

Your Social Security Number		Last Name, First Name and Initial (Joint filers enter first name and initial of each—Enter spouse last name ONLY if different)				Please place label on form you file. Make all necessary changes on label.
Spouse's Social Security Number		Home Address (Number and Street, including apartment number or rural route)				
State of Residency		City, Town, Post Office		State	Zip Code	
(Check only ONE box)		EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse		6	
1. <input type="checkbox"/> Single			7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		7	
2. <input type="checkbox"/> Married, filing joint return			8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		8	
3. <input type="checkbox"/> Married, filing separate return			9. Number of your qualified dependent children		9	
Name and Social Security No. of Spouse			10. Number of other dependents		10	
4. <input type="checkbox"/> Head of Household			11. Dependents attending colleges		11	
5. <input type="checkbox"/> Qualifying Widow(er)			12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11) (For Line 12b—Add Line 9 and Line 10)		12a	
RESIDENCY STATUS		13. 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				
GUBERNATORIAL ELECTIONS FUND		Do you wish to designate \$1 of your taxes for this fund?		Yes	No	Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.
		If joint return, does your spouse wish to designate \$1?		Yes	No	
NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 9 of the instructions.		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)		(Column B) AMOUNT FROM NEW JERSEY SOURCES		
14a. Total Income (From Line 45, Part I)		14a		14a		
14b. Other Retirement Income Exclusion (See Worksheet and instructions)		14b		14b		
14c. Gross Income (Subtract Line 14b from Line 14a)		14c ^(A)		14c ^(B)		
15a. Exemptions: From Line 12a _____ x \$1,000 = _____						
15b. From Line 12b _____ x \$1,500 = _____						
15c. Total Exemption Amount (Add Line 15a and Line 15b)		15c				
16. Medical Expenses (From Line 55)		16				
17. Alimony & separate maintenance payments		17				
18. Total Exemptions and Deductions (Add Lines 15c, 16, and 17)		18				
19. TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A)		19				
20. Tax on amount on Line 19 (From Tax Tables on Page 23)		20				
21. Income Percentage ^(B) (Line 14c) / ^(A) (Line 14c) = _____ %						
22. NEW JERSEY TAX (Multiply amount from Line 20 _____ x _____ % from Line 21)		22				
23. Total New Jersey Tax Withheld (Attach Form W-2).....		23		Check <input type="checkbox"/> if Form NJ-2210 is attached. If an amount is entered on Line 25 or Line 26 attach Form NJ-2450		
24. New Jersey Estimated Tax Payments/Credit from 1995 tax return		24				
25. EXCESS N.J. WD/UI/HC Withheld (See Instructions).....		25				
26. EXCESS N.J. Disability Insurance Withheld (See Instructions)		26				
27. Total Payments/Credits (Add Lines 23 through 26)		ENTER TOTAL		27		
28. If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE				28		
29. If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT				29		
30. Deductions from Overpayment on Line 29 which you elect to credit to:				NOTE: AN ENTRY ON LINE 30A, B, C, D, E or F WILL REDUCE YOUR TAX REFUND		
(A) Your 1997 Tax		30A				
(B) The N.J. Endangered Wildlife Fund \$5, \$10, Other		30B				
(C) N.J. Children's Trust Fund \$5, \$10, Other		30C				
(D) The N.J. Vietnam Veterans' Memorial Fund \$5, \$10, Other		30D				
(E) N.J. Breast Cancer Research Fund \$5, \$10, Other		30E				
(F) The Battleship N.J. Memorial Fund \$5, \$10, Other		30F				
31. Total Deductions From Overpayment (Add Lines 30A, B, C, D, E and F).....		ENTER TOTAL		31		
32. REFUND (Amount to be sent to you, Line 29 LESS 31)				32		
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 28 in full. Write social security number on check or money order and make payable to: Division of Taxation Please mail return to: Division of Taxation CN 244 Trenton, NJ 08646-0244
Your signature _____ Date _____		Spouse's signature (If filing joint, BOTH MUST SIGN.) _____				
Paid Preparer's Signature _____		Federal Identification Number _____				
Firm's Name _____		Federal Employer Identification Number _____				
Division Use 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____						

