)	64			
65. If payments (Line 64) are LESS THAN tax (Line 52), enter AMOUNT OF TAX YOU OWE	65			
66. If payments (Line 64) are MORE THAN tax (Line 52), enter OVERPAYMENT	66			
67. Amount of Line 66 to be (A) REFUNDED	67a			
(B) CREDITED to your 2019 tax.....	67b			

Enter name, Social Security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for federal tax purposes.)

Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change.

If amending Line 42, complete calculations below:
 (Income from Other Jurisdictions) _____ X _____ = _____
 (Income from New Jersey sources) _____ (New Jersey Tax Line 41)