

**RESIDENT RETURN with new IRS Generic record
2007 NJ-1040/TR-1040 and PART YEAR NJ-1040**

Note: lines beginning with a single asterisk (*) denotes a change from the previous versions - new line or a modification

Note: lines beginning with a double asterisk () denotes a change from the prior version - new line or a modification**

Field # ID	Start	Length	Data	Contents	Edit Rules/Notes
Header Section					
* Byte count, page 1	1	4	N	"2754"	Fixed length record
Start of record sentinel	5	4	A	"*****"	IRS required
000 Record ID		34	A		
(1) Form ID	9	6	A	"ST "	IRS required
(2) Form Number	15	6	N	"0001 "	IRS required
(3) Page Number	21	5	A	"PG01 "	IRS required
(4) Primary SSN	26	9	N	(Primary SSN)	Required entry
(5) Filler	35	1	N	Blank	
(6) Form/Schedule #	36	7	A	"0000001"	IRS required
010 State Code	43	2	A	"NJ"	Must always be NJ. Return will be rejected if other information appears her
011 City Code	45	2	A	Blank	Not used
015 Imperfect Return	47	1	A		Value "E" = Exception Processing, else "blank" (IRS Only)
* 016 ITIN/SSN Mismatch	48	1	A	"M"	"M" else "Blank" "M" = Mismatch (IRS USE ONLY)
019 State-Only Indicator	49	2	A	"SO"	New Jersey will accept Non Resident returns, Part Year Resident returns, re-submitted rejected returns and "State Returns" submitted without a corresponding Federal Return
020 DCN		14	N	Assigned by filer	Document Control Number (Match ACK KEY Record Field 0090)
a. 1st two positions	51	2	N	"00"	IRS required
b. EFIN of originator	53	6	N		Required entry
c. Batch number	59	3	N		From 000 - 999
d. Serial number	62	2	N		From 00 - 99
* e. Year digit	64	1	N	"8"	IRS required
023 RSN		16	N		Return Sequence Number (Match ACK KEY Record Field 0030)
a. ETIN of transmitter	65	5	N		IRS required
b. Transmissn Use Code	70	2	N	"00"	Required entry
c. Julian date of trans	72	3	N		Required entry
d. Trans sequence #	75	2	N		From 01 - 99
e. Seq # of return	77	4	N		From 0001 - 9999
State Direct Deposit Section					
024 Direct Depo/Dbt Ind	81	1	N		"1" = Direct Deposit, "2" = Direct Debit else Blank; If 315.030 = "1", "2" or "3" Field 024 must = "1"
025 Reserved- RTN Flag	82	1	N		
027 Direct Debit Date	83	8			"YYYYMMDD" The date the ERO\Filer wishes to have the amount in Field 545 Direct Debited from their bank account. This field valid if field 024 = "2", field 315.030 is "Blank", and fields 030 and 035 are not "blank". Cannot be any date after the return due date
028 Direct Debit Amount	91	12	N		>=0, If not = 0 must = the Field 545
030 SRTN (State Routing Transit Number)	103	9	N		State Routing Transit Number. Required if field 024 = "1" and "040" or "048" = "X" else "blank"

032	SRTN Indicator	112	1	N		"0" = No SRTN Present "1" = SRTN found on FOMF "2" = SRTN not found on FOMF (Financial Organization Master File)
035	St Deposit Acct #	113	17	A		Required if field 024 = "1" or "2" and 040 or 048 = "X" else blank
040	State Taxpayer Checking Account	130	1	A		"X" or "Blank", if 048 = "X" then 040 = "blank", else if 048 = "blank" and 024 = "1" or "2" then 040 = "X"
048	State Taxpayer Savings Account	131	1	A		"X" or "Blank", if 040 = "X" then 048 = "blank", else if 040 = "blank" and 024 = "1" or "2" then 048 = "X"
049	On-Line-State Rtn	132	1	A		Value "O" = On-Line
Participant Section						
050	St Numeric		27	N		
a.	Preparer SSN/PTIN/STIN	133	9	A		IRS 1040 seq 1360 (PTIN: "P" followed by 8 numerics;STIN: "S" followed by 8 numerics; "999999999" if no paid preparer) Required entry
b.	Preparer EIN	142	9	N		IRS 1040 seq 1380 (Spaces if no paid preparer)
c.	Preparer Zip	151	5	N		IRS 1040 seq 1410-5 (Spaces if no paid preparer)
d.	Preparer ZIP+4	156	4	N		IRS 1040 seq 1410-4 (Spaces if no paid preparer)
052	St Alphanumeric		93			
a.	Filler	160	5	A		Filler
b.	Preparer Firm	165	35	A		IRS 1040 seq 1370 (Spaces if no paid preparer)
c.	Preparer Address	200	30	A		(Spaces if no paid preparer)
d.	Preparer City	230	20	A		IRS 1040 seq 1390 (Spaces if no paid preparer)
e.	Preparer State	250	2	A		IRS 1040 seq 1400 (Spaces if no paid preparer)
f.	Preparer Indicator	252	1	A	Self employed	IRS 1040 seq 1350 (Spaces if no paid preparer)
Entity Section						
055	Spouse's SSN	253	9	N		Required if 305.006 = "2" or "3"
060a.	Name line 1	262	32	A	Primary last name	Required entry
060b.	Name line 1 (cont)	294	3	A	Primary suffix	
062	Date of death	297	8	N	Primary's Date of Death	"YYYYMMDD"
065a.	Name line 2	305	32	A	Secondary last name	
065b.	Name line 2 (cont)	337	3	A	Secondary suffix	
068	Date of death	340	8	N	Secondary Date of Death	"YYYYMMDD"
070a.	Name line 3	348	16	A	Primary first name	Required entry
070b.	Name line 3 (cont)	364	1	A	Primary middle initia	
070c.	Name line 3 (cont)	365	16	A	Secondary first name	
070d.	Name line 3 (cont)	381	1	A	Secondary middle initia	
070e.	Name line 3 (cont)	382	1	A	Filler	
074	C/O Addressee	383	35	A		
075	Address line 1	418	35	A		Required entry
077	Filler	453	35	A	Filler	
080	Address line 2	488	35	A	Filler	
085	City	523	22	A		Required entry
087	Filler	545	35	A	Filler	
090	City code	580	5	N	County/municipality Code	Leading zero plus 4 digit code from table, NJ-1040-P. Required entry
095	State	585	2	A		Required entry
098	Filler	587	22		Filler	
100	Zip code	609	12	N		Required entry

