

**NJ-1040X**  
**2008**

STATE OF NEW JERSEY  
**AMENDED**  
INCOME TAX RESIDENT RETURN

**7x** For Tax Year Jan.- Dec. 31, 2008, Or Other Tax Year Beginning \_\_\_\_\_, 2008, Ending \_\_\_\_\_, 20\_\_\_\_

↓ You must enter your social security number below ↓

|                                    |  |   |       |          |
|------------------------------------|--|---|-------|----------|
| TAXPAYER IDENTIFICATION AND STATUS | 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) |       |          |
|                                    | Spouse's/CU Partner's Social Security Number | Home address (Number and Street, including apartment number or rural route)   |       |          |
|                                    | County/Municipality Code                     | City, Town, Post Office   | State | Zip Code |

**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 \_\_\_\_\_ To \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

| FILING STATUS               |   | EXEMPTIONS  |   | As Originally Reported | Amended |
|-----------------------------|---|---|---|------------------------|---------|
| <b>ON ORIGINAL RETURN</b>   | <b>ON AMENDED RETURN</b>  | 6. Regular  | <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner . . . . . | 6.                     |         |
| 1. <input type="checkbox"/> | <input type="checkbox"/> Single                                     | 7. Age 65 or Over   | <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner . . . . .  | 7.                     |         |
| 2. <input type="checkbox"/> | <input type="checkbox"/> Married/CU Couple, filing joint return     | 8. Blind or Disabled  | <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner . . . . .  | 8.                     |         |
| 3. <input type="checkbox"/> | <input type="checkbox"/> Married/CU Partner, filing separate return | 9. Number of your qualified dependent children . . . . .        |   | 9.                     |         |
| 4. <input type="checkbox"/> | <input type="checkbox"/> Head of household                          | 10. Number of other dependents . . . . .                        |   | 10.                    |         |
| 5. <input type="checkbox"/> | <input type="checkbox"/> Qualifying widow(er)/Surviving CU Partner  | 11. Dependents attending colleges . . . . .                     |   | 11.                    |         |
|                             |   | 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) . . . . . |   | 12a.                   |         |
|                             |   | (For Line 12b - Add Line 9 and Line 10) . . . . .               |   | 12b.                   |         |

| DEPENDENT INFORMATION | 13. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year | Does dependent have health insurance (see instr.) |                          |
|-----------------------|---|------------------------------------|------------|---|--------------------------|
|                       |   |                                    |            | Yes   | No                       |
| a                     | _____   | ____/____/____                     | _____      | <input type="checkbox"/>                          | <input type="checkbox"/> |
| b                     | _____   | ____/____/____                     | _____      | <input type="checkbox"/>                          | <input type="checkbox"/> |
| c                     | _____   | ____/____/____                     | _____      | <input type="checkbox"/>                          | <input type="checkbox"/> |
| d                     | _____   | ____/____/____                     | _____      | <input type="checkbox"/>                          | <input type="checkbox"/> |

**GUBERNATORIAL ELECTIONS FUND** Checking below will not increase your tax or reduce your refund.  
 Check here →  If you did not previously want to have \$1 go to the fund but now want it to do so.  
 Check here →  If joint return and if spouse/CU partner did not previously want to have \$1 go to the fund but now wants it to do so.

|              |  |   |   |
|--------------|--|---|---|
| SIGN HERE    | Under the 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 57 in full. Write social security number(s) on check or money order and make payable to:<br>STATE OF NEW JERSEY-TGI<br><br><b>Mail your return to:</b><br>Division of Taxation<br>Revenue Processing Center<br>PO Box 111<br>Trenton, NJ 08645-0111<br><br><b>If REFUND:</b><br>Division of Taxation<br>Revenue Processing Center<br>PO Box 555<br>Trenton, NJ 08647-0555<br><br>You may also pay by e-check or credit card. |
|              | → _____ Date   | → _____<br>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 Employer Identification Number  |   |
| Firm's Name  | Federal Employer Identification Number   |   |   |
| Division Use | 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____  |   |   |

