



27. Total Income (From Line 26, Page 1)	27								
28. Other Retirement Income Exclusion (See Worksheet and instr. page 34)				28					
29. New Jersey Gross Income (Subtract Line 28 from Line 27)	29								
See instruction page 35.									
30a. Exemptions: From Line 12a _____ x \$1,000 = _____									
30b. From Line 12b _____ x \$1,500 = _____									
30c. Total Exemption Amount (Add Line 30a and Line 30b)	30c								
Part-Year Residents see instruction page 16.									
31. Medical Expenses	31								
(See Worksheet and instruction page 35)									
32. Alimony and Separate Maintenance Payments	32								
33. Qualified Conservation Contribution	33								
34. Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)	34								
35. Taxable Income (Subtract Line 34 from Line 29)	35								
If zero or less, MAKE NO ENTRY.									
36. Property Tax Deduction (See instruction page 36)				36					
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35)	37								
If zero or less, MAKE NO ENTRY.									
38. TAX (From Tax Table, page 57)	38								
39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions)	39								
40. Balance of Tax (Subtract Line 39 from Line 38)	40								
41. Use Tax Due on Out-of-State Purchases (See instruction page 41)	41								
If no Use Tax, enter ZERO (0.00).									
42. Total Tax (Add Line 40 and Line 41)	42								
43. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	43								
44. Property Tax Credit (See instruction page 36)					44				
45. New Jersey Estimated Tax Payments/Credit from 2003 tax return	45								
Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.									
46. New Jersey Earned Income Tax Credit (See schedule Page 3)					46				
47. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 43) (Enclose Form NJ-2450)					47				
48. EXCESS New Jersey Disability Insurance Withheld (See instr. page 43)					48				
(Enclose Form NJ-2450)									
49. Total Payments/Credits (Add Lines 43 through 48)	49								

BE SURE TO COMPLETE PAGES 3 AND 4



STATE OF NEW JERSEY
FAIR REBATE APPLICATION (FOR TENANTS)

↓ IMPORTANT! YOU MUST ENTER YOUR SSN (s). ↓

For Privacy Act Notification, See Instructions FILING STATUS	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)		
	County/Municipality Code (See Table p. 55) [][][][]	City, Town, Post Office	State	Zip Code
	1. <input type="radio"/> Single 2. <input type="radio"/> Married, filing joint return 3. <input type="radio"/> Married, filing separate return 4. <input type="radio"/> Head of household 5. <input type="radio"/> Qualifying widow(er)	RESIDENCY STATUS 6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From [M][M]/[D][D]/[Y][Y] To [M][M]/[D][D]/[Y][Y]		

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

7. On October 1, 2004, I rented and occupied an apartment or other rental dwelling in New Jersey as my principal residence.
 ← Yes ← No If "No," STOP. You are not eligible for a rebate as a tenant and you should not file this application. See instruction page 53.
8. On December 31, 2004, I (and/or my spouse) was a. ← Age 65 or older b. ← Blind or disabled c. ← Not 65 or blind or disabled
 Fill in only **one** oval. See instruction page 53.
9. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions **9** [][] , [][] , [][] . [][]
10. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE, enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and fill in oval → **10** [][] , [][] , [][] . [][]
11. TOTAL GROSS INCOME (Add Line 9 and Line 10) **11** [][] , [][] , [][] . [][]

STOP - IF LINE 11 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.

12. Enter the address of the rental property in **New Jersey** that was your principal residence on **October 1, 2004**.
 Street Address (including apartment number) _____ Municipality _____
13. Enter the total rent you (and your spouse) paid during 2004 for the rental property indicated at Line 12 **13** [][] , [][] , [][] . [][]
14. Enter the number of days during 2004 that you (and your spouse) occupied the rental property indicated at Line 12. (If you lived there for all of 2004, enter 366) **14** [][][]
15. Did anyone, other than your spouse, occupy and share rent with you for the rental property indicated at Line 12?
 Yes ← (If yes, you must complete Lines 15 a, b, and c) ← No
- 15a. Enter the total number of tenants (including yourself) who shared the rent during the period indicated at Line 14. (For this purpose, husband and wife are considered one tenant). **15a** [][][]
- 15b. Enter the name(s) and social security number(s) of all other tenants (other than your spouse) who shared the rent.
 Name _____ SS# _____/_____/_____
 Name _____ SS# _____/_____/_____
 Name _____ SS# _____/_____/_____
- 15c. Enter the total rent paid by all tenants during the period indicated at Line 14 ... **15c** [][] , [][] , [][] . [][]

SIGN HERE	Under the penalties of perjury, I declare that I have examined this income tax return and FAIR rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the FAIR rebate as my principal residence on October 1, 2004. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.		If you are ONLY filing a FAIR Rebate Application, mail your application to: NJ Division of Taxation Revenue Processing Center PO Box 197 Trenton, NJ 08646-0197
	Your Signature _____	Date _____	
	Spouse's Signature (if filing jointly, BOTH must sign) _____	Date _____	
	If you do not need forms mailed to you next year, fill in (See instruction page 22) <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 _____	Federal Employer Identification Number [][][][]-[][][]-[][][][]		