

# NJ-1040NR 2000

## STATE OF NEW JERSEY INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan.-Dec. 31, 2000 Or Other Tax Year Beginning \_\_\_\_\_, 2000, Ending \_\_\_\_\_, 20

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

Please Print or Type

FOR PRIVACY ACT NOTIFICATION  
See Instructions

Please place label on form you file. Make all necessary changes on label

Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)		
Spouse's Social Security Number	Home address (Number and Street, including apartment number or rural route)		
State of Residency	City, Town, Post Office	State	Zip Code

(Check only ONE box)		<b>EXEMPTIONS</b>	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	6	
1. <input type="checkbox"/> Single	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		7		
2. <input type="checkbox"/> Married, filing joint return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		8		
3. <input type="checkbox"/> Married, filing separate return	9. Number of your qualified dependent children			9	
Name and Social Security Number of Spouse	10. Number of other dependents			10	
4. <input type="checkbox"/> Head of Household	11. Dependents attending college		11		
5. <input type="checkbox"/> Qualifying Widow(er)	12. Totals (For Line 12a - Add Lines 6,7, 8 and 11) (For Line 12b - Add Line 9 and Line 10)		12a	12b	

**RESIDENCY STATUS** 13. 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

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

Yes	No	Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.
Yes	No	

**NOTE:** Retirement Income Exclusion is computed by completing the worksheet on page 10 of the instructions.

	(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES	
14a. Total Income (From Line 46, 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	14c	
15. Total Exemption Amount (See Instructions)	15	<b>NOTE: Part-Year Residents SEE INSTRUCTIONS</b>	
16. Medical Expenses (See Worksheet and Instructions Page 11)	16		
17. Alimony and separate maintenance payments	17		
18. Qualified Conservation Contribution	18		
19. Total Exemptions and Deductions (Add Lines 15, 16, 17 and 18)	19		
20. TAXABLE INCOME (Subtract Line 19 from Line 14c, Column A)	20		
21. Tax on amount on Line 20 (From Tax Tables on Page 30)	21		
22. Income Percentage (See instruction page 12) _____ %			23
23. NEW JERSEY TAX (Multiply amount from Line 21 by percentage from Line 22)			
24. Total New Jersey Tax Withheld (Attach Form W-2)	24		<b>Check <input type="checkbox"/> if Form NJ-2210 is attached. If an amount is entered ← on Line 26 or Line 27 ← attach Form NJ-2450</b>
25. New Jersey Estimated Tax Payments/Credit from 1999 tax return	25		
26. EXCESS N.J. UI/HC/WD Withheld (See Instructions)	26		
27. EXCESS N.J. Disability Insurance Withheld (See Instructions)	27		
28. Total Payments/Credits (Add Lines 24 through 27) ENTER TOTAL		28	
29. If payments (Line 28) are LESS THAN tax (Line 23) enter AMOUNT OF TAX YOU OWE		29	
30. If payments (Line 28) are MORE THAN tax (Line 23) enter OVERPAYMENT		30	
31. Deductions from Overpayment on Line 30 which you elect to credit to:		<b>NOTE: AN ENTRY ON LINE 31A, B, C, D, E, F OR G WILL REDUCE YOUR TAX REFUND</b>	
(A) Your 2001 Tax	31A		
(B) The N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31B		
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31C		
(D) The N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31D		
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31E		
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31F		
(G) Designated Contribution <input type="text" value="0"/> <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	31G		
32. Total Deductions From Overpayment (Add Lines 31A, B, C, D, E, F and G) ENTER TOTAL		32	
33. REFUND (Amount to be sent to you, Line 30, LESS Line 32)		33	

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 \_\_\_\_\_

**Pay amount on Line 29 in full.**  
Write social security number on check or money order and make payable to:  
**STATE OF NEW JERSEY-TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244**

Division Use 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_

Please Attach W-2 Forms 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.		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
34.	Wages, salaries, tips, and other employee compensation	34			
35.	Interest	35			
36.	Dividends	36			
37.	Net profits from business (Attach copy of Federal Schedule C, Form 1040)	37			
38.	Net gains or income from disposition of property (From Line 50)	38			
39.	Net gains or income from rents, royalties, patents, and copyrights (From Line 53)	39			
40.	Net Gambling winnings	40			
41.	Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	41			
42.	Distributive Share of Partnership Income	42			
43.	Net pro rata share of S Corporation Income	43			
44.	Alimony and separate maintenance payments received	44			
45.	Other - State Nature and Source	45			
46.	TOTAL INCOME (Add Line 34 thru 45) (enter here and on Line 14a, Page 1)	46			

<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)
47.					
48.	Capital Gains Distribution				48
49.	Other Net Gains				49
50.	Net Gains (Add Lines 47, 48, and 49) (Enter here and on Line 38) (If Loss, enter ZERO)				50

<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	
51.					
52.	<b>Totals</b>	(b)	(c)	(d)	(e)
53.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 39) (If Loss enter ZERO)				53

<b>PART IV 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.)	
54.	Amount reported on Line 34 in Column A of Part I required to be allocated	54	
55.	Total days in taxable year	55	
56.	Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	56	
57.	Total days worked in taxable year (Line 55 minus Line 56)	57	
58.	Deduct days worked outside New Jersey	58	
59.	Days worked in New Jersey (Line 57 less Line 58)	59	
60.	ALLOCATION FORMULA $\frac{\text{Line 59}}{\text{Line 57}} \times \text{Line 54} =$ (Include this amount on Line 34, Col. B, Part I)		

<b>PART V ALLOCATION OF BUSINESS INCOME TO NEW JERSEY</b>		(See instructions if other than Formula Basis of allocation is used.)	
<b>BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)</b>			
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 _____ %	= \$ _____
From Line No. _____	Part I \$ _____	X _____ %	= \$ _____