NJ-1040
2009

5R

STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN

WEB

For Tax Year Jan.-Dec. 31, 2009, Or Other Tax Year Beginning _____, 2009, Month Ending ☐☐ , 20_____

IMPORTANT! YOU MUST ENTER YOUR SSN (s). Fill in ☐ if application for Federal extension is enclosed or enter confirmation #_____.

For Privacy Act Notification, See Instructions

Your Social Security Number ☐☐☐-☐☐-☐☐☐☐

Spouse's/CU Partner's Social Security Number ☐☐☐-☐☐-☐☐☐☐

County/Municipality Code (See Table p. 55) ☐☐☐☐

Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner 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.

NJ RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From MM/DD/YY To MM/DD/YY

FILING STATUS

(Fill in only one)

1. ☐ Single
2. ☐ Married/CU Couple, filing joint return
3. ☐ Married/CU Partner, filing separate return. Enter Spouse's/ CU Partner's Social Security Number in the boxes above
4. ☐ Head of household
5. ☐ Qualifying widow(er)/ Surviving CU Partner

EXEMPTIONS

6. Regular ● Yourself ☐ Spouse/ CU Partner ☐ Domestic Partner — 6
7. Age 65 or Over ☐ Yourself ☐ Spouse/CU Partner — 7
8. Blind or Disabled ☐ Yourself ☐ Spouse/CU Partner — 8
9. Number of your qualified dependent children ..... — 9
10. Number of other dependents ..... — 10
11. Dependents attending colleges ..... — 11
12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) — 12a
(For Line 12b - Add Lines 9 and 10) ..... — 12b

ENTER NUMBERS HERE

DEPENDENTS

13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Fill in oval if dependent does not have health insurance including NJ FamilyCare/ Medicaid, Medicare, private or other (see instructions)
a	☐☐☐-☐☐-☐☐☐☐	☐☐☐☐	☐
b	☐☐☐-☐☐-☐☐☐☐	☐☐☐☐	☐
c	☐☐☐-☐☐-☐☐☐☐	☐☐☐☐	☐
d	☐☐☐-☐☐-☐☐☐☐	☐☐☐☐	☐

GUBERNATORIAL ELECTIONS FUND

Do you wish to designate $1 of your taxes for this fund? ☐ Yes ☐ No

If joint return, does your spouse/CU partner wish to designate $1? ☐ Yes ☐ No

Note: if you fill in the Yes oval(s), it will not increase your tax or reduce your refund.

Under the penalties of perjury, I declare that I have examined this income tax return (and rebate application, if completed), including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If completing a rebate application (Form TR-1040), I also declare that I occupied the rental property for which I am applying for the tenant homestead rebate as my principal residence on October 1, 2009. 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/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 14) ..... ☐

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ..... ☐

Paid Preparer's Signature | Federal Identification Number

Firm's Name | Federal Employer Identification Number

Pay amount on Line 54 in full. Write Social Security number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

Mail your check or money order with your NJ-1040-V payment voucher and your return to:
NJ Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

IF REFUND:
NJ Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

You may also pay by e-check or credit card. For more information go to:
www.state.nj.us/treasury/taxation

Division Use: 1 | 2 | 3 | 4 | 5 | 6 | 7

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

14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)	14
15a.	Taxable interest income (See instructions) (Enclose Federal Schedule B if over $1,500)	15a
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	15b
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 22)	19
20.	Distributive Share of Partnership Income (Enclose Schedule) (See instruction page 25)	20
21.	Net pro rata share of S Corporation Income (Enclose Schedule) (See instruction page 26)	21
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22
23.	Net Gambling Winnings (See instruction page 25)	23
24.	Alimony and separate maintenance payments received	24
25.	Other (Enclose Schedule) (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 27)	27b
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)	27c
28.	**New Jersey Gross Income** (Subtract Line 27c from Line 26) See instruction page 28.	28
29.	Total Exemption Amount (See instruction page 29 to calculate amount) (Part-Year Residents see instruction page 8)	29
30.	Medical Expenses (See Worksheet and instruction page 29)	30
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) If zero or less, MAKE NO ENTRY.	35
36a.	Total Property Taxes Paid (See instruction page 30)	36a
36b.	Indicate your residency status during 2009 (fill in only one oval)	☐ Homeowner ☐ Tenant ☐ Both
36c.	Property Tax Deduction (See instruction page 33)	36c
37.	If filing status is Married/CU Partner, filing separate return (#3, Page 1), and both spouses/CU partners occupied the same residence, fill in oval	☐
38.	**NEW JERSEY TAXABLE INCOME** (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	38

