



STATE OF NEW JERSEY  
INCOME TAX-RESIDENT RETURN

5R

For Tax Year Jan.-Dec. 31, 2007, Or Other Tax Year Beginning \_\_\_\_\_, 2007, Month Ending [ ][ ] , 20[ ][ ]

**IMPORTANT! YOU MUST ENTER YOUR SSN (s).** Fill in  if application for Federal extension is enclosed or enter confirmation # \_\_\_\_\_.

Your Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]	Last Name, First Name and Initial <small>(Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)</small>		
	Spouse's/CU Partner's Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		
	Home Address <small>(Number and Street, including apartment number or rural route)</small>	City, Town, Post Office	State Zip Code
County/Municipality Code <small>(See Table p. 51)</small> [ ][ ][ ][ ]			

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

**NJ RESIDENCY STATUS** If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From **[M][M]/[D][D]/[Y][Y]** To **[M][M]/[D][D]/[Y][Y]**

<b>FILING STATUS</b> <small>(Fill in only one)</small>	1. <input type="checkbox"/> Single	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	<b>EXEMPTIONS</b>	6	<b>ENTER NUMBERS HERE</b>
	2. <input type="checkbox"/> Married/CU Couple, filing joint return	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner		7	
	3. <input type="checkbox"/> Married/CU Partner, filing separate return. Enter Spouse's/ CU Partner's Social Security Number in the boxes above	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner		8	
	4. <input type="checkbox"/> Head of household	9. Number of your qualified dependent children .....		9	
	5. <input type="checkbox"/> Qualifying widow(er)/ Surviving CU Partner	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 Lines 9 and 10) .....		12a	12b

<b>DEPENDENTS</b>	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____ a	[ ][ ] - [ ][ ] - [ ][ ][ ][ ]	a [ ][ ] [ ][ ] [ ][ ]
	b _____ b	[ ][ ] - [ ][ ] - [ ][ ][ ][ ]	b [ ][ ] [ ][ ] [ ][ ]
	c _____ c	[ ][ ] - [ ][ ] - [ ][ ][ ][ ]	c [ ][ ] [ ][ ] [ ][ ]
	d _____ d	[ ][ ] - [ ][ ] - [ ][ ][ ][ ]	d [ ][ ] [ ][ ] [ ][ ]

**GUBERNATORIAL ELECTIONS FUND** Do you wish to designate \$1 of your taxes for this fund?  Yes  No  
If joint return, does your spouse/CU partner wish to designate \$1?  Yes  No

Note: if you fill in the Yes oval(s), it will not increase your tax or reduce your refund.

**COMPLETE PAGES 2 AND 3 BEFORE SIGNING RETURN BELOW**  
If you were a tenant on October 1, 2007, also complete Page 4

Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the tenant homestead rebate as my principal residence on October 1, 2007. 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/CU Partner's Signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_

If you do not need forms mailed to you next year, fill in (See instruction page 15) .....

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) .....

Paid Preparer's Signature	Federal Identification Number [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ][ ]
Firm's Name	Federal Employer Identification Number [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ][ ]

Pay amount on Line 54 in full. Write Social Security number(s) on check or money order and make payable to:  
STATE OF NEW JERSEY - TGI  
Mail your return in the envelope provided and affix the appropriate mailing label.  
If you have an amount due on Line 54, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**. If not, use the label for **PO Box 555**.  
You may also pay by e-check or credit card. See instruction page 12.

(REV 9-07)

Division Use

1	2	3	4	5	6	7
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14. Wages, salaries, tips, and other employee compensation (Enclose W-2) ..... 14 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

15a. Taxable interest income (See instructions) ..... 15a [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

15b. Tax-exempt interest income (See instructions) ..... 15b [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
DO NOT include on Line 15a

16. Dividends ..... 16 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

17. Net profits from business (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 23) ..... 19 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

20. Distributive Share of Partnership Income (See instruction page 26) ..... 20 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

21. Net pro rata share of S Corporation Income (See instruction page 26) ..... 21 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

22. Net gain or income from rents, royalties, patents & copyrights  
(Schedule C, Line 3) ..... 22 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

23. Net Gambling Winnings ..... 23 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

24. Alimony and separate maintenance payments received ..... 24 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

25. Other (See instruction page 26) ..... 25 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

26. Total Income (Add Lines 14, 15a, and 16 through 25) ..... 26 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

27a. Pension Exclusion (See instruction page 27) ..... 27a [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

27b. Other Retirement Income Exclusion (See worksheet and instr. page 28) .... 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 29.