| Name(s) and Social Security Number  |      |                        |                            |
|---|------|------------------------|----------------------------|
|   |      | As Originally Reported | Amended (See Instructions) |
| 14. Wages, salaries, tips, and other employee compensation . . . . .                          | 14.  |                        |                            |
| 15a. Taxable Interest Income . . . . .  | 15a. |                        |                            |
| 15b. Tax-exempt interest income. DO NOT include on Line 15a . . . . .                         | 15b. |                        |                            |
| 16. Dividends . . . . .   | 16.  |                        |                            |
| 17. Net profits from business . . . . .   | 17.  |                        |                            |
| 18. Net gains or income from disposition of property . . . . .                                | 18.  |                        |                            |
| 19. Pensions, Annuities, and IRA Withdrawals . . . . .  | 19.  |                        |                            |
| 20. Distributive Share of Partnership Income . . . . .  | 20.  |                        |                            |
| 21. Net pro rata share of S Corporation Income . . . . .                                      | 21.  |                        |                            |
| 22. Net gain or income from rents, royalties, patents & copyrights . . . . .                  | 22.  |                        |                            |
| 23. Net Gambling Winnings . . . . .   | 23.  |                        |                            |
| 24. Alimony and separate maintenance payments received . . . . .                              | 24.  |                        |                            |
| 25. Other . . . . .   | 25.  |                        |                            |
| 26. Total Income (Add Lines 14, 15a, and 16 through 25) . . . . .                             | 26.  |                        |                            |
| 27a. Pension Exclusion . . . . .  | 27a. |                        |                            |
| 27b. Other Retirement Income Exclusion . . . . .  | 27b. |                        |                            |
| 27c. Total Exemption Amount (Add Lines 27a and 27b) . . . . .                                 | 27c. |                        |                            |
| 28. <b>New Jersey Gross Income</b> (Subtract Line 27c from Line 26) . . . . .                 | 28.  |                        |                            |
| 29. Exemptions (See instructions) . . . . .   | 29.  |                        |                            |
| 30. Medical Expenses (See instructions NJ-1040) . . . . .                                     | 30.  |                        |                            |
| 31. Alimony & 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.  |                        |                            |
| 36a. Total Property Taxes Paid . . . . .  | 36a. |                        |                            |
| 36b. Check box if you were a New Jersey homeowner on October 1, 2008 <input type="checkbox"/> |      |                        |                            |
| 36c. Property Tax Deduction . . . . .   | 36c. |                        |                            |
| 37. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 36c from Line 35) . . . . .               | 37.  |                        |                            |
| 38. TAX (See instructions) . . . . .  | 38.  |                        |                            |
| 39. Credit For Income Taxes Paid To Other Jurisdictions . . . . .                             | 39.  |                        |                            |
| Enter other jurisdiction code (See instructions NJ-1040) <input type="text"/>                 |      |                        |                            |
| 40. Balance of Tax (Subtract Line 39 from Line 38) . . . . .                                  | 40.  |                        |                            |

Name(s) and Social Security Number

|  | As Originally Reported |  | Amended (See Instructions) |  |
|--|------------------------|--|----------------------------|--|
|  |                        |  |                            |  |
| 41. Balance of Tax (From Page 2, Line 40) .....  | 41.                    |  |                            |  |
| 42. Sheltered Workshop Tax Credit (See instructions NJ-1040) .....   | 42.                    |  |                            |  |
| 43. Balance of Tax After Credit (Subtract Line 42 from Line 41) .....  | 43.                    |  |                            |  |
| 44. Use Tax Due on Out-of-State Purchases (See instructions NJ-1040) .....   | 44.                    |  |                            |  |
| 45. Penalty for Underpayment of Estimated Tax (See instructions NJ-1040)<br>Check box if Form 2210 is enclosed. <input type="checkbox"/> ..... | 45.                    |  |                            |  |
| 46. Total Tax and Penalty (Add Lines 43, 44, and 45) .....   | 46.                    |  |                            |  |
| 47. <b>Total New Jersey Income Tax Withheld</b> .....  | 47.                    |  |                            |  |
| 48. Property Tax Credit .....  | 48.                    |  |                            |  |
| 49. New Jersey Estimated Tax Payments/Credit from 2007 tax return .....  | 49.                    |  |                            |  |
| 50. New Jersey Earned Income Tax Credit (See instructions NJ-1040) .....   | 50.                    |  |                            |  |
| 51. EXCESS New Jersey UI/WF/SWF Withheld (See instructions NJ-1040) .....  | 51.                    |  |                            |  |
| 52. EXCESS New Jersey Disability Insurance Withheld (See instructions NJ-1040) .....   | 52.                    |  |                            |  |
| 53. Amount Paid with original return, assessments, and/or with request for extension to file .....   | 53.                    |  |                            |  |
| 54. Total payments (Add Lines 47 through 53) .....   | 54.                    |  |                            |  |
| 55. Refund previously issued from Original Return .....  | 55.                    |  |                            |  |
| 56. Net Payments (Subtract Line 55 from Line 54) .....   | 56.                    |  |                            |  |
| 57. If payments (Line 56) are LESS THAN tax (Line 46) enter <b>AMOUNT OF TAX YOU OWE</b> . .....   | 57.                    |  |                            |  |
| 58. If payments (Line 56) are MORE THAN tax (Line 46) enter <b>OVERPAYMENT</b> .....   | 58.                    |  |                            |  |
| 59. Amount of Line 58 to be (A) REFUNDED .....   | 59A.                   |  |                            |  |
| (B) CREDITED to your 2009 tax .....  | 59B.                   |  |                            |  |