105	County	621	20	A	Filler	
110	County code	641	5	N	Filler	
115	Telephone number	646	12	N	Area code, number,	No brackets or dashes
120	Signature Prime	658	5	N	Primary PIN	Fed Self-Select PIN or Fed Practitioner PIN
125	Signature secondary	663	5	N	Spouse PIN	Fed Self-Select PIN or Fed Practitioner PIN
126	ERO Signature	668	11	N	Field 020b + ERO PIN	
Consistency Section						
150	Fed Filing Status	679	1	N	From IRS 1040	Required Entry
155	Total fed exempt	680	2	N	From IRS 1040	Required Entry
160	Wages, salaries	682	12	N	From IRS 1040	Required Entry
165	Taxable interes	694	12	N	From IRS 1040	Required Entry
170	Tax exempt ini	706	12	N	From IRS 1040	Required Entry
175	Dividends	718	12	N	From IRS 1040	Required Entry
180	State Refund	730	12	N	From IRS 1040	Required Entry
185	Taxable SS Benefits	742	12	N	From IRS 1040	Required Entry
190	Keogh & SEP Deductions	754	12	N	From IRS 1040	Required Entry
195	Adjusted Gross Income	766	12	N	From IRS 1040	Required Entry
200	Standrd/Itemize Deduct	778	12	N	From IRS 1040	Required Entry
205	Earned Income Credit	790	12	N	From IRS 1040	Required Entry
Alphanumeric Section						
300	Alpha field 1		80	A		
a.	Software Dev Code	802	10	A		Required Entry ('B' if Business or 'I' if Individual + FID
b.	Paid prep name	812	31	A		IRS 1040 seq 1340 or Spaces if 050a. = '999999999'
c.	Paid prep phone	843	10	A		(Spaces if no paid preparer)
d.	Non paid prep	853	13	A		IRS 1040 seq 1330 (Spaces if no paid preparer)
e.	Preparer St EIN	866	16	A		Blank
305	Alpha field 2		80	A		
	305.005	882	1	N	Primary SSN suffix	Zero if not known
	305.006	883	1	N	Filing Status	Required (See Sect V, NJ Filing Status Codes)
	305.010	884	1	N	Exempt - Regular	If 305.006 = "1,3,4, or, 5" then "1"; else if 305.006 = "2" or if 305.110 = "1" and 305.006 =
	305.015	885	1	N	Exempt - 65	>= 0 and <= 305.010
	305.020	886	1	N	Exempt - Blind	>= 0 and <= 305.010
	305.025	887	2	N	Exempt - Qual dep	>= 0
	305.030	889	2	N	Exempt - Other dep	>= 0
	305.035	891	2	N	Exempt - College	>= 0 and <= sum of 305.025 and 305.030
	305.040	893	2	N	Totals 6,7,8 & 11	>= 0, sum of fields 305.010, 305.015, 305.020, and 305.035
	305.045	895	2	N	Totals - 9 & 10	>= 0, sum of fields 305.025, and 305.030. If >0 then NJDEPT Required
	305.050	897	1	N	Elect'n fund you/spouse	"0" for both No, "1" for one Yes, "2" for both Yes
	305.055	898	2	N	Other tax year begir	If Field 305.130 = "1" then "01" else if 305.130 ="2" then ">"00", < "13"
	305.060	900	2	N	Other tax year enc	If Field 305.130 = "1" then "12" else if 305.130 ="2" then ">"00", < "13"
	305.065	902	6	N	Residency from	If field 305.130 = "1" then "00000000" else if 305.130 ="2" then "MMDDYY"
	305.070	908	6	N	Residency to	If field 305.130 = "1" then "00000000" else if 305.130 ="2" then "MMDDYY"
	305.075	914	1	A	Mail forms next yea	"0" = No or "1" = Yes; If "0" send forms next yea
	305.080	915	1	A	Rebate line 10 checkoff	"0" = No or "1" = Yes; if ='1', Field 600 > C
	305.085	916	1	A	Rebate 65 or older	"0" = No or "1" = Yes

	305.090	917	1	A	Preparer Authority	"0" = No or "1" = Yes
	305.095	918	5	A	Filler	"Blank"
	305.100	923	5	A	Filler	"Blank"
	305.105	928	1	A	On 10/1/07 Rented/ Principal Residnc	"0" = No or "1" = Yes
	305.110	929	1	A	Domestic Partner	"0" = No or "1" = Yes
	305.115	930	1	A	Rebate Blind/Disabled	"0" = No or "1" = Yes
	305.120	931	1	A	Not 65\Blind\Disabled	"0" = No or "1" = Yes
	305.125	932	1	A	Fed Figured EIC	"0" = No or "1" = Yes
	305.130	933	1	A	Return Type	"1" = NJ1040, "2" = Part Year NJ1040, "3" = NJ1040NR
*	305.135	934	1	A	36b NJ Homeowner 10/1/07	"0" = No or "1" = Yes
*	305.140	935	2	A	Filler	"Blank"
*	305.145	937	2	A	Code for Credit Other Jurisdictions	2-byte code from listing 6 else "Blank"
*	305.150	939	1	A	Civil Union Check-off	"0" = No or "1" = Yes a civil union couple claiming EITC
*	305.155	940	22	A	Filler	"Blank"
310	Alpha field 3		80	A		
	310.005	962	30	A	Rebate address	Spaces if not used
	310.010	992	20	A	Rebate municipality	Spaces if not used
	310.015	1012	1	A/N	TR15 Anyone else pay	Yes = 1 No ="Blank"
	310.020		1	A	Fed Filing Extension Request; Presidential Disaster Relief Area	Yes = 1 No ="Blank"
		1013				
	310.025	1014	1	A	Fed Extension Checkoff	"0" = No or "1" = Yes
	310.030	1015	5	A	Fed Extension Confirmation #	Spaces if not used
	310.035	1020	1	A	NJ-630 Extension Checkoff	"0" = No or "1" = Yes
	310.040	1021	8	A	Filler	Blank
	310.045	1029	4	A	Filler	Blank
	310.050	1033	8	A	Filler	Blank
*	310.055	1041	1	N	Efile Only: Additional Interest payment Check-off	"0" = No "1"=Yes Increase the balance due by an additional amount
315	Alpha field 4		80	A		
	315.005	1042	3	A	"ELF"	Required
	315.010	1045	7	A	Blanks	State use
	315.015	1052	7	A	Blanks	State use
	315.020	1059	8	A	Blanks	State use
	315.025	1067	1	A	2210 Checkoff	"0" = No or "1" = Yes.
	315.030	1068	1	A	Direct Deposit Refund Type	"1" =NJ1040 Refund only, "2"=Tenant Rebate only "3"=NJ1040 Refund and Tenant Rebate; else "blank" (If "Blank" no Direct Deposit will occur)
	315.035	1069	8	A	Filler (see 027)	
	315.040	1077	1	N	Oth Design Check-off	"1" Line 62 = Drug Abuse Education Fund, "2" = Korean Veterans Memorial Fund, "3" = Organ & Tissue Donor Awareness Fund, "4" = NJ-AIDS Services Fund, "5" = Literacy Volunteers of America - NJ Fund, "6" = NJ Prostate Cancer Research Fund, "7"= NJ World Trade Center, else "Blank"
	315.045	1078	4	A	NACTP Code	If none, contact (609) 633-3878 to have one issued. (required field)
	315.050	1082	40	A	Filler	
320	Alpha field 5	1122	80	A	Filler	Reserved for TELEFILE
325		1202	80	A		
*	325.005	1202	9	N	Spouse/CU SSN	Fill with 9-digit SSN if Field 305.006 = 3 else "blank"

*	325.010	1211	32	A	Spouse/CU last name	fill if Field 305.006 = 3, else "blank"	
*	325.015	1243	3	A	Spouse/CU suffix	fill if Field 305.006 = 3, else "blank"	
*	325.020	1246	16	A	Spouse/CU first name	fill if Field 305.006 = 3, else "blank"	
*	325.025	1262	1	A	Spouse/CU middle initial	fill if Field 305.006 = 3, else "blank"	
*	325.030	1263	19	N	Filler	Blank	
330	Alpha field 7	1282	80	A	Filler		
Signed Numeric Section							
350	Numeric field 1	1362	12	N	14 Wages	>=0	
355	Numeric field 2	1374	12	N	15a Tax Int Income	>=0; if > \$1,500 FEDSB or FEDS1required	
360	Numeric field 3	1386	12	N	15b Exempt Int Income	>=0	
365	Numeric field 4	1398	12	N	16 Dividends	>=0	
370	Numeric field 5	1410	12	N	17 Net Profits	>=0; if > 0 FEDSC, FEDSCZ, or FEDSF required	
375	Numeric field 6	1422	12	N	18 Net Gains	>=0; if > 0 from NJSB Field 210 (or sum of all submitted NJSB's field 210) or from FEDSD	
*	380	Numeric field 7	1434	12	N	19 Pension Received	>=0
*	385	Numeric field 8	1446	12	N	27a NJ Pension Exclsn	>=0
*	390	Numeric field 9	1458	12	N	27c Total Pension Exclusion	>=0; field 385 plus fld 435
395	Numeric field 10	1470	12	N	20 Partnership Income	>=0; if > 0 from NJ65K1 185 (or sum of all submitted NJ65K1's field 185)	
400	Numeric field 11	1482	12	N	21 S-Corp Income	>=0; if > 0 from NJCBK1 140 (or sum of all submitted NJCB5K1's field 140)or FEDSK1	
405	Numeric field 12	1494	12	N	22 Gain - Rents	>=0; if > 0 from NJSC 195 (or sum of all submitted NJSC's field 195)	
410	Numeric field 13	1506	12	N	23 Gambling	>=0	
415	Numeric field 14	1518	12	N	24 Alimony Payments	>=0	
420	Numeric field 15	1530	12	N	25 Other	>=0; if > 0 from NJSL25 210 (or sum of all submitted NJSL25's field 210),or FEDSK1	
425	Numeric field 16	1542	12	N	26 Total Income	>=0; sum Fields 350, 355, 365, 370, 375, 380, 395, 400, 405, 410, 415, and 420	
430	Numeric field 17	1554	12	N	33 Health E. Zone deduction	>=0	
*	435	Numeric field 18	1566	12	N	27b Other Retirement Exclusion	>=0, Field 420 plus 425
440	Numeric field 19	1578	12	N	28 NJ Gross Income	>=0; Field 425 minus Fld 390	
445	Numeric field 20	1590	12	N	Filler	Blank	
450	Numeric field 21	1602	12	N	Filler	Blank	
455	Numeric field 22	1614	12	N	29 Total Exempt	>=0; Field 305.040 x 1000 + Field 305.045 x 1500	
460	Numeric field 23	1626	12	N	30 Medical Expense	>=0	
465	Numeric field 24	1638	12	N	31 Alimony	>=0	
470	Numeric field 25	1650	12	N	34 Total exempt	>=0; sum 430, 455, 460, 465, and 640	
475	Numeric field 26	1662	12	N	35 Taxable income	>=0; 440 minus 470	
480	Numeric field 27	1674	12	N	36c Prop tax deduction	>=0 Must be < 660	
485	Numeric field 28	1686	12	N	37 NJ taxable income	>=0; 475 minus 480; if < 0 then 0	
490	Numeric field 29	1698	12	N	38 Tax	>=0	
495	Numeric field 30	1710	12	N	39 Credit other juris	>=0; if > 0 from NJSA 125 or 130 (or sum of all NJSA's field 125 or 130 submitted)	
500	Numeric field 31	1722	12	N	40 & 41 Balance of tax	>=0; 490 minus 495	
505	Numeric field 32	1734	12	N	44 Use tax Out StatePurchases	>=0	
510	Numeric field 33	1746	12	N	46 Total Tax & Penalty	>=0; Field 670 plus 505 plus 655	
515	Numeric field 34	1758	12	N	47 NJ Tax Withheld	>=0	
520	Numeric field 35	1770	12	N	48 Prop tax credit	>=0; If 305.015 and 305.020 = 0 and if 440 < 20000 (or if 305.006 = 1 or 3 if 440 <	
525	Numeric field 36	1782	12	N	49 Est tax payments	>=0	
530	Numeric field 37	1794	12	N	51 Excess UI/WD/HC	>=0, if > 0, NJ2450 field 240, (Max 4 NJ2450 per joint return; If NJ2450 > 1 enter sum of all field 240).	

