

NEW JERSEY INCOME TAX TESTS

TAX YEAR 2007 (TY07)

(revised 12/18/07)

10 TESTS

**NJ Tests
Tax Year 2007**

Test # 1

400-00-1001

One Test Scenario

Forms:

NJ-1040

TR-1040

Notes: **Direct Deposit of Refund**

Type of account: Savings






Routing Number: 123456780

Account Number: 1221221222

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)..... DO NOT include on Line 15a	15b								
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 27)	25								
26. Total Income (Add Lines 14 through 25)	26								
27a. Pension Exclusion (See instruction. page 26)	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 27).....	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 37.									
29. Total Exemption Amount (See instruction page 29 to calculate amount) Part-Year Residents see instruction page 9.	29								
30. Medical Expenses (See Worksheet and instruction page 38)	30								
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. <input type="radio"/>									
36c. Property Tax Deduction (See instruction page 39)	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
38. TAX (From Tax Table, page 61)	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 44) 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. Total Tax and Penalty (Add Lines 43, 44, and 45)	46							
47. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	47							
48. Property Tax Credit (See instruction page 39)	48							
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return	49							
50. New Jersey Earned Income Tax Credit (See instructions page 37)	50							
Fill in oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a civil union couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
51. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450)	51							
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 47)..... (Enclose Form NJ-2450)	52							
53. Total Payments/Credits (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	57							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
58.  N.J. Children's Trust Fund To Prevent Child Abuse	58							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
59.  N.J. Vietnam Veterans' Memorial Fund	59							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
60.  N.J. Breast Cancer Research Fund	60							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
61.  U.S.S. New Jersey Educational Museum Fund ...	61							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
62. Other Designated Contribution	62							
See instruction page 48								
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							

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4

TR-1040
2007

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

↓ IMPORTANT! YOU MUST ENTER YOUR SSN (s). ↓

For Privacy Act Notification, See Instructions FILING STATUS	Your Social Security Number [][]-[][]-[][][][]	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/civil union partner last name ONLY if different)		Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.
	Spouse/Civil Union Partner's Social Security Number [][]-[][]-[][][][]	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 59) [][][][]	City, Town, Post Office	State	
1. <input type="radio"/> Single 2. <input type="radio"/> Married/Civil union, filing joint return 3. <input type="radio"/> Married/Civil union, filing separate return 4. <input type="radio"/> Head of household 5. <input type="radio"/> Qualifying widow(er)/Civil union partner		NJ RESIDENCY STATUS 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]		

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 56.
8. On December 31, 2007, I (and/or my spouse/civil union 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 57.
9. Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions **9** [][]-[][]-[][][][]

10. If your filing status is MARRIED/CIVIL UNION PARTNER, FILING SEPARATE RETURN and you and your spouse/civil union partner MAINTAIN THE SAME PRINCIPAL RESIDENCE, enter the gross income reported on your spouse/civil union 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/civil union 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/civil union 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/civil union 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/civil union partners are considered one tenant) **15a** [][][][]
- 15b. Enter the name(s) and social security number(s) of all other tenants (other than your spouse/civil union 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.

SIGN HERE

Your Signature _____ Date _____

Spouse/Civil Union 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 23)

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

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

If you are **ONLY** filing form TR-1040

- Mail your application in the envelope provided.
- Affix the mailing label for PO Box 197.

NEW JERSEY TEST # 2






2006 (TY06)

400-00-6302

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)..... DO NOT include on Line 15a	15b								
16. Dividends	16								
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17								
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36b. Fill in oval if you were a New Jersey homeowner on October 1, 2007. <input type="radio"/>									
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37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
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39. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions)	39								
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Fill in oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a civil union couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
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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.								
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TR-1040
2007

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

↓ IMPORTANT! YOU MUST ENTER YOUR SSN (s). ↓

For Privacy Act Notification, See Instructions FILING STATUS	Your Social Security Number [][]-[][]-[][][][]	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/civil union partner last name ONLY if different)		Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.
	Spouse/Civil Union Partner's Social Security Number [][]-[][]-[][][][]	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 59) [][][][]	City, Town, Post Office	State	
1. <input type="radio"/> Single 2. <input type="radio"/> Married/Civil union, filing joint return 3. <input type="radio"/> Married/Civil union, filing separate return 4. <input type="radio"/> Head of household 5. <input type="radio"/> Qualifying widow(er)/Civil union partner		NJ RESIDENCY STATUS 6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From [][]/[][]/[][][] To [][]/[][]/[][][]		

