

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2006 - December 31, 2006

Or Other Taxable Year Beginning _____, 2006

Ending _____, 20__

5-N

Check box if application for Federal extension is attached or enter confirmation number _____

Please Print or Type
FOR PRIVACY ACT NOTIFICATION
See Instructions

Your Social Security Number Spouse's Social Security Number ↑ You must enter your SSN(s) above ↑ State of Residency (outside NJ)	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different) Home Address (Number and Street, including apartment number or rural route) City, Town, Post Office State Zip Code	Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.
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NJ RESIDENCY STATUS 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

<p>Filing Status (Check only ONE box)</p> <p>1. <input type="checkbox"/> Single</p> <p>2. <input type="checkbox"/> Married, filing joint return</p> <p>3. <input type="checkbox"/> Married, filing separate return</p> <p>_____ Name and Social Security Number of Spouse</p> <p>4. <input type="checkbox"/> Head of household</p> <p>5. <input type="checkbox"/> Qualifying widow(er)</p>	EXEMPTIONS	<p>6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner</p> <p>7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>9. Number of your qualified dependent children</p> <p>10. Number of other dependents</p> <p>11. Dependents attending colleges</p> <p>12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Line 9 and Line 10)</p>	6 7 8 9 10 11 12a 12b
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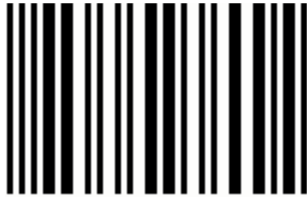
Please Attach W-2 Forms Here
DEPENDENT INFORMATION

13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a _____	_____/_____/_____	_____
b _____	_____/_____/_____	_____
c _____	_____/_____/_____	_____
d _____	_____/_____/_____	_____

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 <input type="checkbox"/>	No <input type="checkbox"/>	Note: 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"/>	

		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)		(Column B) AMOUNT FROM NEW JERSEY SOURCES
14. Wages, salaries, tips, and other employee compensation	14		14	
15. Interest	15		15	
16. Dividends	16		16	
17. Net profits from business (Attach copy of Federal Schedule C, Form 1040)	17		17	
18. Net gains or income from disposition of property (From Line 58)	18		18	
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 61)	19		19	
20. Net gambling winnings	20		20	
21. Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	21		21	
22. Distributive Share of Partnership Income	22		22	
23. Net pro rata share of S Corporation Income	23		23	
24. Alimony and separate maintenance payments received	24		24	
25. Other - State Nature and Source _____	25		25	
26. TOTAL INCOME (Add Lines 14 through 25)	26		26	
27. Other Retirement Income Exclusion (See Worksheet and Instructions page 25)	27		27	
28. Gross Income (Subtract Line 27 from Line 26)	28		28	



WEB

Name(s) as shown on Form NJ-1040NR		Your Social Security Number	
29. Gross Income (From page 1, Line 28)	29		29
30. Total Exemption Amount (See instruction page 26)	30		
31. Medical Expenses (See Worksheet and Instructions page 27)	31		
32. Alimony and separate maintenance payments	32		
33. Qualified Conservation Contribution	33		
34. Health Enterprise Zone Deduction	34		
35. Total Exemptions and Deductions (Add Lines 30, 31, 32, 33, and 34)	35		
36. TAXABLE INCOME (Subtract Line 35 from Line 29, Column A)	36		
37. Tax on amount on Line 36 (From Tax Table page 34)	37		
38. Income Percentage $\frac{B. (Line\ 29)}{A. (Line\ 29)} = \text{_____} \%$			
39. NEW JERSEY TAX (Multiply amount from Line 37 _____ x _____ % from Line 38)	39		
40. Sheltered Workshop Tax Credit (Enclose Form GIT-317. See instruction page 28)	40		
41. Balance of Tax After Credit (Subtract Line 40 from Line 39)	41		
42. Penalty for Underpayment of Estimated Tax. Check box <input type="checkbox"/> if Form NJ-2210 is enclosed.	42		
43. Total Tax and Penalty (Add Line 41 and Line 42)	43		
44. Total New Jersey Income Tax Withheld (Attach Form W-2)	44		
45. New Jersey Estimated Tax Payments/Credit from 2005 tax return	45		
46. Tax paid on your behalf by Partnership(s)	46		
47. EXCESS NJ UI/HC/WD Withheld (Enclose Form NJ-2450. See Instructions)	47		
48. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instructions)	48		
49. Total Payments/Credits (Add Lines 44 through 48)	ENTER TOTAL →		49
50. If Line 49 is LESS THAN Line 43 enter AMOUNT YOU OWE			50
51. If Line 49 is MORE THAN Line 43 enter OVERPAYMENT			51
52. Deductions from Overpayment on Line 51 which you elect to credit to:			
(A) Your 2007 Tax		52A	
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	ENTER AMOUNT OF CONTRIBUTION	52B	
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other		52C	
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other		52D	
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other		52E	
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other		52F	
(G) Designated Contribution <input type="checkbox"/> 0 <input type="checkbox"/> _____ <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other		52G	
53. Total Deductions From Overpayment (Add Lines 52A, B, C, D, E, F, and G)		ENTER TOTAL →	
54. REFUND (Amount to be sent to you. Subtract Line 53 from Line 51)			54

NOTE:
AN ENTRY ON LINE
52A, B, C, D, E, F, OR G
WILL REDUCE YOUR TAX
REFUND



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.		Pay amount on Line 50 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 244 Trenton, NJ 08646-0244 You may also pay by e-check or credit card.	
	_____ Your signature	_____ Date		_____ Spouse's signature (if filing jointly, BOTH must sign)
	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	

Name(s) as shown on Form NJ-1040NR Your Social Security Number

PART I NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY 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.

Table with 6 columns: (a) Kind of property and description, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Cost or other basis, (f) Gain or (loss). Includes rows 55-58 for Capital Gains Distribution, Other Net Gains, and Net Gains.

PART II NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS 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.

Table with 5 columns: (a) Kind of property, (b) Net Rental Income (Loss), (c) Net Income From Royalties, (d) Net Income From Patents, (e) Net Income From Copyrights. Includes row 60 for Totals and row 61 for Net Income.

PART III ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

Table with 2 columns: Description and Line Number. Includes rows 62-67 for allocation details and row 68 for the allocation formula.

PART IV ALLOCATION OF BUSINESS INCOME TO NEW JERSEY (See instructions if other than Formula Basis of allocation is used.)

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 which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.