NJ-1040 1993

STATE OF NEW JERSEY INCOME TAX—RESIDENT RETURN HOMESTEAD PROPERTY TAX REBATE APPLICATION

For Tax Year Jan.-Dec. 31, 1993 Or Other Tax Year Beginning _____ , 1993, Ending _____ , 19 ___

5R Check block ☐ if application for Federal extension is attached.

Print or Type

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 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)	
County/Municipality Code (See Table p. 24)	City, Town, Post Office State Zip Code	

FILING STATUS

(Check only ONE box)

1. ☐ Single
2. ☐ Married, filing joint return
3. ☐ Married, filing separate return

Name and Social Security No. of Spouse

4. ☐ Head of Household
5. ☐ Qualifying Widow(er)

EXEMPTIONS

ENTER NUMBERS HERE

6. Regular	☒ Yourself	☐ Spouse	6	
7. Age 65 or Over	☐ Yourself	☐ Spouse	7	
8. Blind or Disabled	☐ Yourself	☐ 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)			12a	
(For Line 12b—Add Line 9 and Line 10)				12b

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 _____ (MONTH DAY YEAR) To _____ (MONTH DAY YEAR)

GUBERNATORIAL ELECTIONS FUND ➡ Do you wish to designate $1 of your taxes for this fund? ☐ Yes ☐ No
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.

Please Attach W-2/1099R Forms Here

14. Wages, salaries, tips, and other employee compensation (Attach W-2)			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 (Attach 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 — a. Taxable Amount Received	19a		
b. Less New Jersey Pension Exclusion	19b		
c. Subtract Line 19b from Line 19a			19c
20. Distributive Share of Partnership Income (Attach copy of Schedule K-1 Federal Form 1065)			20
21. Net gain or income from rents, royalties, patents & copyrights (Sch. C, Line 3)	21		
22. Net Gambling Winnings	22		
23. Alimony and separate maintenance payments received	23		
24. Other (See instr. p. 13)	24		
25. Total Other Income (Add Lines 21 through 24)			25
26a. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20 and 25)			26a
26b. Other Retirement Income Exclusion (See Worksheet and instr. p. 13 and 14)			26b
26c. **New Jersey Gross Income** (Subtract Line 26b from Line 26a). If $3,000 or less see instr. p. 14.			26c
27a. Exemptions: From Line 12a _____ x $1,000 = _____			
27b. From Line 12b _____ x $1,500 = _____			
27c. Total Exemption Amount (Add Line 27a and Line 27b)	27c		
28. Medical Expenses (See Worksheet and instr. p. 14 and 15)	28		
29. Alimony & Separate Maintenance Payments	29		
30. Total Exemptions and Deductions (Add Lines 27c, 28, and 29) ENTER TOTAL ➡			30
31. **NEW JERSEY TAXABLE INCOME** (Subtract Line 30 from Line 26c) If zero or less, enter ZERO			31
32. TAX: (From Tax Rate Schedules, p. 15)			32
33. Credit For Income Taxes Paid To Other Jurisdictions (From Schedule A, Line 5)			33
34. Balance of Tax (Subtract Line 33 from Line 32)			34
35. Use Tax Due on Out-of-State Purchases (See instr. p. 16)			35
36. Total Tax (Add Line 34 and Line 35) Also enter on Line 37			36

Net losses in one category of income (Lines 14 through 25) cannot be applied against income in another. In case of a net loss in any category, enter ZERO for the category.

Part Year Residents See instr. p. 3

Please Attach Check or Money Order Here

37.	Total Tax (From Line 36 Page 1)		37	
38.	**Total N.J. Income Tax Withheld** (Attach Forms W-2 and 1099R)	38		Check ☐ if Form NJ-2210 is attached
39.	New Jersey Estimated Tax Payments/Credit from 1992 tax return	39		
40.	EXCESS N.J. WDP/HCS Withheld (See instr. p. 16)	40		← If an amount is entered on Line 40 or Line 41 attach
41.	EXCESS N.J. Disability Insurance Withheld (See instr. p. 16)	41		← Form NJ-2450
42.	**Total Payments/Credits** (Add Lines 38 through 41) **ENTER TOTAL**		42	
43.	If payments (Line 42) are LESS THAN tax (Line 37) enter AMOUNT OF TAX YOU OWE		43	

If you owe tax, you may make a donation by entering an amount on Lines 45B, 45C and/or 45D and adding this to your check amount.