535	Numeric field 38	1806	12	N	52 Excess DI	>=0, if > 0, NJ2450 Field 245, (Max 4 NJ2450 per joint return; If NJ2450 >1 enter sum of all field 245).
540	Numeric field 39	1818	12	N	53 Total Payments	>=0; sum fields 515, 520, 525, 530, 535 and 645
** 545	Numeric field 40	1830	12	N	54 Amount Owed	>=0; Field 510 plus 585 minus 540; But if 310.055 = "1" then Field 510 plus 585 plus 610 minus 540; if < 0, then 0
550	Numeric field 41	1842	12	N	55 Overpayment	>=0; Field 540 minus 510 ; if < 0, then 0
555	Numeric field 42	1854	12	N	56 Credit to 2008 tax	>=0
560	Numeric field 43	1866	12	N	57 NJ Wildlife	>=0
565	Numeric field 44	1878	12	N	58 Children's Trust	>=0
570	Numeric field 45	1890	12	N	59 Vietnam Vets	>=0
575	Numeric field 46	1902	12	N	60 Breast Cancer	>=0
580	Numeric field 47	1914	12	N	61 Battleship NJ	>=0
585	Numeric field 48	1926	12	N	63 Total deductions	>=0; sum 555, 560, 565, 570, 575, 580, and 650
590	Numeric field 49	1938	12	N	64 Refund	>=0; 550 minus 585
595	Numeric field 50	1950	12	N	TR9 Gross Income	>=0; 440
600	Numeric field 51	1962	12	N	TR10 Separate Gross Inc	>=0; if 305.080 = '1', > 0
605	Numeric field 52	1974	12	N	TR11 Total Income	>=0; sum 595 and 600
* 610	Numeric field 53	1986	12	N	Efile Only: Additional Interest	>=0, If Field 310.055 = 1 then >0 else = 0. Use this field to show interest due for a late filed return.
615	Numeric field 55	1998	12	N	Filler	
620	Numeric field 56	2010	12	N	TR line 15a # Tenants	Space or >=0; If Field 625 > 0 then field 630 > 0
625	Numeric field 57	2022	12	N	TR13 Rent You & Spouse	Space or >=0
630	Numeric field 58	2034	12	N	TR line 15c Rent all Tenants	Space or >=0
635	Numeric field 59	2046	12	N	TR14 # Days Occu Rental	>=0 <= 366
640	Numeric field 60	2058	12	N	32 Qual Conserv Cont	>=0
* 645	Numeric field 61	2070	12	N	50 Earned Inc Credit	>=0 < = 943 If Field 425 <1 then Field 645 = 0
650	Numeric field 62	2082	12	N	62 Oth Designd Contrb	>=0
* 655	Numeric field 63	2094	12	N	45 Penalty +/-or Interest for Underpayment Tax	>=0; If 315.025 = "1" then from NJ2210 Field 335; If 315.025 = "0" then = 0
660	Numeric field 64	2106	12	N	36a Total Property Tax Pd	>=0
665	Numeric field 65	2118	12	N	42 Sheltered Workshop Tax Credit	>=0
670	Numeric field 66	2130	12	N	43 Balance Tax After Credit	>=0, Field 500 less Field 665
675	Numeric field 67	2142	600	N	Filler	
925	Numeric field 116	2742	12	N	Filler	Fields 680 thru 925 (53) are Filler, 12, N
	Record terminus	2754	1		#	

Unformatted Records

Field # ID	Length	Data	Contents	Edit Rules/Notes
Header Section				
Byte count	1	4	N	"nnnn" for variable length
Start of record sentinel	5	4	A	*****
000 Record ID		36	A	
(1) Form ID	9	6	N	"ST "
(2) Form Number	15	6	N	"0002 "
(3) Page Number	21	5	A	"PG01 "
(4) Primary SSN	26	9	N	Required entry

(5)	Filler	35	1			Blank
(6)	Form Occurrence	36	7	A		"0000001" to "0000025"
010	State Code	43	2	A	"NJ"	Must always be NJ. Return will be rejected if any other information appears here
011	City-County Code	45	2	A	Filler	Reserved
020	Declration Control #		14	N	Assigned by filer	
a.	1st two positions	47	2	N	"00"	IRS required
b.	EFIN of originator	49	6	N		Required entry
c.	Batch number	55	3	N		From 000 - 999
d.	Serial number	58	2	N		From 00 - 99
* e.	Year digit	60	1	N	"8"	IRS required
Data Section						
New Jersey Schedules						
DEPENDENT'S INFORMATION						
Field #	ID		Length	Data	Contents	Edit Rules/Notes
	byte count	1	4	N		"nnnn"; maximum 1 per return
	start sentinel	5	4		!!!!	
	Schedule code	9	6	A	"NJDEPT"	
	Form occurrence	15	7			"0000001"
	Page number	22	5		"PG01 "	
	Primary ssn	27	9	N		
050	Dependent 1	36	9	N	SSN	
055	Dependent 1	45	4	N	Birth Year	"YYYY"
060	Dependent 1	49	32	A	Last name	
065	Dependent 1	81	16	A	First name	
070	Dependent 1	97	1	A	Middle initial	
075	Dependent 2	98	9	N	SSN	
080	Dependent 2	107	4	N	Birth Year	"YYYY"
085	Dependent 2	111	32	A	Last name	
090	Dependent 2	143	16	A	First name	
095	Dependent 2	159	1	A	Middle initial	
100	Dependent 3	160	9	N	SSN	
105	Dependent 3	169	4	N	Birth Year	"YYYY"
110	Dependent 3	173	32	A	Last name	
115	Dependent 3	205	16	A	First name	
120	Dependent 3	221	1	A	Middle initial	
125	Dependent 4	222	9	N	SSN	
130	Dependent 4	231	4	N	Birth Year	"YYYY"
135	Dependent 4	235	32	A	Last name	
140	Dependent 4	267	16	A	First name	
145	Dependent 4	283	1	A	Middle initial	
150	Dependent 5	284	9	N	SSN	
155	Dependent 5	293	4	N	Birth Year	"YYYY"
160	Dependent 5	297	32	A	Last name	
165	Dependent 5	329	16	A	First name	