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 56.
8. On December 31, 2007, I (and/or my spouse/civil union 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 57.
9. Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions **9** [][] [][] [][] [][] [][] [][] [][] [][] [][]
10. If your filing status is MARRIED/CIVIL UNION PARTNER, FILING SEPARATE RETURN and you and your spouse/civil union partner MAINTAIN THE SAME PRINCIPAL RESIDENCE, enter the gross income reported on your spouse/civil union 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/civil union 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/civil union 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/civil union 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/civil union partners are considered one tenant) **15a** [][] [][] [][] [][]
- 15b. Enter the name(s) and social security number(s) of all other tenants (other than your spouse/civil union 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.

SIGN HERE

Your Signature _____ Date _____

Spouse/Civil Union 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 23)

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

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

If you are **ONLY** filing form TR-1040

- Mail your application in the envelope provided.
- Affix the mailing label for PO Box 197.

Test

400-00-1055

Forms:
NJ-1040

Notes:
Direct Deposit to **Checking**
Routing Number (RTN): **253174576**
Account Number: **26543210891**

Field 315.030 = "1"

If Field 315.030 is "Blank" Direct Deposit is blocked and refund will be by paper check.

NJ-1040
2007

STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN

9/5/07

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 (Joint filers enter first name and initial of each - Enter spouse/civil union partner last name ONLY if different)	
Spouse/Civil Union 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

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]

FILING STATUS (Fill in only one)	EXEMPTIONS	ENTER NUMBERS HERE	
		6	7
1. <input type="checkbox"/> Single		8	9
2. <input type="checkbox"/> Married/Civil union, filing joint return		10	11
3. <input type="checkbox"/> Married/Civil Union, filing separate return Enter Spouse/Civil Union Partner's Social Security Number in the boxes provided above		12a	12b
4. <input type="checkbox"/> Head of household			
5. <input type="checkbox"/> Qualifying widow(er)/Civil union partner			
	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Civil union partner <input type="checkbox"/> Domestic Partner		
	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Civil union partner		
	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Civil union partner		
	9. Number of your qualified dependent children		
	10. Number of other dependents		
	11. Dependents attending colleges		
	12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)		

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

GOVERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse/civil union 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/Civil Union 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 23) _____

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 20.
 (REV 9-07)

Division Use [1] [2] [][][] [3] [][][][] [4] [5] [6] [][][][][] [7] [][][][][]

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14								
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38. TAX (From Tax Table, page 61)	38								
39. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions)	39								
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44. Use Tax Due on Out-of-State Purchases (See instruction page 44) 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. Total Tax and Penalty (Add Lines 43, 44, and 45)	46							
47. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	47							
48. Property Tax Credit (See instruction page 39)	48							
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return	49							
50. New Jersey Earned Income Tax Credit (See instructions page 37)	50							
Fill in oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a civil union couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
51. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450)	51							
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 47)..... (Enclose Form NJ-2450)	52							
53. Total Payments/Credits (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	57							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
58.  N.J. Children's Trust Fund To Prevent Child Abuse	58							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
59.  N.J. Vietnam Veterans' Memorial Fund	59							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
60.  N.J. Breast Cancer Research Fund	60							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
61.  U.S.S. New Jersey Educational Museum Fund ...	61							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
62. Other Designated Contribution	62							
See instruction page 48								
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							

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

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 49.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1. Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.			
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.			
3. Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____	3.			%
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040		4.		4.
5. Property Tax and Deduction Enter property tax or 18% of rent due and paid in 2006. See instructions page 51. 5a. _____ Eligible amount (Box 5a or \$10,000, whichever is less) See instructions page 51.	5.		5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.		6.	
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.		7.	
8. Allowable Credit (Line 3 times Line 7)	8.		8.	
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 52. 9a. _____ Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.		9.	

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 39, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F on page 50 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
2.	Capital Gains Distributions					2.
3.	Other Net Gains					3.
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.

Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.
3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)				3.

**NJ Tests
Tax Year 2007**

Test #

400-00-1006

Jennifer BROWN

Forms:

NJ-1040

Notes: **Direct Deposit of Refund**

Type of account: Checking

Routing Number: 123456780

Account Number: 1112225555

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 # _____.

