



	As Originally Reported		Amended (See Instructions)	
37. Total Tax (From Line 36, Page 1)	37.			
38. Total New Jersey Income Tax Withheld	38.			
39. New Jersey Estimated Tax Payments/Credit from 1992 tax return	39.			
40. EXCESS N.J. WDP/HCS Withheld (see instructions NJ 1040)	40.			
41. EXCESS N.J. Disability Insurance Withheld (see instructions NJ 1040)	41.			
42. Amount Paid with original return, assessments and/or with request for extension to file	42.			
43. Total payments (Add Lines 38 through 42)	43.			
44. Refund previously issued from Original Return	44.			
45. Net payments (Subtract Line 44 from Line 43)	45.			
46. If payments (Line 45) are LESS THAN tax (Line 37) enter AMOUNT OF TAX YOU OWE			46.	
47. If payments (Line 45) are MORE THAN tax (Line 37) enter OVERPAYMENT			47.	
48. Amount of Line 47 to be (A) REFUNDED			48A.	
(B) CREDITED to your 1994 tax	48B.			

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.)

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

**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 33, complete the calculations below:**

(Income from Other Jurisdictions) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 (Income from New Jersey sources) \_\_\_\_\_ (New Jersey Tax Line 32, Page 1)

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 46 in full. Write social security number on check or money order and make payable to: State of New Jersey-TGI  
 Mail your return to: Division of Taxation, Lakewood Processing Center, 895 Towbin Rd., Suite A, Lakewood, N.J. 08701  
 If REFUND: Division of Taxation, Income Tax-- CN-555, Trenton, NJ 08647-0555 (REV. 10-93)

 \_\_\_\_\_  \_\_\_\_\_  
 Your signature Date Spouse's signature (If filing jointly, BOTH must sign.)

Paid Preparer's Signature \_\_\_\_\_ Federal Employer Identification Number \_\_\_\_\_

Firm's Name \_\_\_\_\_

Division Use 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_