170	Dependent 5	345	1	A	Middle initial	
175	Dependent 6	346	9	N	SSN	
180	Dependent 6	355	4	N	Birth Year	"YYYY"
185	Dependent 6	359	32	A	Last name	
190	Dependent 6	391	16	A	First name	
195	Dependent 6	407	1	A	Middle initial	
200	Dependent 7	408	9	N	SSN	
205	Dependent 7	417	4	N	Birth Year	"YYYY"
210	Dependent 7	421	32	A	Last name	
215	Dependent 7	453	16	A	First name	
220	Dependent 7	469	1	A	Middle initial	
225	Dependent 8	470	9	N	SSN	
230	Dependent 8	479	4	N	Birth Year	"YYYY"
235	Dependent 8	483	32	A	Last name	
240	Dependent 8	515	16	A	First name	
245	Dependent 8	531	1	A	Middle initial	
250	Dependent 9	532	9	N	SSN	
255	Dependent 9	541	4	N	Birth Year	"YYYY"
260	Dependent 9	545	32	A	Last name	
265	Dependent 9	577	16	A	First name	
270	Dependent 9	593	1	A	Middle initial	
275	Dependent 10	594	9	N	SSN	
280	Dependent 10	603	4	N	Birth Year	"YYYY"
285	Dependent 10	607	32	A	Last name	
290	Dependent 10	639	16	A	First name	
295	Dependent 10	655	1	A	Middle initial	
200	Schedule terminus	656	1		\$	
Other Tenants who shared rent, TR-1040 Line 15b Version 2 (used TY04)						
Field #	ID		Length	Data	Contents	Edit Rules/Notes
	byte count		4	N		"nnnn"; maximum 1 per return
	start sentinel		4		!!!!	
	Schedule code		6	A	"NJTENT"	
	Form Occurrence		7	A		"0000001"
	Page number		5		"PG01 "	
	Pirmary ssn		9	N		G000(4)
050	Tenant Name 1 line 15b		32	A	Last name	
055	Tenant Name 1line 15b		16	A	First name	
060	Tenant Name 1line 15b		1	A	Middle initial	
065	Tenant 1SSN line 15b		9	N	SSN	
070	Tenant Name 2 line 15b		32	A	Last name	
075	Tenant Name 2 line 15b		16	A	First name	
080	Tenant Name 2line 15b		1	A	Middle initial	
085	Tenant 2 SSN line 15b		9	N	SSN	
090	Tenant Name 3 line 15b		32	A	Last name	

095	Tenant Name 3 line 15b	16	A	First name	
100	Tenant Name 3 line 15b	1	A	Middle initial	
105	Tenant 3 SSN line 15b	9	N	SSN	
110	Tenant Name 4 line 15b	32	A	Last name	
115	Tenant Name 4 line 15b	16	A	First name	
120	Tenant Name 4 line 15b	1	A	Middle initial	
125	Tenant 4 SSN line 15b	9	N	SSN	
130	Tenant Name 5 line 15b	32	A	Last name	
135	Tenant Name 5 line 15b	16	A	First name	
140	Tenant Name 5 line 15b	1	A	Middle initial	
145	Tenant 5 SSN line 15b	9	N	SSN	
150	Tenant Name 6 line 15b	32	A	Last name	
155	Tenant Name 6 line 15b	16	A	First name	
160	Tenant Name 6 line 15b	1	A	Middle initial	
165	Tenant 6 SSN line 15b	9	N	SSN	
170	Tenant Name 7 line 15b	32	A	Last name	
175	Tenant Name 7 line 15b	16	A	First name	
180	Tenant Name 7 line 15b	1	A	Middle initial	
185	Tenant 7 SSN line 15b	9	N	SSN	
190	Tenant Name 8 line 15b	32	A	Last name	
195	Tenant Name 8 line 15b	16	A	First name	
200	Tenant Name 8 line 15b	1	A	Middle initial	
205	Tenant 8 SSN line 15b	9	N	SSN	
210	Tenant Name 9 line 15b	32	A	Last name	
215	Tenant Name 9 line 15b	16	A	First name	
220	Tenant Name 9 line 15b	1	A	Middle initial	
225	Tenant 9 SSN line 15b	9	N	SSN	
230	Tenant Name 10 line 15b	32	A	Last name	
235	Tenant Name 10 line 15b	16	A	First name	
240	Tenant Name 10 line 15b	1	A	Middle initial	
245	Tenant 10 SSN line 15b	9	N	SSN	
	Schedule terminus	1		\$	
NJ Schedule A					
Field #	ID	Length	Data	Contents	Edit Rules/Notes
	byte count	4	N		"nnnn"; maximum 6 per return
	start sentinel	4		!!!!	
	Schedule code	6	A	"NJSA "	"NJSAbb"
*	Form Occurrence	7	A		"000001" to "000047"
	Page number	5		"PG01 "	"PG01b"
	Primary SSN	9	N		

050	Other jurisdiction		20	A		
055	Income Taxed/OJ		12	N		
060	Income Taxed/NJ		12	N		From NJ-1040 Field 440
065	Credit %		8	N		Field 055 divided by Field 060. To 7 decimal places.
070	Line 4 Col A		12	N		Copy from NJ1040 Field 475
075	Line 4 Col B		12	N		Copy from Field 070
080	Prop.Tax or Rent		12	N		>=0 or, <=10,000, else if NJ-1040 field 305.006 = 3 then <=5000
085	Line 5 Col A		12	N		From Field 080 NJSA or \$10000 whichever is less.
090	Line 6 Col A		12	N		Field 070 minus Field 085
095	Line 6 Col B		12	N		From Field 075 NJSA
100	Line 7 Col A		12	N		>= 0
105	Line 7 Col B		12	N		>= 0
110	Line 8 Col A		12	N		Field 065 X Field 100
115	Line 8 Col B		12	N		Field 065 X Field 105
120	Tax paid/OJ 9a		12	N		> 0
125	Line 9 Col A		12	N		If Field 110 < Field 120 then from Field 110, else if Field 120 <= Field 110 then from Field 120 else, if field 110 and field 120 >= NJ-1040 Field 490 then from NJ-1040 Field 490
130	Line 9 Col B		12	N		If Field 115 < Field 120 then from Field 115 else, if Field 120 <= Field 115 then from Field 120 else, if field 115 and field 120 >= NJ-1040 Field 490 then from NJ-1040 Field 490
	Schedule terminus		1		\$	
NJ Schedule B						
Field #	ID		Length	Data	Contents	Edit Rules/Notes
	byte count		4	N		"nnnn"; maximum 200 per return
	start sentinel		4		!!!!	
	Schedule code		6	A	"NJSB "	
	Form Occurrence	6	7	A		"0000001" to "0000200"
	Page number		5		"PG01 "	
	Primary ssn		9	N		
050	Form data field 001		10	A	Property 1	Property identificator
055	" " " 002		6	N	Date acquired	mmddyy
060	" " " 003		6	N	Date sold	mmddyy
065	" " " 004		12	N	Sales price	
070	" " " 005		12	N	Adjusted price	
075	" " " 006		12	N	Gain/(loss)	Field 065 minus 070
080	" " " 007		10	A	Property 2	
085	" " " 008		6	N	Date acquired	mmddyy
090	" " " 009		6	N	Date sold	mmddyy
095	" " " 010		12	N	Sales price	
100	" " " 011		12	N	Adjusted price	
105	" " " 012		12	N	Gain/(loss)	Field 095 minus 100.
110	" " " 013		10	A	Property 3	
115	" " " 014		6	N	Date acquired	mmddyy
120	" " " 015		6	N	Date sold	mmddyy
125	" " " 016		12	N	Sales price	
130	" " " 017		12	N	Adjusted price	

