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| Name(s) as shown on Form NJ-1040 | Your Social Security Number |
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|--|-----|---|--|--|--|--|--|
| 14. Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s). See instructions | 14 | | | | | | |
| 15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500) | 15a | | | | | | |
| 15b. Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a | 15b | | | | | | |
| 16. Dividends | 16 | | | | | | |
| 17. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose 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 (See instruction page 21) | 19 | | | | | | |
| 20. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (See instruction page 24) (Enclose Schedule NJK-1 or Federal Schedule K-1) .. | 20 | | | | | | |
| 21. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (See instruction page 25) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) .. | 21 | | | | | | |
| 22. Net gains or income from rents, royalties, patents & copyrights (Schedule NJ-BUS-1, Part IV, Line 4) | 22 | | | | | | |
| 23. Net Gambling Winnings (See instruction page 25) | 23 | | | | | | |
| 24. Alimony and separate maintenance payments received | 24 | | | | | | |
| 25. Other (Enclose Schedule) (See instruction page 25) | 25 | | | | | | |
| 26. Total Income (Add Lines 14, 15a, and 16 through 25) | 26 | | | | | | |
| 27a. Pension Exclusion (See instruction page 26) | 27a | | | | | | |
| 27b. Other Retirement Income Exclusion (See Worksheet and instr. page 26) ... | 27b | | | | | | |
| 27c. Total Exclusion Amount (Add Line 27a and Line 27b) | 27c | | | | | | |
| 28. New Jersey Gross Income (Subtract Line 27c from Line 26) | 28 | | | | | | |
| (See instruction page 28). | | | | | | | |
| 29. Total Exemption Amount (See instruction page 28 to calculate amount) | 29 | | | | | | |
| (Part-Year Residents see instruction page 7) | | | | | | | |
| 30. Medical Expenses | 30 | | | | | | |
| (See Worksheet and instruction page 28) | | | | | | | |
| 31. Alimony and Separate Maintenance Payments | 31 | | | | | | |
| 32. Qualified Conservation Contribution | 32 | | | | | | |
| 33. Health Enterprise Zone Deduction | 33 | | | | | | |
| 34. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 10)..... | 34 | | | | | | |
| 35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34) | 35 | | | | | | |
| 36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY. | 36 | | | | | | |
| 37a. Total Property Taxes Paid (See instruction page 29).... | 37a | | | | | | |
| 37b. Fill in oval if you were a New Jersey homeowner on October 1, 2012 | | ○ | | | | | |
| 37c. Property Tax Deduction (See instruction page 33) | 37c | | | | | | |
| 38. NEW JERSEY TAXABLE INCOME (Subtract Line 37c from Line 36) If zero or less, MAKE NO ENTRY. | 38 | | | | | | |
| 39. TAX (From Tax Table, page 52) | 39 | | | | | | |



Name(s) as shown on Form NJ-1040

Your Social Security Number

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|-----|---|--|----|--|--|--|--|--|--|
| 40. | TAX (From Line 39, page 2) | | 40 | | | | | | |
| 41. | Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions)..... | <input type="text"/> | 41 | | | | | | |
| 42. | Balance of Tax (Subtract Line 41 from Line 40) | | 42 | | | | | | |
| 43. | Sheltered Workshop Tax Credit | | 43 | | | | | | |
| 44. | Balance of Tax after Credit (Subtract Line 43 from Line 42) | | 44 | | | | | | |
| 45. | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00). | | 45 | | | | | | |
| 46. | Penalty for Underpayment of Estimated Tax. Fill in <input type="text"/> if Form NJ-2210 is enclosed. | | 46 | | | | | | |
| 47. | Total Tax and Penalty (Add Lines 44, 45, and 46) | | 47 | | | | | | |
| 48. | Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) | | 48 | | | | | | |
| 49. | Property Tax Credit (See instruction page 33) | | 49 | | | | | | |
| 50. | New Jersey Estimated Tax Payments/Credit from 2011 tax return | | 50 | | | | | | |
| 51. | New Jersey Earned Income Tax Credit (See instruction page 38) | | 51 | | | | | | |
| | Fill in <input type="text"/> if you had the IRS figure your Federal Earned Income Credit only one | <input type="text"/> | | | | | | | |
| | Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit | <input type="text"/> | | | | | | | |
| 52. | EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 39) (Enclose Form NJ-2450) | | 52 | | | | | | |
| 53. | EXCESS New Jersey Disability Insurance Withheld (See instr. page 39) | | 53 | | | | | | |
| 54. | EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 39) (Enclose Form NJ-2450) | | 54 | | | | | | |
| 55. | Total Payments/Credits (Add Lines 48 through 54) | | 55 | | | | | | |
| 56. | If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE | | 56 | | | | | | |
| | Fill in <input type="text"/> if paying by e-check or credit card. If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount. | | | | | | | | |
| 57. | If Line 55 is MORE THAN Line 47, enter OVERPAYMENT | | 57 | | | | | | |
| | Deductions from Overpayment on Line 57 which you elect to credit to: | | | | | | | | |
| 58. | Your 2013 tax | | 58 | | | | | | |
| 59. |  N.J. Endangered Wildlife Fund | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 59 | | | | | | |
| 60. |  N.J. Children's Trust Fund To Prevent Child Abuse | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 60 | | | | | | |
| 61. |  N.J. Vietnam Veterans' Memorial Fund | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 61 | | | | | | |
| 62. |  N.J. Breast Cancer Research Fund | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 62 | | | | | | |
| 63. |  U.S.S. New Jersey Educational Museum Fund ... | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 63 | | | | | | |
| 64. | Other Designated Contribution | <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other | 64 | | | | | | |
| | (See instruction page 40) | | | | | | | | |
| 65. | Total Deductions from Overpayment (Add Lines 58 through 64) | | 65 | | | | | | |
| 66. | REFUND (Amount to be sent to you. Subtract Line 65 from Line 57) | | 66 | | | | | | |

ENTER
AMOUNT
OF
CONTRIBUTION