29. Total Exemption Amount (See instruction page 29 to calculate amount) ..... 29 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
(Part-Year Residents see instruction page 9)

30. Medical Expenses ..... 30 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
(See Worksheet and instruction page 29)

31. Alimony and Separate Maintenance Payments ..... 31 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

32. Qualified Conservation Contribution ..... 32 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

33. Health Enterprise Zone Deduction ..... 33 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) ..... 34 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

35. Taxable Income (Subtract Line 34 from Line 28) ..... 35 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
If zero or less, MAKE NO ENTRY.

36a. Total Property Taxes Paid ..... 36a [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

36b. Fill in oval if you were a New Jersey homeowner on October 1, 2007.

36c. Property Tax Deduction (See instruction page 30) ..... 36c [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

37. **NEW JERSEY TAXABLE INCOME** (Subtract Line 36c from Line 35) ..... 37 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
If zero or less, MAKE NO ENTRY.

38. TAX (From Tax Table, page 53) ..... 38 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]






39. Credit For Income Taxes Paid to Other Jurisdictions. [ ][ ]  
Enter other jurisdiction code (See instructions) ..... 39 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

40. Balance of Tax (Subtract Line 39 from Line 38) ..... 40 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]



Name(s) as shown on Form NJ-1040

Your Social Security Number

41. Balance of Tax (From Line 40, Page 2) .....	41								
42. Sheltered Workshop Tax Credit.....	42								
43. Balance of Tax after Credit (Subtract Line 42 from Line 41) .....	43								
44. Use Tax Due on Out-of-State Purchases (See instruction page 36) If no Use Tax, enter ZERO (0.00). .....	44								
45. Penalty for Underpayment of Estimated Tax..... Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.	45								
46. <b>Total Tax and Penalty</b> (Add Lines 43, 44, and 45) .....	46								
47. <b>Total New Jersey Income Tax Withheld</b> (From enclosed Forms W-2 and 1099) .....	47								
48. Property Tax Credit (See instruction page 30) .....	48								
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return .....	49								
50. New Jersey Earned Income Tax Credit (See instruction page 37) .....	50								
Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one	<input type="checkbox"/>								
Fill in oval <input type="checkbox"/> if you are a CU couple claiming the NJ Earned Income Tax Credit	<input type="checkbox"/>								
51. EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450) .....	51								
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38)..... (Enclose Form NJ-2450)	52								
53. <b>Total Payments/Credits</b> (Add Lines 47 through 52) .....	53								
54. If Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE .....	54								
Fill in <input type="checkbox"/> if paying by e-check or credit card. If you owe tax, you may make a donation by entering an amount on Lines 57, 58, 59, 60, 61 and/or 62 and adding this to your payment amount.									
55. If Line 53 is MORE THAN Line 46, enter OVERPAYMENT .....	55								
Deductions from Overpayment on Line 55 which you elect to credit to:									
56. Your 2008 tax .....	56								
57.  N.J. Endangered Wildlife Fund .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	57	
58.  N.J. Children's Trust Fund To Prevent Child Abuse .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	58	
59.  N.J. Vietnam Veterans' Memorial Fund .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	59	
60.  N.J. Breast Cancer Research Fund .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	60	
61.  U.S.S. New Jersey Educational Museum Fund ...		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	61	
62. Other Designated Contribution .....	0							62	
See instruction page 39									
63. Total Deductions from Overpayment (Add Lines 56 through 62) .....	63								
64. REFUND (Amount to be sent to you. Subtract Line 63 from Line 55) .....	64								

ENTER AMOUNT OF CONTRIBUTION

SIGN YOUR RETURN ON PAGE 1  
If you were a tenant on October 1, 2007, also complete Page 4



STATE OF NEW JERSEY  
HOMESTEAD REBATE APPLICATION  
(FOR TENANTS ONLY)