135	"	"	"	018	12	N	Gain/(loss)	Field 125 minus 130.
140	"	"	"	019	10	A	Property 4	
145	"	"	"	020	6	N	Date acquired	mmddyy
150	"	"	"	021	6	N	Date sold	mmddyy
155	"	"	"	022	12	N	Sales price	
160	"	"	"	023	12	N	Adjusted price	
165	"	"	"	024	12	N	Gain/(loss)	Field 155 minus 160.
170	"	"	"	025	10	A	Property 5	
175	"	"	"	026	6	N	Date acquired	mmddyy
180	"	"	"	027	6	N	Date sold	mmddyy
185	"	"	"	028	12	N	Sales price	
190	"	"	"	029	12	N	Adjusted price	
195	"	"	"	030	12	N	Gain/(loss)	Field 185 minus 190.
200	"	"	"	031	12	N	Cap gain distributions	
205	"	"	"	032	12	N	Other net gains	
210	"	"	"	033	12	N	Net gains	Sum 075, 105, 135, 165, 195, 200, 205; if < 0, then 0; copy to G 375
	Schedule terminus				1		\$	
NJ Schedule C								
Field #	ID				Length	Data	Contents	Edit Rules/Notes
	byte count				4	N		"nnnn"; maximum 15 per return
	start sentinel				4		!!!!	
	Schedule code				6	A	"NJSC "	
	Form Occurrence				7	A		"0000001" to "0000015"
	Page number				5		"PG01 "	
	Primary ssn				9	N		
050	Form data field 001				12	A	Property 1	
055	"	"	"	002	12	N	Rent 1	
060	"	"	"	003	12	N	Royalties 1	
065	"	"	"	004	12	N	Patents 1	
070	"	"	"	005	12	N	Copyrights 1	
075	"	"	"	006	12	A	Property 2	
080	"	"	"	007	12	N	Rent 2	
085	"	"	"	008	12	N	Royalties 2	
090	"	"	"	009	12	N	Patents 2	
095	"	"	"	010	12	N	Copyrights 2	
100	"	"	"	011	12	A	Property 3	
105	"	"	"	012	12	N	Rent 3	
110	"	"	"	013	12	N	Royalties 3	
115	"	"	"	014	12	N	Patents 3	
120	"	"	"	015	12	N	Copyrights 3	
125	"	"	"	016	12	A	Property 4	
130	"	"	"	017	12	N	Rent 4	
135	"	"	"	018	12	N	Royalties 4	
140	"	"	"	019	12	N	Patents 4	
145	"	"	"	020	12	N	Copyrights 4	

150	"	"	"	021		12	A	Property 5	
155	"	"	"	022		12	N	Rent 5	
160	"	"	"	023		12	N	Royalties 5	
165	"	"	"	024		12	N	Patents 5	
170	"	"	"	025		12	N	Copyrights 5	
175	"	"	"	026		12	N	Total Rent	Sum 055, 080, 105, 130, 155
180	"	"	"	027		12	N	Total Royalties	Sum 060, 085, 110, 135, 160
185	"	"	"	028		12	N	Total Patents	Sum 065, 090, 115, 140, 165
190	"	"	"	029		12	N	Total Copyrights	Sum 070, 095, 120, 145, 170
195	"	"	"	030		12	N	Net incomes	Sum 175, 180, 185, 190; if < 0 then 0; copy >= 0 to G 405
	Schedule terminus					1		\$	
NJ Schedule 2450									
Field #	ID				Length	Data		Contents	Edit Rules/Notes
	byte count				4	N			"nnnn"; 2 per person; maximum 4 for filing joint
	start sentinel				4			!!!!	
	Schedule code				6	A		"NJ2450"	
	Form Occurrence				7	A			"0000001" to "0000004"
	Page number				5			"PG01 "	
	Primary ssn				9	N			
050	Form data field	001			15	A		Employer A	
055	"	"	"	002	9	A		FID	
060	"	"	"	004	10	A		Plan #	
065	"	"	"	005	12	N		Wages	
* 070	"	"	"	006	12	N		UI/WD/HC	>=0 and <= \$113; if > \$113 cannot file electronically
* 075	"	"	"	007	12	N		DI	>=0 and <= \$133; if > \$133 cannot file electronically
080	"	"	"	008	15	A		Employer B	
085	"	"	"	009	9	A		FID	
090	"	"	"	011	10	A		Plan #	
095	"	"	"	012	12	N		Wages	
* 100	"	"	"	013	12	N		UI/WD/HC	>=0 and <= \$113; if > \$113 cannot file electronically
* 105	"	"	"	014	12	N		DI	>=0 and <= \$133; if > \$133 cannot file electronically
110	"	"	"	015	15	A		Employer C	
115	"	"	"	016	9	A		FID	
120	"	"	"	018	10	A		Plan #	
125	"	"	"	019	12	N		Wages	
* 130	"	"	"	020	12	N		UI/WD/HC	>=0 and <= \$113; if > \$113 cannot file electronically
* 135	"	"	"	021	12	N		DI	>=0 and <= \$133; if > \$133 cannot file electronically
140	"	"	"	022	15	A		Employer D	
145	"	"	"	023	9	A		FID	
150	"	"	"	025	10	A		Plan #	
155	"	"	"	026	12	N		Wages	
* 160	"	"	"	027	12	N		UI/WD/HC	>=0 and <= \$113; if > \$113 cannot file electronically
* 165	"	"	"	028	12	N		DI	>=0 and <= \$133; if > \$133 cannot file electronically
170	"	"	"	029	15	A		Employer E	
175	"	"	"	030	9	A		FID	
180	"	"	"	031	10	A		Plan #	

185	"	"	"	032	12	N	Wages	
* 190	"	"	"	033	12	N	UI/WD/HC	>=0 and <= \$113; if > \$113 cannot file electronically
* 195	"	"	"	034	12	N	DI	>=0 and <= \$133; if > \$133 cannot file electronically
200	"	"	"	035	15	A	Employer F	
205	"	"	"	036	9	A	FID	
210	"	"	"	037	10	A	Plan #	
215	"	"	"	038	12	N	Wages	
* 220	"	"	"	039	12	N	UI/WD/HC	>=0 and <= \$113; if > \$113 cannot file electronically
* 225	"	"	"	040	12	N	DI	>=0 and <= \$133; if > \$133 cannot file electronically
230	"	"	"	041	12	N	Total WD/HC	Sum of fields 070, 100, 130, 160, 190, and 220
235	"	"	"	042	12	N	Total DI	Sum of fields 075, 105, 135, 165, 195, and 225
* 240	"	"	"	043	12	N	Excess UI/WDHC	Field 230 minus 113; Copy to G 530
* 245	"	"	"	044	12	N	Excess DI	Field 235 minus 133; Copy to G 535
250	"	"	"	045	9	N	SSN	G 000(4) OR G 055
	Schedule terminus				1		\$	
NJ Schedule 1065 K1								
Field #	ID				Length	Data	Contents	Edit Rules/Notes
					4	N	byte count	"nnnn"; maximum 100 per return
					4		start sentinel	!!!!
					6	A	Schedule code	"NJ65K1"
					7	A	Form Occurrence	"0000001" to "0000100"
					5		Page number	"PG01 "
					9	N	Primary ssn	
050					12	A	Form data field 001	Partner's SSN/EIN
055	"	"	"	002	15	A	Partner's name	
060	"	"	"	003	15	A	Address	
065	"	"	"	004	15	A	City	
070	"	"	"	005	2	A	St	
075	"	"	"	006	9	A	Zip	
080	"	"	"	007	3	A	Partner type	Code from instructions
085	"	"	"	008	6	A	Start date	mmddyy; no dashes, slashes, or spaces; e.g. 040195
090	"	"	"	009	1	A	Filler	"Blank"
095	"	"	"	010	9	A	Partnership's EIN	
100	"	"	"	011	15	A	Partnership's name	
105	"	"	"	012	15	A	Partnership's address	
110	"	"	"	013	15	A	Partnership's city	
115	"	"	"	014	2	A	Partnership's st	
120	"	"	"	015	9	A	Partnership's zip	
125	"	"	"	016	3	N	Profit sharing i	
130	"	"	"	017	3	N	Profit sharing ii	
135	"	"	"	018	3	N	Loss sharing i	
140	"	"	"	019	3	N	Loss sharing ii	
145	"	"	"	020	3	N	Capital ownership i	
150	"	"	"	021	3	N	Capital ownership ii	
155	"	"	"	022	12	N	1 T partnership income	
160	"	"	"	023	12	N	1 NJ partnership income	