Enter below, name, social security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, social security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change.

If amending Line 39, complete calculations below:  
 (Income from Other Jurisdictions) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 (Income from New Jersey sources) \_\_\_\_\_ (New Jersey Tax Line 38)

## Use of Form NJ-1040X

You must use Form NJ-1040X to change any information reported on your resident income tax return (Form NJ-1040 or return that was filed using NJ WebFile or approved vendor software). Failure to do so will result in delayed processing of your return and/or refund.

Amended returns claiming a refund must be filed within three years from the time the return was filed or two years from the time the tax was paid, whichever is later. If the return is not received within this time limit, it will be considered out of statute and the refund claim will be disallowed.

**NOTE:** The "Amended" Column of this return must be filled out completely, even though certain items are not being amended.

**Use Form NJ-1040X to amend the resident income tax return only.** To amend a nonresident return, use Form NJ-1040NR for the appropriate year and write "AMENDED" across the top. To amend your tenant homestead rebate application, use Form TR-1040-X.

## Enclosures with Form NJ-1040X

If you are amending an item of income, deduction, or credit that requires a supporting schedule or form, you must enclose the applicable schedule or form when filing Form NJ-1040X.

If your original return was filed electronically, enclose with Form NJ-1040X **all** supporting schedules or forms (W-2, Schedules A, B, and C, NJK-1, etc.) that you would have enclosed if you had filed the original return on paper — including those that support items that are not being amended.

**Form W-2.** A copy of your W-2 and/or 1099 must accompany your Form NJ-1040X if you are amending (by increasing) taxes withheld or if you are claiming excess New Jersey unemployment insurance/workforce development partnership fund/supplemental workforce fund contributions and/or disability insurance contributions.

## When to File

File Form NJ-1040X only after you have filed your original resident income tax return and changes must be made to the original return.

## Where to File

Mail amended returns (Form NJ-1040X) without payments to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 555, Trenton NJ 08647-0555.

Mail amended returns (Form NJ-1040X) with payments to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton NJ 08645-0111.

## Name and Social Security Number

Your name and social security number must be entered on Form NJ-1040X and all accompanying schedules. If there is a balance due with the return and you are paying by check or money order, write your social security number on the remittance. If the payment is for a joint return, include both social security numbers.

## Taxpayer Signature

You must sign and date your Form NJ-1040X in blue or black ink. Both husband and wife/civil union partners must sign a joint amended return. A return which is unsigned cannot be processed.

## Tax Preparers

Anyone who prepares a return for a fee must sign the return as a "Paid Preparer" and enter his or her social security number or Federal preparer tax identification number. Include the company or corporation name and Federal identification number if applicable. A tax preparer who fails to sign the return or provide a tax identification number may incur a \$25 penalty for each omission.

## Calendar Year or Fiscal Year Ended

Like the resident income tax return, Form NJ-1040X is different for each year. The calendar year or fiscal year must be the same as the year covered by the original return which is being amended. To illustrate: John Smith discovers an error on his 2007 New Jersey resident income tax return while preparing his tax return for 2008. To correct the error on his 2007 tax return, he must file Form NJ-1040X for tax year 2007. The calendar year on his NJ-1040X will be 2007 even though he is preparing the NJ-1040X in 2009.