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

For Privacy Act Notification, See Instructions	Your Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)		
	Spouse's/CU Partner's Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 51) [ ][ ][ ][ ]		City, Town, Post Office	State	Zip Code
FILING STATUS	1. <input type="radio"/> Single 2. <input type="radio"/> Married/CU Couple, filing joint return 3. <input type="radio"/> Married/CU Partner, filing separate return 4. <input type="radio"/> Head of household 5. <input type="radio"/> Qualifying widow(er)/Surviving CU Partner		<b>NJ RESIDENCY STATUS</b> 6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From [M][M]/[D][D]/[Y][Y] To [M][M]/[D][D]/[Y][Y]		

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

**DO NOT FILE FORM TR-1040 IF YOU WERE A HOMEOWNER ON OCTOBER 1, 2007 (See Instructions)**

7. On October 1, 2007, I rented and occupied an apartment or other rental dwelling in New Jersey as my principal residence.  
 ← Yes     ← No    If "No," STOP. You are not eligible for a rebate as a tenant and you should not file this application. See instruction page 48.
8. On December 31, 2007, I (and/or my spouse/CU partner) was    a.  ← Age 65 or older    b.  ← Blind or disabled    c.  ← Not 65 or blind or disabled  
 Fill in only **one** oval. See instruction page 48.
9. Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions ..... **9** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

10. If your filing status is MARRIED/CU PARTNER, FILING SEPARATE RETURN and you and your spouse/CU Partner MAINTAIN THE SAME PRINCIPAL RESIDENCE, enter the gross income reported on your spouse's/CU partner's return (Line 28, Form NJ-1040) and fill in oval →  **10** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

11. TOTAL GROSS INCOME (Add Line 9 and Line 10) ..... **11** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

**STOP - IF LINE 11 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A TENANT REBATE.**

12. Enter the address of the rental property in **New Jersey** that was your principal residence on **October 1, 2007**.  
 Street Address (including apartment number) \_\_\_\_\_ Municipality \_\_\_\_\_

13. Enter the total rent you (and your spouse/CU partner) paid during 2007 for the rental property indicated at Line 12 ..... **13** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

14. Enter the number of days during 2007 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12. (If you lived there for all of 2007, enter 365) ..... **14** [ ][ ] [ ][ ] [ ][ ] [ ][ ]

15. Did anyone, other than your spouse/CU partner, occupy and share rent with you for the rental property indicated at Line 12?  
 Yes  ← (If yes, you must complete Lines 15 a, b, and c)     ← No

- 15a. Enter the total number of tenants (including yourself) who shared the rent during the period indicated at Line 14. (For this purpose, husband and wife/CU couple are considered one tenant).... **15a** [ ][ ] [ ][ ] [ ][ ] [ ][ ]

- 15b. Enter the name(s) and social security number(s) of all other tenants (other than your spouse/CU partner) who shared the rent.
- |            |                       |
|------------|-----------------------|
| Name _____ | SS# _____/_____/_____ |
| Name _____ | SS# _____/_____/_____ |
| Name _____ | SS# _____/_____/_____ |

- 15c. Enter the total rent paid by all tenants during the period indicated at Line 14 ... **15c** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

Under the penalties of perjury, I declare that I have examined this rebate application, including accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the tenant homestead rebate as my principal residence on October 1, 2007. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

- If you are **ONLY** filing Form TR-1040:
- Mail your application in the envelope provided.
  - Affix the mailing label for PO Box 197.

<b>SIGN HERE</b>	Your Signature _____ Date _____	
	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____	
	If you do not need forms mailed to you next year, fill in (See instruction page 15) ..... <input type="radio"/>	
	I authorize the Division of Taxation to discuss my rebate application and enclosures with my preparer (below) <input type="radio"/>	
Paid Preparer's Signature _____		Federal Identification Number [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]
Firm's Name _____		Federal Employer Identification Number [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]



**NJ-2450**

**EMPLOYEE'S CLAIM FOR CREDIT  
FOR EXCESS UI/WF/SWF AND DISABILITY INSURANCE CONTRIBUTIONS  
FOR CALENDAR YEAR 2007**

Claimant Social Security No. _____	Name: _____
<b>Note on Joint NJ-1040 Return:</b> Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address: _____
	City, State, Zip Code: _____

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds and the amount of disability insurance withheld must be reported separately on all W-2 statements.

