



040HP01220

2022 NJ-1040

New Jersey Resident  
Income Tax Return

For Privacy Act Notification, See Instructions

Your Social Security Number (required)	Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartment number)		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
County/Municipality Code (See Table page 50) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State	ZIP Code
Fill in <input type="text"/> if federal extension filed.	Fill in <input type="text"/> if the address above is a foreign address.	Fill in <input type="text"/> if your address has changed.	

Part-year residents, provide months/days you were a New Jersey resident during 2022:

From:  M  M /  D  D / 2 2 To:  M  M /  D  D / 2 2

Fiscal year filers only:

Enter month of your year end   2023

## Filing Status

Fill in only one.

1.  Single
2.  Married/CU Couple, filing joint return
3.  Married/CU Partner, filing separate return
4.  Head of Household
5.  Qualifying Widow(er)/Surviving CU Partner

     

Enter spouse's/CU partner's SSN

 2020 or  2021

## Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular.....	<input type="radio"/> Self	<input type="radio"/> Spouse/ CU Partner	<input type="radio"/> Domestic Partner .....	<input type="text"/> x \$1,000 = <input type="text"/>
7. Senior 65+ (Born in 1957 or earlier) .....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner .....	<input type="text"/> x \$1,000 = <input type="text"/>	
8. Blind/Disabled.....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner .....	<input type="text"/> x \$1,000 = <input type="text"/>	
9. Veteran .....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner .....	<input type="text"/> x \$6,000 = <input type="text"/>	
10. Qualified Dependent Children .....			<input type="text"/> x \$1,500 = <input type="text"/>	
11. Other Dependents .....			<input type="text"/> x \$1,500 = <input type="text"/>	
12. Dependents Attending Colleges (See instructions) .....			<input type="text"/> x \$1,000 = <input type="text"/>	
13. Total Exemption Amount (Add totals from the lines at 6 through 12).....			13. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial

  
  
  

Social Security Number

  -      
  -      
  -      
  -    

Birth Year

    
    
    
  No Health  
Insurance    
    
    
  Division  
use 1  2    3     4  5  6    7



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Your Social Security Number

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Name(s) as shown on Form NJ-1040

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) .....	15.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) .....	16a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16b. Tax-exempt interest income (Enclose schedule) (See instructions) Do not include on line 16a .....	16b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Dividends.....	17.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C).....	18.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4).....	19.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20a. Taxable pension, annuity, and IRA distributions/withdrawals (See instructions) .....	20a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
20b. Excludable pension, annuity, and IRA distributions/withdrawals .....	20b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) .....	21.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) .....	22.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) .....	23.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Net gambling winnings (See instructions) .....	24.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
25. Alimony and separate maintenance payments received.....	25.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
26. Other (Enclose documents) (See instructions).....	26.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) .....	27.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28a. Pension/Retirement Exclusion (See instructions) .....	28a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20).....	28b.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28c. Total Exclusion Amount (Add lines 28a and 28b) .....	28c.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29. <b>New Jersey Gross Income</b> (Subtract line 28c from line 27) (See instructions) .....	29.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) .....	30.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
31. Medical Expenses (See Worksheet F and instructions).....	31.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
32. Alimony and separate maintenance payments (See instructions) .....	32.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
33. Qualified Conservation Contribution.....	33.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
34. Health Enterprise Zone Deduction .....	34.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) .....	35.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
36. Organ/Bone Marrow Donation Deduction (See instructions) .....	36.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
37a. NJBEST Deduction <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. NJCLASS Deduction <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c. NJ Higher Ed. Tuition Ded. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
38. Total Exemptions and Deductions (Add lines 30 through 37c).....	38.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39. Taxable Income (Subtract line 38 from line 29).....	39.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) ....	40a.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
40b. Indicate your residency status during 2022 (fill in only one oval).....		<input type="radio"/> Homeowner <input type="radio"/> Tenant <input type="radio"/> Both



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Name(s) as shown on Form NJ-1040

