

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)			Please place label on form you file. Make all necessary changes on label.
Spouse's Social Security Number	Home Address (Number and Street, including apartment number or rural route)			
State of Residency	City, Town, Post Office	State	Zip Code	

(Check only ONE box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return <hr/> Name and Social Security No. of Spouse 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)	E X E M P T I O N S	6. Regular	<input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	6	
		7. Age 65 or Over	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	7	
		8. Blind or Disabled	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	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

RESIDENCY STATUS	13. 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

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	No	Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.
	Yes	No	

NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 9 of the instructions.	(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
14a. Total Income (From Line 45, Part I)	14a	14a
14b. Other Retirement Income Exclusion (See Worksheet and instructions)	14b	14b
14c. Gross Income (Subtract Line 14b from Line 14a)	14c ^(A)	14c ^(B)
15a. Exemptions: From Line 12a _____ x \$1,000 = _____		
15b. From Line 12b _____ x \$1,500 = _____		
15c. Total Exemption Amount (Add Line 15a and Line 15b)	15c	
16. Medical Expenses (From Line 55)	16	
17. Alimony & separate maintenance payments	17	
18. Total Exemptions and Deductions (Add Lines 15c, 16, and 17)	18	
19. TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A)	19	
20. Tax on amount on Line 19 (From Tax Tables on Page 23)	20	
21. Income Percentage $\frac{(B)}{(A)}$ (Line 14c) = _____ %		
22. NEW JERSEY TAX (Multiply amount from Line 20 _____ x _____ % from Line 21)	22	
23. Total New Jersey Tax Withheld (Attach Form W-2).....	23	Check <input type="checkbox"/> if Form NJ-2210 is attached. If an amount is entered on Line 25 or Line 26 attach Form NJ-2450
24. New Jersey Estimated Tax Payments/Credit from 1995 tax return	24	
25. EXCESS N.J. WD/UI/HC Withheld (See Instructions).....	25	
26. EXCESS N.J. Disability Insurance Withheld (See Instructions)	26	
27. Total Payments/Credits (Add Lines 23 through 26)	ENTER TOTAL	
28. If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE	28	
29. If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT	29	
30. Deductions from Overpayment on Line 29 which you elect to credit to:		NOTE: AN ENTRY ON LINE 30A, B, C, D, E or F WILL REDUCE YOUR TAX REFUND
(A) Your 1997 Tax	30A	
(B) The N.J. Endangered Wildlife Fund \$5, \$10, Other	30B	
(C) N.J. Children's Trust Fund \$5, \$10, Other	30C	
(D) The N.J. Vietnam Veterans' Memorial Fund \$5, \$10, Other	30D	
(E) N.J. Breast Cancer Research Fund \$5, \$10, Other	30E	
(F) The Battleship N.J. Memorial Fund \$5, \$10, Other	30F	
31. Total Deductions From Overpayment (Add Lines 30A, B, C, D, E and F).....	ENTER TOTAL	
32. REFUND (Amount to be sent to you, Line 29 LESS 31)	32	

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.

Your signature _____	Date _____	Spouse's signature (If filing joint, BOTH MUST SIGN.) _____	Pay amount on Line 28 in full. Write social security number on check or money order and make payable to: Division of Taxation Please mail return to: Division of Taxation CN 244 Trenton, NJ 08646-0244
Paid Preparer's Signature _____	Federal Identification Number _____		
Firm's Name _____	Federal Employer Identification Number _____		
Division Use 1. _____ 2. _____ 3. _____	4. _____ 5. _____ 6. _____ 7. _____		