<b>TAKE ALL INFORMATION FROM YOUR W-2 FORMS.</b> If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF or disability insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.	<b>COLUMN A UI/WF/SWF DEDUCTED</b>	<b>COLUMN B DISABILITY INSURANCE DEDUCTED</b>
1A. Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____		
B. Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____		
C. Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____		
D. Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____		
E. Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____		
F. Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____		
G. *If additional space is required, enclose a rider and enter the total on this line		
2. Total Deducted: Add Lines 1A through 1G. Enter here.		
3. Correct UI/WF/SWF and/or Disability Insurance Deductions.	113.06	133.00
4. Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 51 of the NJ-1040.		
5. Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 52 of the NJ-1040.		

I hereby apply for a credit for worker contributions deducted in excess of \$113.06 for N.J. UI/WF/SWF and in excess of \$133.00 for N.J. Disability Insurance by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SHAREHOLDER'S SHARE OF INCOME / LOSS

For calendar year 2007 or tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

Shareholder's identifying number	Federal employer identification number
Shareholder's name, address, and ZIP code	Corporation's name, address, and ZIP code

See Instruction 41 and Reverse Side

**PART I**

1. Shareholder's percentage of stock ownership for tax year \_\_\_\_\_ %
2. Shareholder \_\_\_\_\_  resident  non-resident
3. Shareholder \_\_\_\_\_  consenting  nonconsenting
4. Check applicable box: \_\_\_\_\_  Final NJ-K-1  Amended NJ-K-1
5. Date the shareholder's stock was fully disposed \_\_\_\_\_

**PART II**

1. S Income/Loss allocated to NJ \_\_\_\_\_
2. S Income/Loss not allocated to NJ \_\_\_\_\_
3. Pro rata share of S Corporation Income/Loss (line 1 plus line 2) . . . \_\_\_\_\_
4. Gain/Loss on disposition of assets allocated to NJ \_\_\_\_\_
5. Gain/Loss on disposition of assets not allocated to NJ \_\_\_\_\_
6. Total Gain/Loss from disposition of assets (line 4 plus line 5) . . . . . \_\_\_\_\_
7. Total payments made on behalf of shareholder \_\_\_\_\_
8. Distributions \_\_\_\_\_

Shareholder: Follow the reporting instructions contained in your NJ Income Tax return packet and in Tax Topic Bulletin GIT-9S, Income From S Corporations.

This schedule must be included with your NJ Income Tax return.

**PART III SHAREHOLDER'S NJ ACCUMULATED ADJUSTMENTS ACCOUNT**

	New Jersey AAA	Non New Jersey AAA
1. Beginning balance		
2. Income/Loss		
3. Other Income/Loss		
4. Other reductions		
5. Total lines 1-4		
6. Distributions		
7. Ending Balance (line 5 minus line 6)		

**PART IV SHAREHOLDER'S NJ EARNINGS AND PROFITS ACCOUNT**

1. Beginning balance \_\_\_\_\_
2. Additions/Adjustments \_\_\_\_\_
3. Dividends received \_\_\_\_\_
4. Ending balance (line 1 plus line 2 minus line 3) \_\_\_\_\_

**PART V**

1. Interest paid to shareholder (per 1099-INT) \_\_\_\_\_
2. Indebtedness:
  - a. From corporation to shareholder \_\_\_\_\_
  - b. From shareholder to corporation \_\_\_\_\_
3. Shareholder's HEZ deduction \_\_\_\_\_

**SCHEDULE  
NJK-1**  
(Form NJ-1065)  
**2007**

STATE OF NEW JERSEY  
**PARTNER'S SHARE OF INCOME**

For Calendar Year 2007, or Fiscal Year Beginning \_\_\_\_\_, 2007 and ending \_\_\_\_\_, 20\_\_\_\_

<b>PART I General Information</b>	
Partner's SS # or Federal EIN	Partnership's Federal EIN
Partner's Name	Partnership's Name
Street Address	Partnership's Street Address
City State Zip Code	City State Zip Code
What type of entity is partner? (see instructions) _____ Code	Enter Partner's percentage of: (i) Before Decrease or Termination (ii) End of Year
Date Partner's Interest in Partnership began: _____ Month Day Year	Profit Sharing _____% _____%
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund	Loss Sharing _____% _____%
<input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return	Capital Ownership _____% _____%

<b>PART II Income Information</b>				
Income Classifications	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus Line 2 minus Line 3)		Line 20, Page 2		Line 22, Page 1
5. Pension		Line 19, Page 2		
6. Net Gain (loss) from Disposition of assets as a result of a complete liquidation		Line 18, Page 2		Line 18, Page 1

<b>PART III Partner's Information</b>				
1. Nonresident Partner's Share of NJ Tax .....				1.
1st Quarter NJ Estimated Tax Payment	2nd Quarter NJ Estimated Tax Payment	3rd Quarter NJ Estimated Tax Payment	4th Quarter NJ Estimated Tax Payment	Other NJ Tax Payments
2. Partner's HEZ Deduction .....				2.
3. Partner's Sheltered Workshop Tax Credit .....				3.

