NJ-1040NR 1993

STATE OF NEW JERSEY INCOME TAX—NONRESIDENT RETURN

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

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

Please Print or Type

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	

For Privacy Act Notification See Instructions

(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

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) (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 _____ (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 Forms Here

NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 8 of the instructions.

		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)		(Column B) AMOUNT FROM NEW JERSEY SOURCES
14a. Total Income (From Line 44, 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	Ⓐ	14c	Ⓑ
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			
NOTE: Part-year residents—See Instructions				
16. Medical Expenses (From Line 54)	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 Rate Schedules on Page 9)	20			
21. Income Percentage Ⓑ (Line 14c) / Ⓐ (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			
24. New Jersey Estimated Tax Payments/Credit from 1992 tax return	24			
25. EXCESS N.J. WDP/HCS 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			27	
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:				
(A) Your 1994 Tax	30A			
(B) The N.J. Endangered Wildlife Fund ☐ $5, ☐ $10, Other $_____	30B			
(C) The Children's Trust Fund ☐ $5, ☐ $10, Other $_____	30C			
(D) The N.J. Vietnam Veterans' Memorial Fund ☐ $5, ☐ $10, Other $_____	30D			
31. Total Deductions From Overpayment (Add Lines 30A, B, C and D) ENTER TOTAL ▶			31	
32. REFUND (Amount to be sent to you, Line 29 LESS 31)			32	

Check ☐ if Form NJ-2210 is attached.

← If an amount is entered on Line 25 or Line 26 attach Form NJ-2450

NOTE: AN ENTRY ON LINE 30A, B, C OR D WILL REDUCE YOUR TAX REFUND

Please Attach Check or Money Order Here

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.

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 28 in full. Write social security number on check or money order and make payable to:
Division of Taxation
Income Tax
CN-244
Trenton, N.J. 08646-0244

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

PART I	TOTAL INCOME — Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
33.	Wages, salaries, tips, and other employee compensation	33		
34.	Interest	34		
35.	Dividends	35		
36.	Net profits from business (Attach copy of Federal Schedule C, Form 1040)	36		
37.	Net gains or income from disposition of property (From Line 48)	37		
38.	Net gains or income from rents, royalties, patents, and copyrights (From Line 51)	38		
39.	Net Gambling Winnings	39		
40.	Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	40		
41.	Distributive Share of Partnership Income	41		
42.	Alimony and separate maintenance payments received	42		
43.	Other—State Nature and Source _____	43		
44.	TOTAL INCOME (Add Line 33 thru 43) (Enter here and on Line 14a, Page 1)	44		

PART II 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)
45.						
46.	Capital Gains Distribution				46	
47.	Other Net Gains				47	
48.	Net Gains (Add Lines 45, 46, and 47) (Enter here and on Line 37) (If Loss, enter ZERO)				48	

PART III 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
49.					
50.	**Totals**	(b)	(c)	(d)	(e)
51.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 38) (If Loss enter ZERO)			51	

PART IV MEDICAL EXPENSES (Not compensation for by insurance or otherwise)

52.	Total Nonreimbursed Medical Expenses	52	
53.	**Enter 2% (.02) of Line 14c, Column A, Page 1**	53	
54.	Subtract Line 53 from Line 52. (Enter here and on Line 16, Page 1) if less than zero enter zero	54	

PART V 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.)

55.	Amount reported on Line 33 in Column A of Part I required to be allocated	55	
56.	Total days in taxable year	56	
57.	Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	57	
58.	Total days worked in taxable year (Line 56 minus Line 57)	58	
59.	Deduct days worked outside New Jersey	59	
60.	Days worked in New Jersey (Line 58 less Line 59)	60	

61. ALLOCATION FORMULA $\frac{\text{(Line 60)}}{\text{(Line 58)}}$ x (Enter amount from Line 55) = (Salary earned inside N.J.) (Include this amount on Line 33, Col. B, Part I)

PART VI ALLOCATION OF BUSINESS INCOME TO NEW JERSEY (See instructions if other than Formula Basis of allocation is used.)

BUSINESS ALLOCATION PERCENTAGE (From Form NJ-1040 NR-A)

Enter below, the line number and amount of each item of business income reported in Column A of Part I which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ Part I $ _____ X _____ % = $ _____

From Line No. _____ Part I $ _____ X _____ % = $ _____