NJ-1040
1995

STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN
HOMESTEAD PROPERTY TAX REBATE APPLICATION

For Tax Year Jan.-Dec. 31, 1995 Or Other Tax Year Beginning _____ , 1995, Month Ending ____ , 19 ____

5R Check block ☐ if application for Federal extension is attached. Check here if your address has changed. ☐

For Privacy Act Notification, See Instructions

Your Social Security Number ___-__-____

Spouse's Social Security Number ___-__-____

County/Municipality Code (See Table p. 25)

Last Name, First Name and Initial (joint filers enter first name and initial of each - Enter spouse last name ONLY if different)

Home address (Number and Street, including apartment number or rural route)

City, Town, Post Office State Zip Code

Place label on form you file. Make all necessary changes on label.

FILING STATUS (Check only ONE box)

1. ☐ Single
2. ☐ Married, filing joint return
3. ☐ Married, filing separate return

Name of Spouse

Social Security Number of Spouse

4. ☐ Head of Household
5. ☐ Qualifying Widow(er)

EXEMPTIONS — ENTER NUMBERS HERE

6. Regular ☒ Yourself ☐ Spouse — 6
7. Age 65 or Over ☐ Yourself ☐ Spouse — 7
8. Blind or Disabled ☐ Yourself ☐ Spouse — 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

RESIDENCY STATUS

13. 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

GUBERNATORIAL ELECTIONS FUND

Do you wish to designate $1 of your taxes for this fund? ☐ Yes ☐ No

If joint return, does your spouse wish to designate $1? ☐ Yes ☐ No

Note: If you check the Yes box(es) it will not increase your tax or reduce your refund.

14. Wages, salaries, tips, and other employee compensation (Enclose W-2) 14
15a. Taxable interest income 15a
15b. Tax exempt interest income. 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
    a. Taxable Amount Received 19a
    b. Less New Jersey Pension Exclusion 19b
    c. Subtract Line 19b from Line 19a 19c
20. Distributive Share of Partnership Income (See instr. p. 14) 20
21. Net pro rata share of S Corporation Income (See instr. p. 14) 21
22. Net gain or income from rents, royalties, patents & copyrights (Sch. C, Line 3) 22
23. Net Gambling Winnings 23
24. Alimony and separate maintenance payments received . 24
25. Other (See instr. p. 14) 25

Net losses in one category of income (Lines 14 through 26) cannot be applied against income in another.

In case of a net loss in any category, enter ZERO for the category.

26. Total Other Income (Add Lines 22 through 25) 26
27a. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, and 26) 27a
27b. Other Retirement Income Exclusion (See Worksheet and instr. p. 14 & 15) . 27b
27c. **New Jersey Gross Income** (Subtract Line 27b from Line 27a). If $7,500 or less see instr. p. 15 ..... 27c

28. New Jersey Gross Income (From Line 27c, Page 1) 28

29a. Exemptions: From Line 12a _____ x $1,000 = _____

29b. From Line 12b _____ x $1,500 = _____

Part Year Residents See instr. p. 3

29c. Total Exemption Amount (Add Line 29a and Line 29b) 29c

30. Medical Expenses (See Worksheet and instr. p. 15 and 16) 30

31. Alimony & Separate Maintenance Payments 31

32. Total Exemptions & Deductions (Add Lines 29c, 30, and 31) .... ENTER TOTAL 32

33. **NEW JERSEY TAXABLE INCOME** (Subtract Line 32 from Line 28) If zero or less, enter ZERO 33

34. TAX: (From Tax Tables, p. 27) 34

35. Credit For Income Taxes Paid To Other Jurisdictions (From Schedule A, Line 5) 35

36. Balance of Tax (Subtract Line 35 from Line 34) 36

37. Use Tax Due on Out-of-State Purchases (See instr. p. 16). If no Use Tax, enter ZERO .. 37

38. Total Tax (Add Line 36 and Line 37) 38

39. **Total N.J. Income Tax Withheld** (Enclose Forms W-2 and 1099R) 39

Check ☐ if Form NJ-2210 is attached

40. New Jersey Estimated Tax Payments/Credit from 1994 tax return 40

41. EXCESS N.J. WD/HC Withheld (See instr. p. 17) 41

42. EXCESS N.J. Disability Insurance Withheld (See instr. p. 17)..... 42

If an amount is entered on Line 41 or Line 42 attach Form NJ-2450

43. **Total Payments/Credits** (Add Lines 39 through 42) ..... ENTER TOTAL 43

44. If payments (Line 43) are LESS THAN tax (Line 38) enter AMOUNT OF TAX YOU OWE 44

If you owe tax, you may make a donation by entering an amount on Lines 46B, 46C and/or 46D and adding this to your check amount.

45. If payments (Line 43) are MORE THAN tax (Line 38) enter OVERPAYMENT 45

46. Deductions from Overpayment on Line 45 which you elect to credit to:

(A) Your 1996 Tax 46A

(B) The N.J. Conserve Wildlife Fund ☐ $5, ☐ $10, Other $ _____ 46B

(C) The Children's Trust Fund . . To Prevent Child Abuse ☐ $5, ☐ $10, Other $ _____ 46C

(D) The N.J. Vietnam Veterans' Memorial Fund ☐ $5, ☐ $10, Other $ _____ 46D

NOTE: AN ENTRY ON LINES 46A, B, C or D WILL REDUCE YOUR TAX REFUND

47. Total Deductions From Overpayment (Add Lines 46A, B, C, and D) ..... ENTER TOTAL 47

48. REFUND (Amount to be sent to you, Line 45 LESS Line 47) 48

SIGN HERE

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Property Tax Rebate Application, 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.

Your signature _____ Date _____ Spouse's signature (if filing jointly, BOTH must sign) _____

If you do not need forms mailed to you next year, check box (See instr. p. 6) ..... ☐

Paid Preparer's Signature | Federal Identification Number

Firm's Name | Federal Employer Identification Number

Pay amount on line 44 in full. Write social security number on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

Mail your return in one of the envelopes provided.
REFUND or PAYMENT

(REV 9-95)

Division Use 1 2 3 4 5 6 7 8