For Privacy Act Notification, See Instructions	Your Social Security Number <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"/>	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/civil union partner last name ONLY if different)		
	Spouse/Civil Union Partner's Social Security Number <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"/>	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 51) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State	Zip Code

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 / / To / /

FILING STATUS	(Fill in only one)		EXEMPTIONS	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner <input type="radio"/> Domestic Partner		<table border="1"> <tr><td>6</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>7</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>8</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	6	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>
	6	<input type="text"/>		<input type="text"/>											
	7	<input type="text"/>		<input type="text"/>											
	8	<input type="text"/>		<input type="text"/>											
	1. <input type="radio"/> Single	2. <input type="radio"/> Married/Civil union, filing joint return		7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner	9. Number of your qualified dependent children	9	<input type="text"/>	<input type="text"/>							
	3. <input type="radio"/> Married/Civil Union, filing separate return Enter Spouse/Civil Union Partner's Social Security Number in the boxes provided above	4. <input type="radio"/> Head of household		8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner	10. Number of other dependents	10	<input type="text"/>	<input type="text"/>							
	5. <input type="radio"/> Qualifying widow(er)/Civil union partner			11. Dependents attending colleges	11	<input type="text"/>	<input type="text"/>	<input type="text"/>							
				12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)	12a	<input type="text"/>	<input type="text"/>	12b <input type="text"/>	<input type="text"/>						

ENTER NUMBERS HERE

DEPENDENTS	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____ a <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	a <input type="text"/> <input type="text"/> <input type="text"/>	a <input type="text"/> <input type="text"/> <input type="text"/>
	b _____ b <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 <input type="text"/> <input type="text"/> <input type="text"/>	b <input type="text"/> <input type="text"/> <input type="text"/>
	c _____ c <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	c <input type="text"/> <input type="text"/> <input type="text"/>	c <input type="text"/> <input type="text"/> <input type="text"/>
	d _____ d <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	d <input type="text"/> <input type="text"/> <input type="text"/>	d <input type="text"/> <input type="text"/> <input type="text"/>

GOVERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
If joint return, does your spouse/civil union 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/Civil Union Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____

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**.

If you do not need forms mailed to you next year, fill in (See instruction page 23) _____

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

Paid Preparer's Signature	Federal Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Firm's Name	Federal Employer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>






You may also pay by e-check or credit card. See instruction page 20.
(REV 9-07)

Division Use

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 27)	25								
26. Total Income (Add Lines 14 through 25)	26								
27a. Pension Exclusion (See instruction. page 26)	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 27).....	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 37.									
29. Total Exemption Amount (See instruction page 29 to calculate amount) Part-Year Residents see instruction page 9.	29								
30. Medical Expenses (See Worksheet and instruction page 38)	30								
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. <input type="radio"/>									
36c. Property Tax Deduction (See instruction page 39)	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
38. TAX (From Tax Table, page 61)	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 44) 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. Total Tax and Penalty (Add Lines 43, 44, and 45)	46							
47. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	47							
48. Property Tax Credit (See instruction page 39)	48							
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return	49							
50. New Jersey Earned Income Tax Credit (See instructions page 37)	50							
Fill in oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a civil union couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
51. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450)	51							
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 47)..... (Enclose Form NJ-2450)	52							
53. Total Payments/Credits (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	57							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
58.  N.J. Children's Trust Fund To Prevent Child Abuse	58							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
59.  N.J. Vietnam Veterans' Memorial Fund	59							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
60.  N.J. Breast Cancer Research Fund	60							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
61.  U.S.S. New Jersey Educational Museum Fund ...	61							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
62. Other Designated Contribution	62							
See instruction page 48								
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							

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4

NJ Tests
Tax Year 2007

Test # 6

400-00-1007
Lucky, Tess L

FORMS

NJ-1040
NJ-2450
NJ Schedule B
NJ Schedule C

REFUND

To Checking
RTN 253174576
Account Number 26543333333

Field 315.030 = "1"

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 # _____.

For Privacy Act Notification, See Instructions	Your Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/civil union partner last name ONLY if different)		
	Spouse/Civil Union Partner's Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 51) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State	Zip Code

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 / / To / /

FILING STATUS	(Fill in only one)			EXEMPTIONS	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner <input type="radio"/> Domestic Partner		ENTER NUMBERS HERE	
	1. <input type="radio"/> Single	7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner			6			
	2. <input type="radio"/> Married/Civil union, filing joint return	8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner			7			
	3. <input type="radio"/> Married/Civil Union, filing separate return Enter Spouse/Civil Union Partner's Social Security Number in the boxes provided above	9. Number of your qualified dependent children			8			
	4. <input type="radio"/> Head of household	10. Number of other dependents				9		
	5. <input type="radio"/> Qualifying widow(er)/Civil union partner	11. Dependents attending colleges				10		
		12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)			11			
					12a		12b	