165	"	"	"	024		12	N	2 T guaranteed pay	
170	"	"	"	025		12	N	2 NJ guaranteed pay	
175	"	"	"	026		12	N	3 T partner's 401 contrib	
180	"	"	"	027		12	N	3NJ partner's 401 contrib	
185	"	"	"	028		12	N	4 T dist share Income/loss	Field 155 plus 165 minus 175
190	"	"	"	029		12	N	4 NJ dist share (loss)	Field 160 plus field 170 minus field 180
195	"	"	"	030		12	N	5 T Pension	
* 0200	"	"	"	031		12	N	6A Net Gain(loss)Liquidation	6 T Net gain/loss from disp. Of assets from complete liq
* 0205	"	"	"	032		12	N	6B Net Gain(loss)Liquidation	6 NJ Net gain/loss from disp. Of assets from complete liq
* 0210	"	"	"	033		12	N	III-1 Non-res share NJ tax	Part III, Non-Res NJ Tax; >=0
* 0215	"	"	"	034		6	N	Fiscal yr begin	Year begin; mmddyy
* 0216	"	"	"	035		6	N	Fiscal year end	Year end; mmddyy
* 0220	"	"	"	036		12	N	III-2HEZ deduction	Part III line 2, partner's HEZ deduction >=(
* 0225	"	"	"	037		12	N	III-3 Shltr Wrkshp deduction	Part III Line 3 Shelt Wrksp C
* 0230	"	"	"	038		12	N	1st qtr. NJ Est. tax payment	>=0
* 0235	"	"	"	039		12	N	2nd qtr. NJ Est. tax payment	>=0
* 0240	"	"	"	040		12	N	3rd qtr. NJ Est. tax payment	>=0
* 0245	"	"	"	041		12	N	4th qtr. NJ Est. tax payment	>=0
* 0250	"	"	"	042		12	N	Other NJ tax payment	>=0
* 0255	"	"	"	043		1	N	Final Return	"1"= Yes, "0"= No
* 0260	"	"	"	044		1	N	Amended Return	"1"= Yes, "0"= No
* 0265	"	"	"	045		1	N	Hedge Fund	"1"= Yes, "0"= No
* 0270	"	"	"	046		1	N	Member of Composite Rtn	"1"= Yes, "0"= No
	Schedule terminus					1		\$	
NJ Schedule CBT100 K1									
Field #	ID				Length	Data		Contents	Edit Rules/Notes
	byte count				4	N			"nnnn"; maximum 100 per return
	start sentine				4			!!!!	
	Schedule code				6	A		"NJCBK1"	
	Form Occurrence				7	N			"000001" to "0000100"
	Page number				5			"PG01 "	
	Primary ssn				9	N			
050	Form data field 001				9	A		Shareholder's ID	
055	"	"	"	002	15	A		Shareholder's name	
060	"	"	"	003	15	A		Address	
065	"	"	"	004	15	A		City	
070	"	"	"	005	2	A		St	
075	"	"	"	006	9	A		Zip	
080	"	"	"	007	9	A		Federal EIN	
085	"	"	"	008	15	A		Corporation's name	
090	"	"	"	009	15	A		Corporation's address	
095	"	"	"	010	15	A		Corporation's city	
100	"	"	"	011	2	A		Corporation's st	
105	"	"	"	012	9	A		Corporation's zip	
110	"	"	"	013	3	N		I1Shareh'ldrs % own'sh	
115	"	"	"	014	1	A		I2 Resid/Nonresid	R = Resident; N = Nonresident
120	"	"	"	015	1	A		I3 Consent/Nonconsent	C = Consenting; N = Nonconsenting

125	"	"	"	016			1	A	I4 Final/Amended	"F" = Final; "A" = Amended; "B" = the K-1 is both Final and Amendec
130	"	"	"	017			12	N	II1 S income NJ	
135	"	"	"	018			12	N	II2 S income not NJ	
140	"	"	"	019			12	N	II3 Pro rata share	Field 130 plus 135; copy to G 400
* 145	"	"	"	020			12	N	II7 Total payments	>=0 or <=0
* 150	"	"	"	021			12	N	II8 Distributions	>=0 or <=0
155	"	"	"	022			12	N	III1a NJ AAA beg bal	>=0 or <=0
160	"	"	"	023			12	N	III1b non NJ AAA beg bal	>=0 or <=0
165	"	"	"	024			12	N	III2a Income\Loss AAA	>=0 or <=0
170	"	"	"	025			12	N	III2b Inc\Loss non AAA	>=0 or <=0
175	"	"	"	026			12	N	III3a Oth Inc\Loss AAA	>=0 or <=0
180	"	"	"	027			12	N	III3b Oth Inc\Ls nonAAA	>=0 or <=0
185	"	"	"	028			12	N	III4a Other Reduct AAA	>=0 or <=0
190	"	"	"	029			12	N	III4b Oth Redct noAAA	>=0 or <=0
195	"	"	"	030			12	N	III5a Total AAA	Sum 155, 165, 175 and 185
200	"	"	"	031			12	N	III5b Total Non AAA	Sum 160, 170, 180 and 190
205	"	"	"	032			12	N	III6a Distrubutions AAA	>=0 or <=0
210	"	"	"	033			12	N	III6b Distrub Non AAA	>=0 or <=0
215	"	"	"	034			12	N	III7a End Bal AAA	Field 195 minus 205
220	"	"	"	035			12	N	III7b End Bal Non AAA	Field 200 minus 210
225	"	"	"	036			12	N	IV1 Beg Balance	>=0 or <=0
230	"	"	"	037			12	N	IV2 additions/Adjust	>=0
235	"	"	"	038			12	N	IV3 Dividends Rcvd	>=0
240	"	"	"	039			12	N	IV4 Ending Bal	Field 225 plus 230 minus 235
245	"	"	"	040			12	N	V1 Interest pd shrhold	>=0 or <=0
250	"	"	"	041			12	N	V2a indbt corp\shrhold	>=0 or <=0
255	"	"	"	042			12	N	V2b indbt shrhold\corp	>=0 or <=0
260	"	"	"	043			6	N	Year start	mmddyy; no dashes, slashes, or spaces; e.g. 01010C
265	"	"	"	044			6	N	Year end	mmddyy; no dashes, slashes, or spaces; e.g. 12310C
270	"	"	"	045			12	N	Shareholder's HEZ Deduction	>=0
* 275	"	"	"	046			12	N	II-4 Gain/Loss disp assets in N.	>=0
* 280	"	"	"	047			12	N	II-5 Gain/Loss disp assets not in N.	>=0
* 285	"	"	"	048			12	N	II-6 Total Gain/Loss disposition of assets	>=0, Field 275 plus 280
* 290	"	"	"	049			8	N	I-5 Date Shrhdr's Stock Fully Disposec	"CCYYMMDD"
	Schedule terminus						1		\$	
FORM - NJ Statement for Line 25										
Each schedule begins with byte count, nnnn, and start sentinel, !!!!										
Field #	ID						Length	Data	Contents	Edit Rules/Notes
	byte count						4	N		"nnnn"; maximum 50 per return
	start sentine						4		!!!!	
	Schedule code						6	A	"NJSL25"	
	Form Occurrence						7	A		"0000001" to "0000050"
	Page number						5		"PG01 "	
	Primary ssn						9	N		
050	Form data field 001						25	A	Prize 1 Entity	If > 2 prizes are reported, enter 'Multiple
055	"	"	"	002			12	N	Prize 1 amount	If > 2 prizes are reported, enter tota

