

# NJ-1040NR 1993

## STATE OF NEW JERSEY INCOME TAX—NONRESIDENT RETURN

For Tax Year Jan.-Dec. 31, 1993 Or Other Tax Year Beginning \_\_\_\_\_, 1993, Ending \_\_\_\_\_, 19 \_\_\_\_\_

**5-N** Check block  if application for Federal extension is attached.

Please Print or Type	<b>Your Social Security Number</b>	<b>Last Name, First Name and Initial (Joint filers enter first name and initial of each—Enter spouse last name ONLY if different)</b>			Please place label on form you file. Make all necessary changes on label.	
	<b>Spouse's Social Security Number</b>	<b>Home address (Number and Street, including apartment number or rural route)</b>				
	<b>State of Residency</b>	<b>City, Town, Post Office</b>	<b>State</b>	<b>Zip Code</b>		
For Privacy Act Notification See Instructions	(Check only ONE box)					
	1. <input type="checkbox"/> Single	<b>EXEMPTIONS</b>	6. Regular <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	6		
	2. <input type="checkbox"/> Married, filing joint return		7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7		
	3. <input type="checkbox"/> Married, filing separate return		8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	8		
	Name and Social Security No. of Spouse		9. Number of your qualified dependent children		9	
	4. <input type="checkbox"/> Head of Household		10. Number of other dependents			10
	5. <input type="checkbox"/> Qualifying Widow(er)		11. Dependents attending colleges	11		
			12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11) (For Line 12b—Add Line 9 and Line 10)	12a	12b	
	<b>RESIDENCY STATUS</b> 13. If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ MONTH _____ DAY _____ YEAR To _____ MONTH _____ DAY _____ YEAR					
	<b>GUERNATORIAL ELECTIONS FUND</b> <input type="checkbox"/>		Do you wish to designate \$1 of your taxes for this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund	
			If joint return, does your spouse wish to designate \$1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>NOTE:</b> Retirement Income Exclusion is computed by completing the worksheet on page 8 of the instructions.						
			<b>(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)</b>		<b>(Column B) AMOUNT FROM NEW JERSEY SOURCES</b>	
14a. Total Income (From Line 44, Part I)			14a		14a	
14b. Other Retirement Income Exclusion (See Worksheet and Instructions)			14b		14b	
14c. Gross Income (Subtract Line 14b from Line 14a)			14c	(A)	14c	(B)
15a. Exemptions: From Line 12a _____ x \$1,000 = _____						
15b. From Line 12b _____ x \$1,500 = _____						
15c. Total Exemption Amount (Add Line 15a and Line 15b)			15c			
<b>NOTE:</b> Part-year residents—See Instructions						
16. Medical Expenses (From Line 54)			16			
17. Alimony & separate maintenance payments			17			
18. Total Exemptions and Deductions (Add Lines 15c, 16, and 17)			18			
19. TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A)			19			
20. Tax on amount on Line 19 (From Tax Rate Schedules on Page 9)...			20			
21. Income Percentage $\frac{(B)}{(A)}$ (Line 14c) = _____ %						
22. NEW JERSEY TAX (Multiply amount from Line 20 _____ x _____ % from Line 21)			22			
23. Total New Jersey Tax Withheld (Attach Form W-2)			23			
24. New Jersey Estimated Tax Payments/Credit from 1992 tax return			24			
25. EXCESS N.J. WDP/HCS Withheld (See Instructions)			25			
26. EXCESS N.J. Disability Insurance Withheld (See Instructions)			26			
27. Total Payments/Credits (Add Lines 23 through 26) ENTER TOTAL			27			
28. If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE			28			
29. If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT			29			
30. Deductions from Overpayment on Line 29 which you elect to credit to:						
(A) Your 1994 Tax			30A			
(B) The N.J. Endangered Wildlife Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____			30B			
(C) The Children's Trust Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____			30C			
(D) The N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____			30D			
31. Total Deductions From Overpayment (Add Lines 30A, B, C and D) ENTER TOTAL			31			
32. REFUND (Amount to be sent to you, Line 29 LESS 31)			32			
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 signature (if filing jointly, BOTH must sign.) _____			
Paid Preparer's Signature _____			Federal Identification Number _____			
Firm's name _____			Federal Employer Identification Number _____			
Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____						

Pay amount on Line 28 in full. Write social security number on check or money order and make payable to:  
**Division of Taxation  
Income Tax  
CN-244  
Trenton, N.J. 08646-0244**

Please Attach W-2 Forms Here  
Please Attach Check or Money Order Here  
SIGN HERE

<b>PART I TOTAL INCOME</b>		Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category		<b>(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)</b>	<b>(Column B) AMOUNT FROM NEW JERSEY SOURCES</b>
33.	Wages, salaries, tips, and other employee compensation	33			
34.	Interest	34			
35.	Dividends	35			
36.	Net profits from business (Attach copy of Federal Schedule C, Form 1040)	36			
37.	Net gains or income from disposition of property (From Line 48)	37			
38.	Net gains or income from rents, royalties, patents, and copyrights (From Line 51)	38			
39.	Net Gambling Winnings	39			
40.	Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	40			
41.	Distributive Share of Partnership Income	41			
42.	Alimony and separate maintenance payments received	42			
43.	Other—State Nature and Source	43			
44.	<b>TOTAL INCOME</b> (Add Line 33 thru 43) (Enter here and on Line 14a, Page 1)	44			

<b>PART II 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.			
(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)
45.					
46.	Capital Gains Distribution			46	
47.	Other Net Gains			47	
48.	<b>Net Gains</b> (Add Lines 45, 46, and 47) (Enter here and on Line 37) (If Loss, enter ZERO)			48	

<b>PART III NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return.			
(a) Kind of property	(b) Net Rental Income (Loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights	
49.					
50.	<b>Totals</b>	(b)	(c)	(d)	(e)
51.	<b>Net Income</b> (Combine Columns b, c, d, and e) (Enter here and on Line 38) (If Loss enter ZERO)				51

<b>PART IV MEDICAL EXPENSES</b> (Not compensation for by insurance or otherwise)			
52.	Total Nonreimbursed Medical Expenses	52	
53.	Enter 2% (.02) of Line 14c, Column A, Page 1	53	
54.	Subtract Line 53 from Line 52. (Enter here and on Line 16, Page 1) if less than zero enter zero	54	

<b>PART V 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.)	
55.	Amount reported on Line 33 in Column A of Part I required to be allocated	55	
56.	Total days in taxable year	56	
57.	Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	57	
58.	Total days worked in taxable year (Line 56 minus Line 57)	58	
59.	Deduct days worked outside New Jersey	59	
60.	Days worked in New Jersey (Line 58 less Line 59)	60	
61.	ALLOCATION FORMULA $\frac{\text{(Line 60)}}{\text{(Line 58)}} \times \text{(Enter amount from Line 55)} = \text{(Salary earned inside N.J.)}$		(Include this amount on Line 33, Col. B, Part I)

<b>PART VI ALLOCATION OF BUSINESS INCOME TO NEW JERSEY</b>		(See instructions if other than Formula Basis of allocation is used.)	
<b>BUSINESS ALLOCATION PERCENTAGE</b> (From Form NJ-1040 NR-A)			
Enter below, the line number and amount of each item of business income reported in Column A of Part I which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.			
From Line No. _____	Part I \$ _____	X _____	% = \$ _____
From Line No. _____	Part I \$ _____	X _____	% = \$ _____