DEPENDENTS	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____ a <input type="text"/> - <input type="text"/> - <input type="text"/>	a <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"/>	a <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b _____ b <input type="text"/> - <input type="text"/> - <input type="text"/>	b <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c _____ c <input type="text"/> - <input type="text"/> - <input type="text"/>	c <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"/>	c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	d _____ d <input type="text"/> - <input type="text"/> - <input type="text"/>	d <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"/>	d <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GOVERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
If joint return, does your spouse/civil union 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/Civil Union Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____

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**.

If you do not need forms mailed to you next year, fill in (See instruction page 23)

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

Paid Preparer's Signature	Federal Identification Number
	<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"/>
Firm's Name	Federal Employer Identification Number
	<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"/>






You may also pay by e-check or credit card. See instruction page 20.
(REV 9-07)

Division Use

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)..... DO NOT include on Line 15a	15b								
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 27)	25								
26. Total Income (Add Lines 14 through 25)	26								
27a. Pension Exclusion (See instruction. page 26)	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 27)...	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 37.									
29. Total Exemption Amount (See instruction page 29 to calculate amount) Part-Year Residents see instruction page 9.	29								
30. Medical Expenses (See Worksheet and instruction page 38)	30								
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. <input type="radio"/>									
36c. Property Tax Deduction (See instruction page 39)	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
38. TAX (From Tax Table, page 61)	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 44) 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. Total Tax and Penalty (Add Lines 43, 44, and 45)	46							
47. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	47							
48. Property Tax Credit (See instruction page 39)	48							
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return	49							
50. New Jersey Earned Income Tax Credit (See instructions page 37)	50							
Fill in oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a civil union couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
51. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450)	51							
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 47)..... (Enclose Form NJ-2450)	52							
53. Total Payments/Credits (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	57							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
58.  N.J. Children's Trust Fund To Prevent Child Abuse	58							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
59.  N.J. Vietnam Veterans' Memorial Fund	59							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
60.  N.J. Breast Cancer Research Fund	60							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
61.  U.S.S. New Jersey Educational Museum Fund ...	61							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
62. Other Designated Contribution	62							
See instruction page 48								
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							

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 49.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.		
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.		
3.	Maximum Allowable Credit Percentage _____ (Divide Line 2 into Line 1) 2	3.		%
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.				
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040			4.	4.
5.	Property Tax and Deduction Enter property tax or 18% of rent due and paid in 2006. See instructions page 51. Eligible amount (Box 5a or \$10,000, whichever is less) See instructions page 51.	5a.	5.	- 0 -
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	6.	
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	7.	
8.	Allowable Credit (Line 3 times Line 7)	8.	8.	
9.	Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 52. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9a.	9.	9.

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 39, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F on page 50 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
2.	Capital Gains Distributions					2.
3.	Other Net Gains					3.
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.

Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.
3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)				3.

**EMPLOYEE'S CLAIM FOR CREDIT
FOR EXCESS UI/HC/WD AND DISABILITY CONTRIBUTIONS
FOR CALENDAR YEAR 2006**

Claimant Social Security No. _____	Name: _____
Note on Joint NJ-1040 Return: Each spouse 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/Health Care Subsidy Fund/Workforce Development Partnership Fund and the amount of disability insurance withheld must be reported separately on all W-2 statements.

	COLUMN A UI/HC/WD DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED
TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/HC/WD or disability, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.		
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/HC/WD and/or Disability Deductions.	109.65	129.00
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 \$109.65 for N.J. UI/HC/WD and in excess of \$129.00 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: _____

PAN, Peter A

**NJ Tests
Tax Year 2007**

Test # 7

400-00-1012

Forms:
NJ-1040 NR

NJ-1040NR 2007

STATE OF NEW JERSEY INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2007 - December 31, 2007

Or Other Taxable Year Beginning _____, 2007

Ending _____, 20__

5-N

Check box if application for Federal extension is attached or enter confirmation number _____

FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS

Please Attach W-2 Forms Here

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

Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/civil union partner last name ONLY if different)		
Spouse/Civil Union Partner Social Security Number	Home Address (Number and Street, including apartment number or rural route)		
You must enter your SSN(s) above State of Residency (outside NJ)	City, Town, Post Office	State	Zip Code

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ To _____
MONTH DAY YEAR MONTH DAY YEAR