## Line-by-Line Instructions

### Name and Address

Print or type your name(s), complete address, and zip code in the space provided on the return.

### Social Security Number

Enter your correct social security number in the space provided on the return. If you are married or a civil union couple and filing a joint amended return, list the numbers for both yourself and your spouse/civil union partner. If the social security number(s) is different than that reported on your original return, indicate the original number(s) in the space provided on Page 3 of Form NJ-1040X.

### County/Municipality Code

See "County/Municipality Code" in the instruction booklet for Form NJ-1040.

### NJ Residency Status

If this amended return does not cover a 12-month period, list the month, day, and year your residency began and the month, day, and year it ended.

### Filing Status

See "Filing Status" in the resident income tax return instruction booklet. Be sure to indicate your filing status in both the "On Original Return" and the "On Amended Return" columns, even if you are not amending your filing status.

**NOTE:** You cannot change your filing status after the due date for filing the original return has passed unless you have done so for Federal income tax purposes.

### Exemptions

See "Exemptions" in the resident income tax return instruction booklet. Both columns, "As Originally Reported" and "Amended," must be completed even if you are not amending the number of exemptions reported on the original resident income tax return filed. Enter on Line 12a the total of Lines 6, 7, 8, and 11 in each column. Enter on Line 12b the total of Lines 9 and 10 in each column.

Compute the amount of your personal exemption allowance on Line 29 by following these three steps:

1. Multiply the total number of exemptions on Line 12a by \$1,000.
2. Multiply the total number of exemptions on Line 12b by \$1,500.
3. Add the total amount from steps 1 and 2 and enter the result on Line 29. Part-year residents must prorate the amount to be entered in each column on Line 29. Divide the total number of months you were a New Jersey resident by 12 and multiply by the total amount calculated in steps 1 and 2 above. For this calculation, 15 days or more is a month.

**Dependent Information**

Enter on line 13 the name(s), social security number(s), and birth year(s) for each dependent claimed, and indicate whether or not that dependent had health insurance coverage on the date the original return was filed. If you have more than four dependents, enter the required information for the first four dependents on Line 13a - d and enclose a statement with the return listing the information for the *additional* dependents.

**Gubernatorial Elections Fund**

If you checked "Yes" on your original return, omit this section. If you did not check "Yes" on your original return and now wish to do so, check the appropriate box. See "Gubernatorial Elections Fund" in the resident income tax return instruction booklet for an explanation of the Gubernatorial Elections Fund. Checking the box(es) will not increase your tax or reduce your refund.

**Income and Deductions**

Both columns "As Originally Reported" and "Amended" must be completed even if you are not amending all the line items through Line 56. To illustrate: John Smith does not wish to amend Line 16 on his Form NJ-1040X.

John Smith should complete Line 16 as follows:

| Line          | As Originally Reported | Amended (See Instructions) |
|---------------|------------------------|----------------------------|
| 16. Dividends | 2345 60                | 2345 60                    |

For further instructions see "Income" and "Deductions" in the resident income tax return instruction booklet.

**Tax Computation - Line 38**

Compute your State tax by using the Tax Rate Schedules below. Choose the correct table for your filing status. Multiply the New Jersey Taxable Income (Line 37) by the applicable tax rate, subtract the proper amount shown on the chart, and enter the result on Line 38. If your taxable income on Line 37 is under \$100,000, you may use the Tax Table in the resident income tax return instruction booklet (Form NJ-1040) to determine your tax instead of the Tax Rate Schedules.

