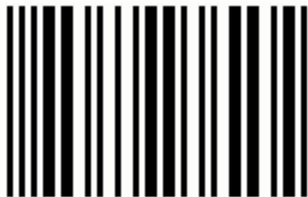


NJ-1040NR
2009



STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2009 - December 31, 2009

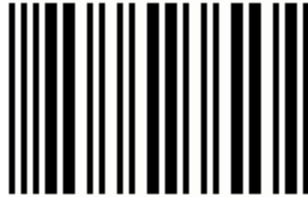
Or Other Taxable Year Beginning _____, 2009

Ending _____, 20__

5-N

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

FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS	Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)			Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.
	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or rural route)			
	↑ You must enter your SSN(s) above ↑	City, Town, Post Office	State	Zip Code	
	State of Residency (outside NJ)				
<p>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 _____</p> <p style="text-align: center;">MONTH DAY YEAR MONTH DAY YEAR</p>					
<p>Filing Status (Check only ONE box)</p> <p>1. <input type="checkbox"/> Single</p> <p>2. <input type="checkbox"/> Married/CU Couple, filing joint return</p> <p>3. <input type="checkbox"/> Married/CU Partner, filing separate return</p> <p style="text-align: center;">Name and SSN of Spouse/CU Partner _____</p> <p>4. <input type="checkbox"/> Head of household</p> <p>5. <input type="checkbox"/> Qualifying widow(er)/ Surviving CU Partner</p>		EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	6	
			7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	7	
			8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> 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) (For Line 12b - Add Line 9 and Line 10)	12a	12b	
DEPENDENT INFORMATION	13. Dependent's Last Name, First Name, Middle Initial		Dependent's Social Security Number	Birth Year	
	a	_____ / _____ / _____	_____ / _____ / _____	_____	
	b	_____ / _____ / _____	_____ / _____ / _____	_____	
	c	_____ / _____ / _____	_____ / _____ / _____	_____	
d	_____ / _____ / _____	_____ / _____ / _____	_____		
<p>GUBERNATORIAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1?</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.</p>	
		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 (Enclose 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 (See Instruction page 19)		20		20	
21. Pensions, Annuities, and IRA Withdrawals		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	
27a. Pension Exclusion (See Instruction page 24)		27a		27a	
27b. Other Retirement Income Exclusion (See Worksheet and Instructions page 26)		27b		27b	
27c. Total Exclusion Amount (Add Line 27a and Line 27b)		27c		27c	
28. Gross Income (Subtract Line 27c from Line 26)		28		28	



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 27)	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 $\frac{\text{B. (Line 29)}}{\text{A. (Line 29)}} = \text{ } \%$			
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 (From enclosed Forms W-2 and 1099)	44		
45. New Jersey Estimated Tax Payments/Credit from 2008 tax return	45		
46. Tax paid on your behalf by Partnership(s)	46		
47. EXCESS NJ UI/WF/SWF 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 2010 Tax	52A		NOTE: AN ENTRY ON LINE 52A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	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="text" value="0"/> <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 →		53
54. REFUND (Amount to be sent to you. Subtract Line 53 from Line 51)			54

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.
	→ _____ Date _____	→ _____ Spouse's/CU Partner'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.

(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)
55.					
56. Capital Gains Distribution					56
57. Other Net Gains					57
58. Net Gains (Add Lines 55, 56, and 57) (Enter here and on Line 18) (If Loss, enter ZERO)					58

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.

(a) Kind of property	(b) Net Rental Income (Loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights
59.				
60. Totals	(b)	(c)	(d)	(e)
61. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 19) (If Loss, enter ZERO)				61

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.)

62. Amount reported on Line 14 in Column A required to be allocated	62
63. Total days in taxable year	63
64. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	64
65. Total days worked in taxable year (subtract Line 64 from Line 63)	65
66. Deduct days worked outside New Jersey	66
67. Days worked in New Jersey (subtract Line 66 from Line 65)	67
68. ALLOCATION FORMULA $\frac{\text{(Line 67)}}{\text{(Line 65)}} \times \frac{\text{(Enter amount from Line 62)}}{\text{(Salary earned inside N.J.)}} =$ (Include this amount on Line 14, Col. B)	

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.

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

NJ-1040NR-V

N J Gross Income Tax

2009

Nonresident 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 244
Trenton, NJ 08646-0244

Enter amount of payment here:

\$

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↑ Please cut on dotted lines ↑