Filing Status (Check only ONE box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union, filing joint return 3. <input type="checkbox"/> Married/Civil Union, filing separate return Name and SSN of Spouse/Civil Union Partner _____ 4. <input type="checkbox"/> Head of household 5. <input type="checkbox"/> Qualifying widow(er)/Civil Union Partner	EXEMPTIONS 6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Civil Union Partner <input type="checkbox"/> Domestic Partner 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Civil Union Partner 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Civil Union Partner 9. Number of your qualified dependent children 10. Number of other dependents 11. Dependents attending colleges 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Line 9 and Line 10)	6		
		7		
		8		
			9	
			10	
		11		
		12a		12b

DEPENDENT INFORMATION	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____	_____/_____/_____	_____
	b _____	_____/_____/_____	_____
	c _____	_____/_____/_____	_____
	d _____	_____/_____/_____	_____

GUBERNATORIAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/civil union partner wish to designate \$1?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

	(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
14. Wages, salaries, tips, and other employee compensation	14	14
15. Interest	15	15
16. Dividends	16	16
17. Net profits from business (Attach copy of Federal Schedule C, Form 1040)	17	17
18. Net gains or income from disposition of property (From Line 58)	18	18
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 61)	19	19
20. Net gambling winnings	20	20
21. Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	21	
22. Distributive Share of Partnership Income	22	
23. Net pro rata share of S Corporation Income	23	
24. Alimony and separate maintenance payments received	24	
25. Other - State Nature and Source _____	25	
26. TOTAL INCOME (Add Lines 14 through 25)	26	26
27a. Pension Exclusion (See Instructions page 23)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and Instructions page 25)	27b	
27c. Total Exclusion Amount (Add Line 27a and Line 27b)	27c	
28. Gross Income (Subtract Line 27c from Line 26)	28	



Name(s) as shown on Form NJ-1040NR		Your Social Security Number	
29. Gross Income (From page 1, Line 28)	29		29
30. Total Exemption Amount (See instruction page 26)	30		
31. Medical Expenses (See Worksheet and Instructions page 27)	31		
32. Alimony and separate maintenance payments	32		
33. Qualified Conservation Contribution	33		
34. Health Enterprise Zone Deduction	34		
35. Total Exemptions and Deductions (Add Lines 30, 31, 32, 33, and 34)	35		
36. TAXABLE INCOME (Subtract Line 35 from Line 29, Column A)	36		
37. Tax on amount on Line 36 (From Tax Table page 34)	37		
38. Income Percentage $\frac{\text{B. (Line 29)}}{\text{A. (Line 29)}} = \text{ } \%$			
39. NEW JERSEY TAX (Multiply amount from Line 37 _____ x _____ % from Line 38)	39		
40. Sheltered Workshop Tax Credit (Enclose Form GIT-317. See instruction page 28)	40		
41. Balance of Tax After Credit (Subtract Line 40 from Line 39)	41		
42. Penalty for Underpayment of Estimated Tax. Check box <input type="checkbox"/> if Form NJ-2210 is enclosed.	42		
43. Total Tax and Penalty (Add Line 41 and Line 42)	43		
44. Total New Jersey Income Tax Withheld (Attach Form W-2)	44		
45. New Jersey Estimated Tax Payments/Credit from 2006 tax return	45		
46. Tax paid on your behalf by Partnership(s)	46		
47. EXCESS NJ UI/HC/WD Withheld (Enclose Form NJ-2450. See Instructions)	47		
48. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instructions)	48		
49. Total Payments/Credits (Add Lines 44 through 48)	ENTER TOTAL →		49
50. If Line 49 is LESS THAN Line 43 enter AMOUNT YOU OWE			50
51. If Line 49 is MORE THAN Line 43 enter OVERPAYMENT			51
52. Deductions from Overpayment on Line 51 which you elect to credit to:			
(A) Your 2008 Tax	52A		NOTE: AN ENTRY ON LINE 52A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	52B		
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	52C		
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	52D		
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	52E		
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	52F		
(G) Designated Contribution <input type="checkbox"/> \$0, <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	52G		
53. Total Deductions From Overpayment (Add Lines 52A, B, C, D, E, F, and G)	ENTER TOTAL →		53
54. REFUND (Amount to be sent to you. Subtract Line 53 from Line 51)			54

SIGN HERE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.		Pay amount on Line 50 in full. Write social security number(s) on check or money order and make payable to: STATE OF NEW JERSEY-TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244 You may also pay by e-check or credit card.	
	<hr/> Your signature	<hr/> Date		<hr/> Spouse/Civil Union Partner's signature (if filing jointly, BOTH must sign)
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>			
	<hr/> Paid Preparer's Signature	<hr/> Federal Identification Number		
	<hr/> Firm's name	<hr/> Federal Employer Identification Number		

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

PART I NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
55.					
56. Capital Gains Distribution					56
57. Other Net Gains					57
58. Net Gains (Add Lines 55, 56, and 57) (Enter here and on Line 18) (If Loss, enter ZERO)					58

PART II NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return.

