



14. Wages, salaries, tips, and other employee compensation (Enclose W-2) 14 [][] , [][][][] , [][][][] . [][]

15a. Taxable interest income (See instructions) 15a [][] , [][][][] , [][][][] . [][]

15b. Tax-exempt interest income (See instructions) 15b [][] , [][][][] , [][][][] . [][]
DO NOT include on Line 15a

16. Dividends 16 [][] , [][][][] , [][][][] . [][]

17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040) 17 [][] , [][][][] , [][][][] . [][]

18. Net gains or income from disposition of property (Schedule B, Line 4) 18 [][] , [][][][] , [][][][] . [][]

19. Pensions, Annuities, and IRA Withdrawals (See instruction page 23) 19 [][] , [][][][] , [][][][] . [][]

20. Distributive Share of Partnership Income (See instruction page 26) 20 [][] , [][][][] , [][][][] . [][]

21. Net pro rata share of S Corporation Income (See instruction page 26) 21 [][] , [][][][] , [][][][] . [][]

22. Net gain or income from rents, royalties, patents & copyrights
(Schedule C, Line 3) 22 [][] , [][][][] , [][][][] . [][]

23. Net Gambling Winnings 23 [][] , [][][][] , [][][][] . [][]

24. Alimony and separate maintenance payments received 24 [][] , [][][][] , [][][][] . [][]

25. Other (See instruction page 26) 25 [][] , [][][][] , [][][][] . [][]

26. Total Income (Add Lines 14, 15a, and 16 through 25) 26 [][] , [][][][] , [][][][] . [][]

27a. Pension Exclusion (See instruction page 27) 27a [][] , [][][][] . [][]

27b. Other Retirement Income Exclusion (See worksheet and instr. page 28) 27b [][] , [][][][] . [][]

27c. Total Exclusion Amount (Add Line 27a and Line 27b) 27c [][] , [][][][] . [][]

28. **New Jersey Gross Income** (Subtract Line 27c from Line 26) 28 [][] , [][][][] , [][][][] . [][]
See instruction page 29.

29. Total Exemption Amount (See instruction page 29 to calculate amount) 29 [][] , [][][][] , [][][][] . [][]
(Part-Year Residents see instruction page 9)

30. Medical Expenses 30 [][] , [][][][] , [][][][] . [][]
(See Worksheet and instruction page 29)

31. Alimony and Separate Maintenance Payments 31 [][] , [][][][] , [][][][] . [][]

32. Qualified Conservation Contribution 32 [][] , [][][][] , [][][][] . [][]

33. Health Enterprise Zone Deduction 33 [][] , [][][][] , [][][][] . [][]

34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) 34 [][] , [][][][] , [][][][] . [][]

35. Taxable Income (Subtract Line 34 from Line 28) 35 [][] , [][][][] , [][][][] . [][]
If zero or less, MAKE NO ENTRY.

36a. Total Property Taxes Paid 36a [][] , [][][][] , [][][][] . [][]

36b. Fill in oval if you were a New Jersey homeowner on October 1, 2007.

36c. Property Tax Deduction (See instruction page 30) 36c [][] , [][][][] . [][]

37. **NEW JERSEY TAXABLE INCOME** (Subtract Line 36c from Line 35) 37 [][] , [][][][] , [][][][] . [][]
If zero or less, MAKE NO ENTRY.

38. TAX (From Tax Table, page 53) 38 [][] , [][][][] , [][][][] . [][]






39. Credit For Income Taxes Paid to Other Jurisdictions. [][]
Enter other jurisdiction code (See instructions) 39 [][] , [][][][] , [][][][] . [][]