060	"	"	"	003			1	A	Check off	If > 2 prizes are reported, enter ' X'
065	"	"	"	004			25	A	Prize 2 Entity	
070	"	"	"	005			12	N	Prize 2 amount	
075	"	"	"	006			25	A	Decedent 1 name	If >2 incomes are reported, enter 'Multiple
080	"	"	"	007			9	N	Decedent 1 ssn	
085	"	"	"	008			12	N	Amount 1	If >2 incomes are reported, enter tota
090	"	"	"	009			1	A	Check off	If > 2 incomes are reported, enter ' X';
095	"	"	"	010			25	A	Decedent 2 name	
100	"	"	"	011			9	N	Decedent 2 ssn	
105	"	"	"	012			12	N	Amount 2	
110	"	"	"	013			12	N	Fed K-1 #1 net	If net <=0, 0, else net > C
115	"	"	"	014			12	N	Fed K-1 #2 net	If net <=0, 0, else net > C
120	"	"	"	015			12	N	Fed K-1 #3 net	If net <=0, 0, else net > C
125	"	"	"	016			12	N	Fed K-1 #4 net	If net <=0, 0, else net > C
130	"	"	"	017			12	N	Fed K-1 #5 net	If net <=0, 0, else net > C
135	"	"	"	018			1	A	Check off	If > 1 K-1reported, enter 'X';
140	"	"	"	019			25	A	Grant 1 organization	If > 2 grants are reported, enter 'Multiple
145	"	"	"	020			9	N	Grant 1 org id	
150	"	"	"	021			12	N	Grant 1 amount	If > 2 grants are reported, enter tota
155	"	"	"	022			1	A	Check off	If > 2 grants reported, enter 'X';
160	"	"	"	023			25	A	Grant 2 organization	
165	"	"	"	024			9	N	Grant 2 org id	
170	"	"	"	025			12	N	Grant 2 amount	
175	"	"	"	026			25	A	Allowance 1 company	If > 2 allowances are reported, enter 'Multiple
180	"	"	"	027			9	N	Allowance 1 co id	
185	"	"	"	028			12	N	Allowance 1 amount	If > 2 allowances are reported, enter tota
190	"	"	"	029			1	A	Check off	If > 2 allowances reported, enter 'X'
195	"	"	"	030			25	A	Allowance 2 company	
200	"	"	"	031			9	N	Allowance 2 co id	
205	"	"	"	032			12	N	Allowance 2 amount	
210	"	"	"	033			25	A	Other	Description
215	"	"	"	034			9	N	EIN if Appropriate	
220	"	"	"	035			12	N	Other Amount	Can be used as a bucket to summarize multiple entries (e.g. more than one entry for "Other")
225	"	"	"	036			12	N	Totals	Sum 055, 070, 085, 105, 110, 115, 120, 125, 130, 150, 170, 185, 205, 220; copy >=0 to Field 420
									Schedule terminus	1 \$
FORM - NJ-2210										
Each schedule begins with byte count, nnnn, and start sentinel, !!!										
Field #	ID						Length	Data	Contents	Edit Rules/Notes
							4	N		"nnnn"; maximum 1 per return
							4		!!!!	
							6	A	NJ2210	
							7	A		"0000001" to "0000009"
							5		"PG01 "	
							9	N		

050	Form data field 001			12	N	Balance of tax	From G500
055	" " " 002			12	N	Estimated T Pd\Wheld	Sum G515, G520, G530, G535 and G645
060	" " " 003			12	N		Field 050 minus 055; If < 400 STOP
065	" " " 004			12	N		Field 050 X 0.80 (or 0.67 for qualified farmers)
070	" " " 005			12	N	Prior Year Tax	
075	" " " 006			12	N	April 15 Payment	If 065 > 070 then 070 divided by 4, else 065 divided by 4
080	" " " 007			12	N	June 15 Payment	If 065 > 070 then 070 divided by 4, else 065 divided by 4
085	" " " 008			12	N	Sept 15 Payment	If 065 > 070 then 070 divided by 4, else 065 divided by 4
090	" " " 009			12	N	Jan 15 Payment	If 065 > 070 then 070 divided by 4, else 065 divided by 4
095	" " " 010			12	N	4/15 Est T Pd\Wheld	
100	" " " 011			12	N	6/15 Est T Pd\Wheld	
105	" " " 012			12	N	9/15 Est T Pd\Wheld	
110	" " " 013			12	N	1/15 Est T Pd\Wheld	
							If 095 > 075 and 100 > 080 and 105 > 085 and 110 > 090 STOP
115	" " " 014			12	N		Field 095
120	" " " 015			12	N		Field 115
125	" " " 016			12	N	April 15 Underpayment	If 075 > 120 then 075 minus 120 else zero
130	" " " 017			12	N	April 15 Overpayment	If 120 > 075 then 120 minus 075 else zero
135	" " " 018			12	N	Prior Overpymt 6\15	Field 130
140	" " " 019			12	N		Sum 100 and 135
145	" " " 020			12	N	Tot Underpymt 6\15	Field 125
150	" " " 021			12	N		Field 140 minus 145; If <= 0 then zero
155	" " " 022			12	N	Rem Underpymt 6\15	If 150 = 0 then 145 minus 140, else zero
160	" " " 023			12	N	June 15 Underpymt	If 080 > 150 then 080 minus 150, else zero
165	" " " 024			12	N	June 15 Overpymt	If 150 > 080 then 150 minus 080, else zero
170	" " " 025			12	N	Prior Overpymt 9\15	Field 165
175	" " " 026			12	N		Sum 105 and 170
180	" " " 027			12	N	Tot Underpymt 9\15	Sum 155 and 160
185	" " " 028			12	N		Field 175 minus 180; If <= 0 then zero
190	" " " 029			12	N	Rem Underpymt 9\15	If 185 = 0 then 180 minus 175, else zero
195	" " " 030			12	N	Sept 15 Underpymt	If 085 > 185 then 085 minus 185, else zero
200	" " " 031			12	N	Sept 15 Overpymt	If 185 > 085 then 185 minus 085, else zero
205	" " " 032			12	N	Prior Overpymt 1\15	Field 200
210	" " " 033			12	N		Sum 110 and 205
215	" " " 034			12	N	Tot Underpymt 1\15	Sum 190 and 195
220	" " " 035			12	N		Field 210 minus 215; If <= 0 then zero
225	" " " 036			12	N	Rem Underpymt 1\15	If 220 = 0 then 215 minus 210, else zero
230	" " " 037			12	N	Jan 15 Underpymt	If 090 > 220 then 090 minus 220, else zero
235	" " " 038			12	N	Jan 15 Overpymt	If 220 > 090 then 220 minus 090, else zero
240	" " " 039			12	N	4\15 Tot T Pd\Wheld	
245	" " " 040			12	N	6\15 Tot T Pd\Wheld	
250	" " " 041			12	N	9\15 Tot T Pd\Wheld	
255	" " " 042			12	N	1\15 Tot T Pd\Wheld	
260	" " " 043			12	N	Prior Year Tax	
265	" " " 044			12	N	April 15 Pymt Except1	Field 260 X 0.25
270	" " " 045			12	N	June 15 Pymt Except1	Field 260 X 0.50
275	" " " 046			12	N	Sept 15 Pymt Except1	Field 260 X 0.75

280	"	"	"	047			12	N	Jan 15 Pymt Except1	Field 260 X 1.00
285	"	"	"	048			12	N	April 15 Pymt Except2	Field 365 X 0.25
290	"	"	"	049			12	N	June 15 Pymt Except2	Field 365 X 0.50
295	"	"	"	050			12	N	Sept 15 Pymt Except2	Field 365 X 0.75
300	"	"	"	051			12	N	Jan 15 Pymt Except2	Field 365 X 1.00
305	"	"	"	052			12	N	April 15 Pymt Except3	Field 460 X 0.20
310	"	"	"	053			12	N	June 15 Pymt Except3	Field 465 X 0.40
315	"	"	"	054			12	N	Sept 15 Pymt Except3	Field 470 X 0.60
320	"	"	"	055			12	N	April 15 Pymt Except4	Field 520 X 0.90
325	"	"	"	056			12	N	June 15 Pymt Except4	Field 525 X 0.90
330	"	"	"	057			12	N	Sept 15 Pymt Except4	Field 530 X 0.90
335	"	"	"	058			12	N	Total Interest	Total interest from either:Option 1, 2, 3, or 4
340	"	"	"	059			12	N	Prior Yr NJ G Income	
345	"	"	"	060			12	N	CY Total Exempt	G 455
350	"	"	"	061			12	N		Field 340 minus 345
355	"	"	"	062			12	N	Computed Tax 1	Field 350 X Current Tax Rate
360	"	"	"	063			12	N	Credit other juris	G 495
365	"	"	"	064			12	N		Field 355 minus 360
370	"	"	"	065			12	N	CY Pd1 Gross Income	G440 X 0.25
375	"	"	"	066			12	N	CY Pd2 Gross Income	G440 X 0.50
380	"	"	"	067			12	N	CY Pd3 Gross Income	G440 X 0.75
385	"	"	"	068			12	N	Period1 Annual Income	Field 370 X 4
390	"	"	"	069			12	N	Period2 Annual Income	Field 375 X 2.4
395	"	"	"	070			12	N	Period3 Annual Income	Field 380 X 1.5
400	"	"	"	071			12	N	Total Exempt	G 455
405	"	"	"	072			12	N	Total Exempt	G 455
410	"	"	"	073			12	N	Total Exempt	G 455
415	"	"	"	074			12	N		Field 385 minus 400
420	"	"	"	075			12	N		Field 390 minus 405
425	"	"	"	076			12	N		Field 395 minus 410
430	"	"	"	077			12	N	Computed Tax Period1	Field 415 X Current Tax Rate
435	"	"	"	078			12	N	Computed Tax Period2	Field 420 X Current Tax Rate
440	"	"	"	079			12	N	Computed Tax Period3	Field 425 X Current Tax Rate
445	"	"	"	080			12	N	Credit other juris	G 495 X 0.25
450	"	"	"	081			12	N	Credit other juris	G 495 X 0.50
455	"	"	"	082			12	N	Credit other juris	G 495 X 0.75
460	"	"	"	083			12	N		Field 430 minus 445
465	"	"	"	084			12	N		Field 435 minus 450
470	"	"	"	085			12	N		Field 440 minus 455
475	"	"	"	086			12	N	CY NJ taxable income	G 485 X 0.25
480	"	"	"	087			12	N	CY NJ taxable income	G 485 X 0.416
485	"	"	"	088			12	N	CY NJ taxable income	G 485 X 0.667
490	"	"	"	089			12	N	Computed Tax P1	Field 475 X Current Tax Rate
495	"	"	"	090			12	N	Computed Tax P2	Field 480 X Current Tax Rate
500	"	"	"	091			12	N	Computed Tax P3	Field 485 X Current Tax Rate
505	"	"	"	092			12	N	Credit other juris	G 495 X 0.25
510	"	"	"	093			12	N	Credit other juris	G 495 X 0.50