(a) Kind of property	(b) Net Rental Income (Loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights	
59.					
60. Totals	(b)	(c)	(d)	(e)	
61. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 19) (If Loss enter ZERO)					61

PART III ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

62. Amount reported on Line 14 in Column A required to be allocated	62	
63. Total days in taxable year	63	
64. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	64	
65. Total days worked in taxable year (subtract Line 64 from Line 63)	65	
66. Deduct days worked outside New Jersey	66	
67. Days worked in New Jersey (subtract Line 66 from Line 65)	67	
68. ALLOCATION FORMULA $\frac{\text{(Line 67)}}{\text{(Line 65)}} \times \frac{\text{(Line 62)}}{\text{(Enter amount from Line 62)}} = \frac{\text{(Include this amount on Line 14, Col. B)}}{\text{(Salary earned inside N.J.)}}$		

PART IV ALLOCATION OF BUSINESS INCOME TO NEW JERSEY (See instructions if other than Formula Basis of allocation is used.)

BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)
 Enter below, the line number and amount of each item of business income reported in Column A which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

JONES, Test L

**NJ Tests
Tax Year 2007**

Test #

400-00-1013

One Test Scenario

Forms:

NJ-1040
Partnership NJ-K-1
S-Corporation NJ-K-1
Line 25 (Other)

Notes: **Direct Debit-**

Date of Debit: 04/11/2008

Type of account: Checking






Routing Number: 12500024

Account Number: 121551444

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 27)	25								
26. Total Income (Add Lines 14, 15a, and 16 through 25)	26								
27a. Pension Exclusion (See instruction. page 26)	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 27)	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 37.									
29. Total Exemption Amount (See instruction page 29 to calculate amount) Part-Year Residents see instruction page 9.	29								
30. Medical Expenses (See Worksheet and instruction page 38)	30								
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. <input type="radio"/>									
36c. Property Tax Deduction (See instruction page 39)	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
38. TAX (From Tax Table, page 61)	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 44) 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. Total Tax and Penalty (Add Lines 43, 44, and 45)	46							
47. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	47							
48. Property Tax Credit (See instruction page 39)	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 oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
51. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450)	51							
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 47)..... (Enclose Form NJ-2450)	52							
53. Total Payments/Credits (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 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other See instruction page 48	62	0						
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							

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4

**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____

PART I General Information			
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:	
Date Partner's Interest in Partnership began: _____ Month Day Year		(i) Before Decrease or Termination	(ii) End of Year
<input type="checkbox"/> Final NJK-1	<input type="checkbox"/> Hedge Fund	Profit Sharing _____%	_____%
<input type="checkbox"/> Amended NJK-1	<input type="checkbox"/> Member of Composite Return	Loss Sharing _____%	_____%
		Capital Ownership _____%	_____%

PART II Income Information				
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 19a, 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

PART III Partner's Information				
1. Nonresident Partner's Share of NJ Tax				1.
1st Quarter New Jersey Estimated Tax Payment	2nd Quarter New Jersey 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.

PART IV Supplemental Information (Attach Schedule)

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 _____

New Jersey NJ-1040

Test # 7

2006 (TY06)

400-00-6307

Form: NJ-1040 Line 25, Other

Field 075,	Descendent Name	<u>BLOWNAPART, MARY</u>
Field 080,	Descendent SSN	<u>400-00-6307</u>
Field 085,	Amount	<u>\$6,000</u>

JONES, Test L

**NJ Tests
Tax Year 2007**

Test #

400-00-1013

One Test Scenario

Forms:

NJ-1040
Partnership NJ-K-1
S-Corporation NJ-K-1
Line 25 (Other)

Notes: **Direct Debit-**

Date of Debit: 04/11/2008

Type of account: Checking

Routing Number: 12500024

Account Number: 121551444

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 <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"/>		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/CU Partner's Social Security Number <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"/>		Home Address (Number and Street, including apartment number or rural route)	
County/Municipality Code (See Table p. 51) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		City, Town, Post Office	State Zip Code

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 / / To / /

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

DEPENDENTS	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____	a <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"/>	a <input type="text"/> <input type="text"/> <input type="text"/>
	b _____	b <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 <input type="text"/> <input type="text"/> <input type="text"/>
	c _____	c <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"/>	c <input type="text"/> <input type="text"/> <input type="text"/>
	d _____	d <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"/>	d <input type="text"/> <input type="text"/> <input type="text"/>

GOVERNATORIAL 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/CU Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____

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 20.