44.	If payments (Line 42) are MORE THAN tax (Line 37) enter OVERPAYMENT		44	
45.	Deductions from Overpayment on Line 44 which you elect to credit to:			
	(A) Your 1994 Tax	45A		**NOTE: AN ENTRY ON LINE 45A, B, C or D WILL REDUCE YOUR TAX REFUND**
	(B) The N.J. Endangered Wildlife Fund ☐ $5, ☐ $10, Other $ _____	45B		
	(C) The Children's Trust Fund .. To Prevent Child Abuse ☐ $5, ☐ $10, Other $ _____	45C		
	(D) The N.J. Vietnam Veterans' Memorial Fund ☐ $5, ☐ $10, Other $ _____	45D		
46.	Total Deductions From Overpayment (Add Lines 45A, B, C and D) **ENTER TOTAL** →		46	
47.	REFUND (Amount to be sent to you, Line 44 LESS Line 46)		47	

Form HR-1040 HOMESTEAD PROPERTY TAX REBATE APPLICATION 1993

1.	Enter the GROSS INCOME you reported on Line 26c, Form NJ-1040 (Part year residents see instr. p. 21)	1	
2.	If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 26c Form NJ-1040) and **check this box** → ☐	2	
3.	TOTAL GROSS INCOME (Add Line 1 and Line 2)	3	

4. Enter your **New Jersey** residence on December 31, 1993 if different than indicated on Page 1. If you were not a resident on December 31, 1993 enter your last **New Jersey** residence.

Street Address _____ Municipality _____

5. Check your residency status during 1993: a. ☐ HOMEOWNER b. ☐ TENANT c. ☐ BOTH

6. If you checked "Homeowner" or "Both" on Line 5, enter the block and lot number of the residence for which the rebate is claimed.

Block ☐☐☐☐☐ - ☐☐☐☐ Lot ☐☐☐☐☐ - ☐☐☐☐ Qualifier ☐☐☐☐☐

7a. ☐ Yes ☐ No Did you live at more than one New Jersey residence during the year?

b. ☐ Yes ☐ No Did you share ownership of a principal residence during the year with anyone, other than your spouse?

c. ☐ Yes ☐ No Did any principal residence you owned during the year consist of multiple dwelling units?

d. ☐ Yes ☐ No Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year?

If you answered "Yes" to any of the above, you MUST complete and submit Schedule HR-A.

WARNING!!! If you live in subsidized housing, you may not be eligible for a Homestead Rebate. See instructions, pg. 21.

HOMEOWNER

8.	Enter the total 1993 property taxes you (and your spouse) paid on your principal residence in New Jersey during 1993		8	
	IF YOU COMPLETED SCHEDULE HR-A, Part I, enter:			
9a.	Total Property taxes paid (Sch. HR-A, PART I, Line 5)	9a		
9b.	Number of days as an owner (Sch. HR-A, PART I, Line 4)	9b	Days	

TENANT

10.	Enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 1993		10	
	IF YOU COMPLETED SCHEDULE HR-A, Part II, enter:			
11a.	Total Rent Paid (Sch. HR-A, PART II, Line 11)	11a		
11b.	Number of days as a tenant (Sch. HR-A, PART II, Line 10)	11b	Days	

SIGN HERE

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Property Tax Rebate Application, 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 jointly, BOTH must sign.) _____

Paid Preparer's Signature _____ Federal Identification Number _____

Firm's Name _____ Federal Employer Identification Number _____

Pay amount on line 43 in full. Write social security number on check or money order and make payable to: STATE OF NEW JERSEY-TGI

Mail your return in one of the envelopes provided. REFUND or PAYMENT.

(REV. 10-93)

Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____