



For Tax Year Jan.-Dec. 31, 1999 Or Other Tax Year Beginning _____, 1999, Month Ending , _____

Fill in if application for Federal extension is enclosed.

Fill in if your address has changed.

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"/>	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)		Place label on form you file. Make all necessary changes on label.
	Spouse'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"/>	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 41) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State	

FILING STATUS	(Fill in only one)	EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	6	<input type="text"/> <input type="text"/>	ENTER NUMBERS HERE
	1. <input type="checkbox"/> Single		7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7	<input type="text"/> <input type="text"/>	
	2. <input type="checkbox"/> Married, filing joint return		8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	8	<input type="text"/> <input type="text"/>	
	3. <input type="checkbox"/> Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above		9. Number of your qualified dependent children	9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	4. <input type="checkbox"/> Head of Household		10. Number of other dependents	10	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	5. <input type="checkbox"/> Qualifying Widow(er)		11. Dependents attending colleges	11	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
			12. Totals (For Line 12a - Add Lines 6, 7, 8 and 11) (For Line 12b - Add Lines 9 and 10)	12a	<input type="text"/> <input type="text"/>	12b <input type="text"/> <input type="text"/>

RESIDENCY STATUS	13. 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"/>	To	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
GUBERNATORIAL ELECTIONS FUND	Do you wish to designate \$1 of your taxes for this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	If joint return, does your spouse wish to designate \$1? <input type="checkbox"/> Yes <input type="checkbox"/> No		Note: if you fill in the Yes oval(s) it will not increase your tax or reduce your refund.	

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	<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"/>
15a. Taxable interest income (See instructions)	15a	<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"/>
15b. Tax exempt interest income (See instructions)	15b	<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"/>
DO NOT include on Line 15a						
16. Dividends	16	<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"/>
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	<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"/>
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	<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"/>
19. Pensions, Annuities and IRA Withdrawals						
a. Taxable Amount Received	19a	<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"/>
b. Less N.J. Pension Exclusion	19b	<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"/>
c. Subtract Line 19b from Line 19a	19c	<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"/>
20. Distributive Share of Partnership Income (See instruction page 22)	20	<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"/>
21. Net pro rata share of S Corporation Income (See instruction page 22)	21	<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"/>
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	<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"/>
23. Net Gambling Winnings	23	<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"/>
24. Alimony and separate maintenance payments received	24	<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"/>
25. Other (See instruction page 23)	25	<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"/>
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26	<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"/>



27. Total Income (From Line 26, Page 1) , , .

28. Other Retirement Income Exclusion (See Worksheet and Instr. page 23) , .

29. **New Jersey Gross Income** (Subtract Line 28 from Line 27) , , .
 If \$10,000 or less see instruction page 24.

30a. Exemptions: From Line 12a _____ x \$1,000 = _____

30b. From Line 12b _____ x \$1,500 = _____

30c. Total Exemption Amount (Add Line 30a and Line 30b) , .
 Part Year Residents see instruction page 8.

31. Medical Expenses/Medical Savings Account Contributions
 (See Worksheet and instruction page 25) , .

32. Alimony and Separate Maintenance Payments , .

33. Total Exemptions and Deductions (Add Lines 30c, 31 and 32) , .

34. Taxable Income (Subtract Line 33 from Line 29) , , .
 If zero or less, MAKE NO ENTRY.

35. Property Tax Deduction (See instruction page 25) , .

36. **NEW JERSEY TAXABLE INCOME** (Subtract Line 35 from Line 34) , , .
 If zero or less, MAKE NO ENTRY.

37. TAX (From Tax Tables, page 43) , , .

38. Credit For Income Taxes Paid to Other Jurisdictions (See instructions) , , .

39. Balance of Tax (Subtract Line 38 from Line 37) , , .

40. Use Tax Due on Out-of-State Purchases (See instruction page 28) , , .
 If no Use Tax, enter ZERO (0.00).

41. Total Tax (Add Line 39 and Line 40) , , .

42. **Total New Jersey Income Tax Withheld** (Enclose Forms W-2 and 1099-R) , , .

43. Property Tax Credit (See instruction page 28) , .

44. New Jersey Estimated Tax Payments/Credit from 1998 tax return , , .
 Fill in if Form NJ-2210 is enclosed.

45. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 29) (Enclose Form NJ-2450) , .

46. EXCESS New Jersey Disability Insurance Withheld (See instr. page 29) , .
 (Enclose Form NJ-2450)

47. **Total Payments/Credits** (Add Lines 42 through 46) , , .

48. If payments (Line 47) are LESS THAN tax (Line 41) enter AMOUNT OF TAX YOU OWE ... , , .

If you owe tax, you may make a donation by entering an amount on Lines 52, 53, 54, 55 and/or 56 and adding this to your check amount.

49. If payments (Line 47) are MORE THAN tax (Line 41) enter OVERPAYMENT here , , .
 and on line 50, Page 3

BE SURE TO COMPLETE PAGES 3 AND 4