(REV 9-07)

If you do not need forms mailed to you next year, fill in (See instruction page 23)

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






Paid Preparer's Signature	Federal Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Firm's Name	Federal Employer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Division Use

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 27)	25								
26. Total Income (Add Lines 14, 15a, and 16 through 25)	26								
27a. Pension Exclusion (See instruction. page 26)	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 27)	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 37.									
29. Total Exemption Amount (See instruction page 29 to calculate amount) Part-Year Residents see instruction page 9.	29								
30. Medical Expenses (See Worksheet and instruction page 38)	30								
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. <input type="radio"/>									
36c. Property Tax Deduction (See instruction page 39)	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
38. TAX (From Tax Table, page 61)	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 44) 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. Total Tax and Penalty (Add Lines 43, 44, and 45)	46							
47. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	47							
48. Property Tax Credit (See instruction page 39)	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 oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
51. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450)	51							
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 47)..... (Enclose Form NJ-2450)	52							
53. Total Payments/Credits (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 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other See instruction page 48	0							
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							

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4

**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____

PART I General Information	
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 _____% _____%

PART II Income Information				
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 19a, 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

PART III Partner's Information				
1. Nonresident Partner's Share of NJ Tax				1.
1st Quarter New Jersey Estimated Tax Payment	2nd Quarter New Jersey 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.

PART IV Supplemental Information (Attach Schedule)

SHAREHOLDER'S SHARE OF INCOME / LOSS

For calendar year 2006 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

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. Total payments made on behalf of shareholder _____
5. 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. Refer to the index on page 13

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 _____

New Jersey NJ-1040

Test # 7

2006 (TY06)

400-00-6307

Form: NJ-1040 Line 25, Other

Field 075,	Descendent Name	<u>BLOWNAPART, MARY</u>
Field 080,	Descendent SSN	<u>400-00-6307</u>
Field 085,	Amount	<u>\$6,000</u>

**NJ Tests
Tax Year 2007**

Test # 15

400-00-1015

Kellar Test Scenario

Forms:

NJ-1040

NJ-2210

Notes: **Direct Debit**

Type of account: Checking

Routing Number: 123456780

Account Number: 2003161416

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 # _____.

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/civil union partner last name ONLY if different)		
	Spouse/Civil Union 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

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 MM/DD/YY To MM/DD/YY

For Privacy Act Notification, See Instructions	FILING STATUS (Fill in only one)	EXEMPTIONS	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner <input type="radio"/> Domestic Partner	6	ENTER NUMBERS HERE	
			7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner	7		
			8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse/Civil union partner	8		
			9. Number of your qualified dependent children		9	
			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

DEPENDENTS	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 [][][][]

GOVERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
If joint return, does your spouse/civil union 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/Civil Union Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____

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 20.
(REV 9-07)

If you do not need forms mailed to you next year, fill in (See instruction page 23) _____

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 [][][][]-[][][][]-[][][][]

Division Use [1] [2] [][][][] [3] [][][][] [4] [5] [6] [][][][] [7] [][][][]

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 27)	25								
26. Total Income (Add Lines 14 through 25)	26								
27a. Pension Exclusion (See instruction. page 26)	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 27).....	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 37.									
29. Total Exemption Amount (See instruction page 29 to calculate amount) Part-Year Residents see instruction page 9.	29								
30. Medical Expenses (See Worksheet and instruction page 38)	30								
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. <input type="radio"/>									
36c. Property Tax Deduction (See instruction page 39)	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37								
38. TAX (From Tax Table, page 61)	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 44) 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. Total Tax and Penalty (Add Lines 43, 44, and 45)	46							
47. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	47							
48. Property Tax Credit (See instruction page 39)	48							
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return	49							
50. New Jersey Earned Income Tax Credit (See instructions page 37)	50							
Fill in oval if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>								
Fill in oval if you are a civil union couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>								
51. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 47) (Enclose Form NJ-2450)	51							
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 47)..... (Enclose Form NJ-2450)	52							
53. Total Payments/Credits (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	57							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
58.  N.J. Children's Trust Fund To Prevent Child Abuse	58							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
59.  N.J. Vietnam Veterans' Memorial Fund	59							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
60.  N.J. Breast Cancer Research Fund	60							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
61.  U.S.S. New Jersey Educational Museum Fund ...	61							
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
62. Other Designated Contribution	0							
See instruction page 48								
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							