515	"	"	094		12	N	Credit other juris	G 495 X 0.75
520	"	"	095		12	N		Field 490 minus 505
525	"	"	096		12	N		Field 495 minus 510
530	"	"	096		12	N		Field 500 minus 515
535	"	"	097		12	N	Amount due April 16	If 265 < 285 or, 305, or 320 then 075 else if 285 < 265, or 305, or 320 then 285 else if 305 < 265, or 285, or 320 then 305 else if 320 < 265, or 285, or 305 then 320
540	"	"	098		12	N	Total due April 16	Field 535
545	"	"	099		12	N	Total paid April 16	Field 095
550	"	"	100		12	N	Balance April 16	Field 540 minus 545
* 555	"	"	101		12	N	Interest April 16	Field 550 X .01667
560	"	"	102		12	N	Amount due June 16	If 270 < 290 or, 310, or 325 than 080 else if 290 < 270, or 310, or 325 than 290 else if 310 < 270, or 290, or 325 than 310 else if 325 < 270, or 290, or 310 than 325
565	"	"	103		12	N	Balance Due June 16	Field 550
570	"	"	104		12	N	Total due June16	Sum 560 and 565
575	"	"	105		12	N	Total paid June 16	Field 100
580	"	"	106		12	N	Balance June 16	Field 570 minus 575
* 585	"	"	107		12	N	Interest June 16	Field 580 X .025
590	"	"	108		12	N	Amount due Sept 16	If 275 < 295 or, 315, or 330 than 085, else if 295 < 275, or 315, or 325 than 295 else if 315 < 275, or 295, or 330 than 315 else if 330 < 275, or 295, or 315 than 330
595	"	"	109		12	N	Balance Due Sept 16	Field 580
600	"	"	110		12	N	Total due Sept 16	Sum 590 and 595
605	"	"	111		12	N	Total paid Sept 16	Field 105
610	"	"	112		12	N	Balance Sept 16	Field 600 minus 605
* 615	"	"	113		12	N	Interest Sept 16	Field 610 X .03646
620	"	"	114		12	N	Amount due Jan 16	If 280 <300 than 090 else 300
625	"	"	115		12	N	Balance Due Jan 16	Field 610
630	"	"	116		12	N	Total due Jan 16	Sum 620 and 625
635	"	"	117		12	N	Total paid Jan 16	Field 110
640	"	"	118		12	N	Balance Jan 16	Field 630 minus 635
* 645	"	"	119		12	N	Interest Jan 16	Field 640 X .028125
** 650	"	"	120		12	N	Total interest option 1	Sum 555, 585, 615, 645

Federal Schedules

Field # ID	Length	Data	Contents	Edit Rules/Notes
byte count	4	N		"nnnn"
start sentinel	4		"*****"	
Record ID	6			Value "SCH "
Schedule Type	6	A		Value "1040 ", "1040A " or "8847 "
Page number	5		"PG01 "	Value "pgnn "
Primary ssn	9	N		
Filler	1			Blank
Form Occurrence	7	A		"0000001" to "0000009"
Attach entire W-2				
Schedule terminus	1		\$	
Attach entire Federal Schedule E				

Schedule terminus	1	\$	
Attach entire Federal Schedule C Schedule terminus	1	\$	
Attach entire Federal Schedule C-EZ Schedule terminus	1	\$	
Attach entire Federal Schedule D Schedule terminus	1	\$	
Attach entire Federal Schedule F Schedule terminus	1	\$	
Attach entire Federal Schedule K1 Schedule terminus	1	\$	
Legend/Notes			
1. Each unformatted record begins with the header portion, followed by various forms and schedules attached. These forms and schedules can be either NJ or Federal. However, while multiple forms/schedules can be attached to any one unformatted record, a form or schedule should not 'break' across multiple unformatted records			
2. The order for including additional forms and schedules is NJ State forms first, followed by any Federal forms			
3. "G" refers to the Generic Record and is usually followed by a field number In "Edit Rules/Notes" the following conventions are used Copy to G 365 means copy this data to Generic Record field 365 Copy to NJSC 035 means copy this data to Unformatted Record, New Jersey Schedule C field 040 Copy to NJSB 060 means copy this data to Unformatted Record, New Jersey Schedule B field 060			
4. The following forms/schedules are accepted by New Jersey			
Form/schedule	Code	No Schedules Accepted	
* NJ Schedule A	NJSA	47	
NJ Schedule B	NJSB	200	
NJ Schedule C	NJSC	15	
NJ Schedule Dependent's Name & SSN	NJDEPT	1	
NJ Schedule NJ-TR1040 Line 15b	NJTENT	1	
NJ Form 2450	NJ2450	2 for primary taxpayer and 2 for secondary (spouse)	
NJ1065 Schedule K-1	NJ65K1	100	
NJCBT100S Sched K-1	NJCBBK1	100	
Statement supporting Line 25/Other	NJSL25	50	
NJ-2210	NJ2210	1	

Federal Schedule B		FEDSB	Same as IRS
Federal Schedule C		FEDSC	Same as IRS
Federal Schedule C-EZ		FEDSCZ	Same as IRS
Federal Schedule D		FEDSD	Same as IRS
Federal Schedule F		FEDSF	Same as IRS
Federal Schedule K1		FEDSK1	Same as IRS
Federal Statement(s)		FEDSTM	Same as IRS

5. Returns that do not meet the requirements for electronic filing must be filed on paper. Paper returns must comply with certain specifications. Form specifications can be obtained by calling (609) 633-3878 or writing to the Division at the following address:

New Jersey Division of Taxation, Forms Section, 50 Barrack St
Trenton, NJ 08646, Attn: A Wysocki

* 6. COS Codes for credits to other jurisdictions. Use to fill field 305.14C

State/City	Code
Multiple States	00
Alabama	01
Arizona	03
Arkansas	04
California	05
Colorado	06
Conneticut	07
Delaware	08
Georgia	10
Hawaii	11
Idaho	12
Illinois	13
Indiana	14
Iowa	15
Kansas	16
Kentucky	17
Louisiana	18
Maine	19
Maryland	20
Massachusetts	21
Michigan	22
Minnesota	23
Mississippi	24
Missouri	25
Montana	26

	Nebraska	27			
	New Hampshire	29			
	New Mexico	31			
	New York	32			
	North Carolina	33			
	North Dakota	34			
	Ohio	35			
	Oklahoma	36			
	Oregon	37			
	Pennsylvania	38			
	Rhode Island	39			
	South Carolina	40			
	Tennessee	42			
	Utah	44			
	Vermont	45			
	Virginia	46			
	West Virginia	48			
	Wisconsin	49			
	Washington DC	51			
	Philadelphia	52			
	Other	53			