<b>PART IV Supplemental Information (Attach Schedule)</b>
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**UNDERPAYMENT OF ESTIMATED TAX  
BY INDIVIDUALS, ESTATES OR TRUSTS**

Please check the appropriate block on the front of Form NJ-1040 and enclose with your 2007 Gross Income Tax Return.

Name(s) as shown on Form NJ-1040	Social Security Number
----------------------------------	------------------------

**PART I FIGURING YOUR UNDERPAYMENT**

1. 2007 Tax (Line 43, Form NJ-1040) .....	1.					
2. Enter the total of Lines 47, 48, 50, 51 and 52, Form NJ-1040 .....	2.					
3. Subtract Line 2 from Line 1 (If less than \$400, do not complete the rest of this form) .....	3.					
4a. Multiply the amount on Line 1 by .80 (80%) (Two-thirds for qualified farmers) .....	4a.					
4b. Enter 2006 tax (From Form NJ-1040, Line 43) .....	4b.					
		<b>PAYMENT DUE DATES</b>				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">(A) APRIL 15, 2007</td> <td style="width:25%; text-align: center;">(B) JUNE 15, 2007</td> <td style="width:25%; text-align: center;">(C) SEPT 15, 2007</td> <td style="width:25%; text-align: center;">(D) JAN 15, 2008</td> </tr> </table>	(A) APRIL 15, 2007	(B) JUNE 15, 2007	(C) SEPT 15, 2007	(D) JAN 15, 2008
(A) APRIL 15, 2007	(B) JUNE 15, 2007	(C) SEPT 15, 2007	(D) JAN 15, 2008			
5. Use the lesser amount on either line 4a or 4b and divide by four. Enter the result in each column .....	5.					
6. Estimated tax paid and tax withheld per period (see instr.) If each column on Line 6 is greater than the corresponding column on Line 5, do not complete the rest of this form .....	6.					
7. Enter the overpayment (Line 13) from the previous column (Complete Lines 7 through 13 for one column before completing the next column.) .....	7.					
8. Add Line 6 and Line 7 .....	8.					
9. Enter the total underpayment (Line 11 plus Line 12) from the previous column .....	9.					
10. Enter Line 8 minus Line 9. If zero or less, enter zero .....	10.					
11. Remaining underpayment from previous period. If Line 10 is zero enter Line 9 minus Line 8 otherwise enter zero .....	11.					
12. UNDERPAYMENT (If Line 5 is greater than Line 10, enter Line 5 minus Line 10) .....	12.					
13. OVERPAYMENT (If Line 10 is greater than Line 5, enter Line 10 minus Line 5) .....	13.					

**PART II EXCEPTIONS**

(See instructions, complete worksheets for exceptions 2, 3 and 4 and enclose computations for each exception claimed.)

**If you meet exception 1 at line 15 do not file this form.**

**These amounts will be automatically verified by the Division of Taxation.**

14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2007.) (See instructions) .....	14.	APRIL 15, 2007	JUNE 15, 2007	SEPT 15, 2007	JAN 15, 2008
15. Exception 1 - Enter 2006 tax (Line 40) .. \$	15.	25% of 2006 Tax	50% of 2006 Tax	75% of 2006 Tax	100% of 2006 Tax
16. Exception 2 - Tax on 2006 gross income using 2006 exemptions and tax rates .....	16.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 - Tax on annualized 2007 income .....	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 - Tax on 2007 income over 3, 5 and 8-month periods .....	18.	90% of Tax	90% of Tax	90% of Tax	

IF THE AMOUNT OF ANY EXCEPTION IS EQUAL TO OR LESS THAN THE CORRESPONDING AMOUNT AT LINE 14 INTEREST WILL NOT BE CHARGED FOR THAT PERIOD.

19. TOTAL INTEREST .....	\$	
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(Include this amount on Line 45, Form NJ-1040).