SIGN YOUR RETURN ON PAGE 1

If you were a tenant on October 1, 2007, also complete Page 4

**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 2006 Gross Income Tax Return.

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

PART I FIGURING YOUR UNDERPAYMENT

1. 2006 Tax (Line 41, 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 2005 tax (From Form NJ-1040, Line 40)	4b.					
		PAYMENT DUE DATES				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">(A) APRIL 15, 2006</th> <th style="width:25%;">(B) JUNE 15, 2006</th> <th style="width:25%;">(C) SEPT 15, 2006</th> <th style="width:25%;">(D) JAN 15, 2007</th> </tr> </table>	(A) APRIL 15, 2006	(B) JUNE 15, 2006	(C) SEPT 15, 2006	(D) JAN 15, 2007
(A) APRIL 15, 2006	(B) JUNE 15, 2006	(C) SEPT 15, 2006	(D) JAN 15, 2007			
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, 2006.) (See instructions)	14.	APRIL 15, 2006	JUNE 15, 2006	SEPT 15, 2006	JAN 15, 2007
15. Exception 1 - Enter 2005 tax (Line 40) .. \$	15.	25% of 2005 Tax	50% of 2005 Tax	75% of 2005 Tax	100% of 2005 Tax
16. Exception 2 - Tax on 2005 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 2006 income	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 - Tax on 2006 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	\$
(Include this amount on Line 45, Form NJ-1040).	

WORKSHEETS

EXCEPTION II Tax on 2005 Gross Income using 2006 exemptions and tax rates

1. Enter 2005 NJ Gross Income (Line 29c, 2005 NJ-1040)	1.	
2. Enter 2006 Total Exemptions (Line 29, 2006 NJ-1040)	2.	
3. Subtract Line 2 from Line 1	3.	
4. Compute Tax on Line 3 (2006 tax rates)	4.	
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (Line 39, 2006 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: 2/28/06, 4/30/06, and 7/31/06. Also, estates and trusts cannot use the annualization amounts shown on Line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/06 - 3/31/06	1/1/06 - 5/31/06	1/1/06 - 8/31/06
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 2006 Taxable Income over 3, 5 and 8-month periods. (attach computations)

		1/1/06 - 3/31/06	1/1/06 - 5/31/06	1/1/06 - 8/31/06
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							
TOTAL INTEREST								

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
4/16/06 - 9/15/06	10%
9/16/06 - 1/15/07	%
1/16/07 - 4/15/07	%

SUMMARY OF NJ-1040 TESTS

Test #	Page #	SSN	last name	NJ1040	Direct Debit/D Deposit	Acc't Type	Other Schedules and Notes
1	21	400-00-1001	Scenario	NJ1040 TR1040	Refund	Savings	NJTENT. <\$10K income so no tax due. 315.030 = 3
2	7	400-00-1002	Test	Part Yr TR1040	Debit 4/15/08	Savings	305.090 is 1
3	21	400-00-1004	Lamb	NJ630	Debit 4/15/08	Checking	
4	13	400-00-1055	Blackburn	NJ1040	Refund Chk	Checking	NJDEPT, NJSA, Pension, 315.030 = 1
5	18	400-00-1006	Brown	NJ1040 TR1040	Refund Chk	Checking	NJDEPT, Civil Union, EITC
6	22	400-00-1007	Lucky	NJ1040	no DD		NJSB, NJSC, NJ-2450 (Doesn't match the IRS PAT so the NJ schedules can be tested)
7	28	400-00-1012	Pan	Non-Res	0 balance		NJDEPT, NRPT1A et al
8	32	400-00-1013	Jones	NJ1040	debit 4/11/08	Checking	NJ65K1, NJCBK1, NJSL25,
9	39	400-00-1013	Jones	NJ1040	Debit 8/30/08	Checking	Test of the NEW Fields needed to add interest to the amount owed
10	46	400-00-1015	Kellar	NJ1040	Debit 4/15/08	Checking	NJ2210, NJDEPT