40. Balance of Tax (Subtract Line 39 from Line 38) 40 [][] , [][][][] , [][][][] . [][]



Name(s) as shown on Form NJ-1040

Your Social Security Number

41. Balance of Tax (From Line 40, Page 2)	41								
42. Sheltered Workshop Tax Credit.....	42								
43. Balance of Tax after Credit (Subtract Line 42 from Line 41)	43								
44. Use Tax Due on Out-of-State Purchases (See instruction page 36) If no Use Tax, enter ZERO (0.00).	44								
45. Penalty for Underpayment of Estimated Tax..... Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.	45								
46. Total Tax and Penalty (Add Lines 43, 44, and 45)	46								
47. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	47								
48. Property Tax Credit (See instruction page 30)	48								
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return	49								
50. New Jersey Earned Income Tax Credit (See instruction page 37)	50								
Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one									
Fill in oval <input type="checkbox"/> if you are a CU couple claiming the NJ Earned Income Tax Credit									
51. EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450)	51								
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38)..... (Enclose Form NJ-2450)	52								
53. Total Payments/Credits (Add Lines 47 through 52)	53								
54. If Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE	54								
Fill in <input type="checkbox"/> if paying by e-check or credit card. If you owe tax, you may make a donation by entering an amount on Lines 57, 58, 59, 60, 61 and/or 62 and adding this to your payment amount.									
55. If Line 53 is MORE THAN Line 46, enter OVERPAYMENT	55								
Deductions from Overpayment on Line 55 which you elect to credit to:									
56. Your 2008 tax	56								
57.  N.J. Endangered Wildlife Fund	57								
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other									
58.  N.J. Children's Trust Fund To Prevent Child Abuse	58								
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other									
59.  N.J. Vietnam Veterans' Memorial Fund	59								
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other									
60.  N.J. Breast Cancer Research Fund	60								
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other									
61.  U.S.S. New Jersey Educational Museum Fund ...	61								
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other									
62. Other Designated Contribution	0								
See instruction page 39									
63. Total Deductions from Overpayment (Add Lines 56 through 62)	63								
64. REFUND (Amount to be sent to you. Subtract Line 63 from Line 55)	64								

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4

TR-1040
2007



STATE OF NEW JERSEY
HOMESTEAD REBATE APPLICATION
(FOR TENANTS ONLY)

WEB

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

For Privacy Act Notification, See Instructions	Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		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 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Home Address (Number and Street, including apartment number or rural route)	
	County/Municipality Code (See Table p. 51) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		City, Town, Post Office	State
FILING STATUS	1. <input type="radio"/> Single 2. <input type="radio"/> Married/CU Couple, filing joint return 3. <input type="radio"/> Married/CU Partner, filing separate return 4. <input type="radio"/> Head of household 5. <input type="radio"/> Qualifying widow(er)/Surviving CU Partner		NJ 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 <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	

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

DO NOT FILE FORM TR-1040 IF YOU WERE A HOMEOWNER ON OCTOBER 1, 2007 (See Instructions)

7. On October 1, 2007, 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 48.
8. On December 31, 2007, I (and/or my spouse/CU partner) 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 48.
9. Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions 9 , , .

10. If your filing status is MARRIED/CU PARTNER, FILING SEPARATE RETURN and you and your spouse/CU Partner MAINTAIN THE SAME PRINCIPAL RESIDENCE, enter the gross income reported on your spouse's/CU partner's return (Line 28, 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 TENANT REBATE.

12. Enter the address of the rental property in **New Jersey** that was your principal residence on **October 1, 2007**.
 Street Address (including apartment number) _____ Municipality _____

13. Enter the total rent you (and your spouse/CU partner) paid during 2007 for the rental property indicated at Line 12 13 , , .

14. Enter the number of days during 2007 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12. (If you lived there for all of 2007, enter 365) 14

15. Did anyone, other than your spouse/CU partner, 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/CU couple are considered one tenant).... 15a

- 15b. Enter the name(s) and social security number(s) of all other tenants (other than your spouse/CU partner) 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 , , .

Under the penalties of perjury, I declare that I have examined this rebate application, including accompanying documents, 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 tenant homestead rebate as my principal residence on October 1, 2007. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SIGN HERE

Your Signature _____ Date _____

Spouse's/CU Partner'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 15)

I authorize the Division of Taxation to discuss my rebate application and enclosures with my preparer (below)

Paid Preparer's Signature _____ Federal Identification Number

Firm's Name _____ Federal Employer Identification Number

If you are ONLY filing Form TR-1040, mail your application to:
NJ Division of Taxation
Revenue Processing Center
PO Box 197
Trenton, NJ 08646-0197