WORKSHEETS

**EXCEPTION II Tax on 2006 Gross Income using 2007 exemptions and tax rates**

1. Enter 2006 NJ Gross Income (Line 28, 2006 NJ-1040) .....	1.	
2. Enter 2007 Total Exemptions (Line 29, 2007 NJ-1040) .....	2.	
3. Subtract Line 2 from Line 1 .....	3.	
4. Compute Tax on Line 3 (2007 tax rates) .....	4.	
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (Line 39, 2007 NJ-1040) .....	5.	
6. Subtract Line 5 from Line 4. Enter the applicable percentage of this amount on Line 16, Part II of this form .....	6.	

**EXCEPTION III Tax on 2006 Annualized Income (attach computations)**

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/07, 4/30/07, and 7/31/07. Also, estates and trusts cannot use the annualization amounts shown on Line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/07 - 3/31/07	1/1/07 - 5/31/07	1/1/07 - 8/31/07
1. Enter the portion of NJ Gross Income (Line 28, NJ-1040) that is applicable to each period shown .....	1.			
2. Annualization amounts .....	2.	4	2.4	1.5
3. Annualized Income (multiply Line 1 by Line 2) .....	3.			
4. Enter Total Exemptions (Line 29, NJ-1040) .....	4.			
5. Subtract Line 4 from Line 3 .....	5.			
6. Compute Tax on Line 5 .....	6.			
7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (Line 39, NJ-1040) that is applicable to each period .....	7.			
8. Subtract Line 7 from Line 6. Enter the applicable percentage of this amount on Line 17, Part II of this form .....	8.			

**EXCEPTION IV Tax on Actual 2007 Taxable Income over 3, 5 and 8-month periods. (attach computations)**

		1/1/07 - 3/31/07	1/1/07 - 5/31/07	1/1/07 - 8/31/07
1. Enter the actual amount of NJ Taxable Income (Line 37, NJ-1040) that is applicable to each period shown .....	1.			
2. Compute Tax on Line 1 .....	2.			
3. Enter the portion of the credit for income taxes paid to other jurisdictions (Line 39, NJ-1040) that is applicable to each period shown. ....	3.			
4. Subtract Line 3 from Line 2. Enter 90% of this amount on Line 18, Part II of this form .....	4.			

### Computing the Interest

Use the table in **Option 1** to compute interest on the amount of the underpayment from page 1, NJ-2210. If your estimated tax payments for tax year 2006 were not paid timely, interest must be computed based on the Interest Rate Schedule in **Option 2**.

#### OPTION 1

Q U A R T E R	PERIOD	A	B	C	D	E	F	G
		Amount Due (Line 5, NJ-2210)	Balance Due Previous Qtr. (Col. E)	Total Due (Col. A + B)	Total Paid (Line 6, NJ-2210)	Balance (Col. C - D)	Multiplier	Interest (Col. E x Col. F)
1.	4/16 - 6/15							
2.	6/16 - 9/15							
3.	9/16 - 1/15							
4.	1/16 - 4/15							
<b>TOTAL INTEREST</b>								

Column A Enter the amount due per quarter (Line 5, NJ-2210).

Column B Enter the balance due (Column E) from the previous quarter.

Column C Enter the total of Column A plus Column B.  
If Column B is negative, subtract Column B from Column A.

Column D Enter the total estimated tax paid and withheld (Line 6, NJ-2210).

Column E Subtract Column D from Column C.

Column F The multiplier is based on the interest rates in effect during each quarter.

Column G Multiply Column E by the multiplier in Column F. If Column E is negative, enter zero in Column G.

**TOTAL INTEREST** Add the interest for each quarter and enter this amount in the block marked **TOTAL INTEREST** on Line 19, NJ-2210 and on Line 45, NJ-1040.

#### OPTION 2

Compute the interest on the amount of the underpayment on Line 12 from the date the underpayment was incurred to the date the underpayment was satisfied or the original due date of the final tax return (Form NJ-1040), whichever is earlier. Interest is assessed at the annual rate of 3% above the average predominant prime rate and is imposed each month or fraction thereof the underpayment exists. The interest rate will be reviewed quarterly and will only change if there has been a cumulative change of more than one percent since it was last set.

INTEREST RATE SCHEDULE	
PERIOD	INTEREST RATE
4/16/07	11.25%