41. Property Tax Deduction (From Worksheet H) (See instructions).....	41.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
42. <b>New Jersey Taxable Income</b> (Subtract line 41 from line 39).....	42.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
43. Tax on amount on line 42 (Tax Table page 52).....	43.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) .....	44.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Enter Code		<input type="text"/> <input type="text"/>		
45. Balance of Tax (Subtract line 44 from line 43).....	45.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
46. Sheltered Workshop Tax Credit.....	46.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
47. Gold Star Family Counseling Credit (See instructions).....	47.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) .....	48.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
49. Total Credits (Add lines 46 through 48).....	49.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry.....	50.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00 .....	51.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
52. Interest on Underpayment of Estimated Tax .....	52.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in <input type="text"/> if Form NJ-2210 is enclosed				
53. Shared Responsibility Payment (See instructions) .....	53.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>REQUIRED</b> Enclose Schedule HCC and fill in <input type="text"/>				
54. <b>Total Tax Due</b> (Add lines 50 through 53) .....	54.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
55. <b>Total NJ Income Tax Withheld</b> (Enclose Forms W-2 and 1099)(Part-year residents, see instr.) .....	55.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
56. Property Tax Credit (See instructions page 24).....	56.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
57. New Jersey Estimated Tax Payments/Credit from 2021 tax return .....	57.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
58. New Jersey Earned Income Tax Credit (See instructions) .....	58.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in <input type="text"/> if you had the IRS calculate your federal earned income credit Fill in <input type="text"/> if you are a CU couple claiming the NJ Earned Income Tax Credit				
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) .....	59.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) .....	60.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) .....	61.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
62. Wounded Warrior Caregivers Credit (See instructions) .....	62.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
63. Pass-Through Business Alternative Income Tax Credit (See instructions) .....	63.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
64. Child and Dependent Care Credit (See instructions) .....	64.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in <input type="text"/> if you are a CU couple claiming the Child and Dependent Care Credit				
65. New Jersey Child Tax Credit (See instructions) .....	65.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# of dependents under age 6 on 12/31/22		<input type="text"/>		
66. <b>Total Withholdings, Credits, and Payments</b> (Add lines 55 through 65) .....	66.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe .....	67.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If you owe tax, you can still make a donation on lines 70 through 77.				
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment.....	68.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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Your Social Security Number

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69. Amount from line 68 you want to credit to your 2023 tax.....	69.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
70. Contribution to N.J. Endangered Wildlife Fund .....	70.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
71. Contribution to N.J. Children's Trust Fund To Prevent Child Abuse.....	71.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
72. Contribution to N.J. Vietnam Veterans' Memorial Fund.....	72.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
73. Contribution to N.J. Breast Cancer Research Fund .....	73.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
74. Contribution to U.S.S. New Jersey Educational Museum Fund.....	74.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
75. Other Designated Contribution (See instructions) .....	75.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
76. Other Designated Contribution (See instructions) .....	76.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
77. Other Designated Contribution (See instructions) .....	77.	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77).....	78.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
79. <b>Balance due</b> (If line 67 is more than zero, add line 67 and line 78)..... Fill in <input type="checkbox"/> if paying by e-check or credit card	79.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
80. <b>Refund amount</b> (If line 68 is more than zero, subtract line 78 from line 68).....	80.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?  
 If joint return, does your spouse want to designate \$1?  
 This does not reduce your refund or increase your balance due.



You  
Spouse/CU Partner

Yes   
Yes

No   
No

### Signature

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature	Date	Spouse's/CU Partner's Signature (required if filing jointly)	Date
Driver's License Number (Voluntary) (See instructions) <input type="checkbox"/>			
Fill in <input type="checkbox"/> if death certificate is enclosed.	Fill in <input type="checkbox"/> if you do not want a paper form next year.		
<input type="checkbox"/> I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).			
Paid Preparer's Signature (Fill in <input type="checkbox"/> if NJ-1040-O is enclosed)	Federal Identification Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Firm's Name	Firm's Federal Employer Identification Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Keep a copy of this return and all supporting documents for your records.

#### Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center – Payments  
PO Box 111  
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey – TGI

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

#### Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center – Refunds  
PO Box 555  
Trenton, NJ 08647-0555