CONTINUE TO PAGE 3

WEB

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

39. TAX (From Tax Table page 57) ..... 39 , .
40. Credit For Income Taxes Paid to Other Jurisdictions
Enter other jurisdiction code (See instructions)..... 40 , .
41. Balance of Tax (Subtract Line 40 from Line 39) ..... 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 39)
If no Use Tax, enter ZERO (0.00). ..... 44 , , .
45. Penalty for Underpayment of Estimated Tax. ..... 45 , , .
Fill in ☐ if Form NJ-2210 is enclosed.
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 33) ..... 48 .
49. New Jersey Estimated Tax Payments/Credit from 2008 tax return ..... 49 , , .
50. New Jersey Earned Income Tax Credit (See instruction page 41) ..... 50 , .
Fill in only one — Fill in oval if you had the IRS figure your Federal Earned Income Credit ☐
Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit ☐
51. EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 41) (Enclose Form NJ-2450) ..... 51 , .
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 41) ..... 52 , .
(Enclose Form NJ-2450)
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 ☐ 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 2010 tax ..... 56 , , .

ENTER AMOUNT OF CONTRIBUTION

57. N.J. Endangered Wildlife Fund ..... ☐ $10 ☐ $20 ☐ Other — 57 .
58. N.J. Children's Trust Fund To Prevent Child Abuse ..... ☐ $10 ☐ $20 ☐ Other — 58 .
59. N.J. Vietnam Veterans' Memorial Fund ..... ☐ $10 ☐ $20 ☐ Other — 59 .
60. N.J. Breast Cancer Research Fund ..... ☐ $10 ☐ $20 ☐ Other — 60 .
61. U.S.S. New Jersey Educational Museum Fund ... ☐ $10 ☐ $20 ☐ Other — 61 .
62. Other Designated Contribution ..... ☐ $10 ☐ $20 ☐ Other — 0 62 .
See instruction page 42
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, 2009, also complete Page 4

TR-1040
2009

WEB

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

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

For Privacy Act Notification, See Instructions

Your Social Security Number ___ - __ - ____

Spouse's/CU Partner's Social Security Number ___ - __ - ____

County/Municipality Code (See Table p. 55)

Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner 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.

FILING STATUS

1. ☐ Single
2. ☐ Married/CU Couple, filing joint return
3. ☐ Married/CU Partner, filing separate return
4. ☐ Head of household
5. ☐ 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 MM/DD/YY

To MM/DD/YY

DO NOT FILE FORM TR-1040 IF YOU WERE A HOMEOWNER ON OCTOBER 1, 2009 (See Instructions)

7. On October 1, 2009, 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 52.

8. On December 31, 2009, 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 52.

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, 2009**.
Street Address (including apartment number) _____ Municipality _____

13. Enter the total rent you (and your spouse/CU partner) paid during 2009 for the rental property indicated at Line 12 ..... **13** ___,___,___.__

14. Enter the number of days during 2009 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12. (If you lived there for all of 2009, 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** ___,___,___.__

SIGN HERE

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, 2009. 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/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 14) ..... ☐

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

NJ-1040-V

2009

N J Gross Income Tax

Payment Voucher

SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE, ZIP CODE

MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'.
WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK.

RETURN THIS VOUCHER WITH YOUR PAYMENT

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

Enter amount of payment here:

$

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