**2008 Tax Rate Schedules**

| For filing status:                                |              |             |        |          | <b>Table A</b> |       |
|---|--------------|-------------|--------|----------|----------------|-------|
| <b>Single</b>                                     |              |             |        |          |                |       |
| <b>Married/CU Partner, Filing Separate Return</b> |              |             |        |          |                |       |
| If Line 37 is:                                    |              | Multiply    |        | Subtract | Your Tax       |       |
| Over  | But Not Over | Line 37 by: |        |          |                |       |
| \$ 0  | \$ 20,000    | ×           | .014   | –        | \$ 0           | _____ |
| 20,000  | 35,000       | ×           | .0175  | –        | 70.00          | _____ |
| 35,000  | 40,000       | ×           | .035   | –        | 682.50         | _____ |
| 40,000  | 75,000       | ×           | .05525 | –        | 1,492.50       | _____ |
| 75,000  | 500,000      | ×           | .0637  | –        | 2,126.25       | _____ |
| 500,000   | and over     | ×           | .0897  | –        | 15,126.25      | _____ |

| For filing status:                               |              |             |        |          | <b>Table B</b> |       |
|--|--------------|-------------|--------|----------|----------------|-------|
| <b>Married/CU Couple, Filing Joint Return</b>    |              |             |        |          |                |       |
| <b>Head of Household</b>                         |              |             |        |          |                |       |
| <b>Qualifying Widow(er)/Surviving CU Partner</b> |              |             |        |          |                |       |
| If Line 37 is:                                   |              | Multiply    |        | Subtract | Your Tax       |       |
| Over   | But Not Over | Line 37 by: |        |          |                |       |
| \$ 0   | \$ 20,000    | ×           | .014   | –        | \$ 0           | _____ |
| 20,000   | 50,000       | ×           | .0175  | –        | 70.00          | _____ |
| 50,000   | 70,000       | ×           | .0245  | –        | 420.00         | _____ |
| 70,000   | 80,000       | ×           | .035   | –        | 1,154.50       | _____ |
| 80,000   | 150,000      | ×           | .05525 | –        | 2,775.00       | _____ |
| 150,000  | 500,000      | ×           | .0637  | –        | 4,042.20       | _____ |
| 500,000  | and over     | ×           | .0897  | –        | 17,042.50      | _____ |

**New Jersey Earned Income Tax Credit**

If you are amending your 2008 NJ-1040 to apply for the New Jersey earned income tax credit, be sure to fill out your name, address, social security number(s), county/municipality code, and enter an amount on each line in the "As Amended" column of this form even though certain items are not being amended. In the "Explanation of Changes" box, enter the amount of your Federal earned income credit. (Civil union couples enter the amount of the Federal earned income credit you would have been eligible to receive on a joint Federal return.) Then enter 22.5% of your Federal earned income credit in the "As Amended" column for Line 50.

**Balance Due or Refund - Lines 57 and 58**

**Payments.** If your New Jersey Total Tax and Penalty (Line 46) is larger than your Net Payments (Line 56), you have a balance due. Subtract Line 56 from Line 46 and enter the result on Line 57. Payment may be made by:

- **Check or Money Order**, payable to "State of New Jersey – TGI."
- **Electronic Check (e-check)**, available on the Division's Web site ([www.state.nj.us/treasury/taxation/](http://www.state.nj.us/treasury/taxation/)). Those without Internet access can pay by e-check by contacting the Division's Customer Service Center at 609-292-6400. When using e-check on the Web, you will need your social security number and your date of birth to make a payment.
- **Credit Card**, by phone (1-800-2PAYTAX, toll-free) or online ([www.state.nj.us/treasury/taxation/](http://www.state.nj.us/treasury/taxation/)), using a Visa, American Express, MasterCard, or Discover credit card. You may be asked to enter a jurisdiction code to make your payment. The code for New Jersey personal income tax is 4000. There is a convenience fee of 2.49% paid directly to Official Payments Corporation based on the amount of your tax payment.

**Refunds.** If your Net Payments (Line 56) are larger than your New Jersey Total Tax and Penalty (Line 46), you have overpaid your tax. Subtract Line 46 from Line 56, enter the result on Line 58, and then complete Line 59.

**Line 59**

Enter on:

- Line 59A the amount of overpayment (Line 58) to be refunded to you; and/or
- Line 59B the amount of overpayment to be credited against your 2009 tax liability.

**Explanation of Changes**

In the space provided, explain the reason for changes to income, deductions, and/or credits as originally reported. If additional space is needed, enclose a rider which includes your name and social security number.

**Credit for Taxes Paid to Other Jurisdiction(s)**

If you are amending your credit for income taxes paid to other jurisdictions, complete the formula with your amended figures. See the instructions for calculating the credit in the Form NJ-1040 instruction booklet.