NJ-1040NR 1998

STATE OF NEW JERSEY INCOME TAX – NONRESIDENT RETURN

For Tax Year Jan.-Dec. 31, 1998 Or Other Tax Year Beginning _____, 1998, Ending _____, 19____

5-N Check block ☐ if application for Federal extension is attached.

Please Print or Type

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 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)

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

Name and Social Security No. of Spouse

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

EXEMPTIONS

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 Line 9 and Line 10)			12a	12b	

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 _____ (MONTH DAY YEAR) To _____ (MONTH DAY YEAR)

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

NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 10 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		14c		
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 (See Worksheet and Instructions Page 11)	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 27)	20				
21. Income Percentage (See instruction page 12) %					
22. NEW JERSEY TAX (Multiply amount from Line 20 by percentage from Line 21)			22		
23. Total New Jersey Tax Withheld (Attach Form W-2)	23				
24. New Jersey Estimated Tax Payments/Credit from 1997 tax return	24				
25. EXCESS N.J. UI/HC/WD 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:					
(A) Your 1999 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) U.S.S. N.J. Educational Museum 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		

ENTER AMOUNT OF CONTRIBUTION

Check ☐ if Form NJ-2210 is attached.

If an amount is entered on Line 25 or Line 26 attach Form NJ-2450

NOTE: Part-Year Residents SEE INSTRUCTIONS

NOTE: AN ENTRY ON LINE 30A, B, C, D, E OR F WILL REDUCE YOUR TAX REFUND

Please Attach W-2 Forms Here

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.

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

Paid Preparer's Signature _____ Federal Identification Number _____

Firm's name _____ Federal Employer Identification Number _____

Pay amount on Line 28 in full.

Write social security number on check or money order and make payable to:

Division of Taxation
Income Tax
PO Box 244
Trenton, NJ 08646-0244

Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

PART I TOTAL INCOME	Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category.		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)		(Column B) AMOUNT FROM NEW JERSEY SOURCES	
33.	Wages, salaries, tips, and other employee compensation	33				
34.	Interest	34				
35.	Dividends	35				
36.	Net profits from business (Attach copy of Federal Schedule C, Form 1040)	36				
37.	Net gains or income from disposition of property (From Line 49)	37				
38.	Net gains or income from rents, royalties, patents, and copyrights (From Line 52)	38				
39.	Net Gambling Winnings	39				
40.	Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	40				
41.	Distributive Share of Partnership Income (Attach copy of Schedule NJK-1)	41				
42.	Net pro rata share of S Corporation Income (Attach copy of Schedule NJ-K-1)	42				
43.	Alimony and separate maintenance payments received	43				
44.	Other–State nature and source _____	44				
45.	TOTAL INCOME (Add Line 33 thru 44) (Enter here and on Line 14a, Page 1)	45				

PART II 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)	
46.								
47.	Capital Gains Distribution					47		
48.	Other Net Gains					48		
49.	Net Gains (Add Lines 46, 47, and 48) (Enter here and on Line 37) (If Loss, enter ZERO)					49		

PART III 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 or 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	
50.									
51.	**Totals**	(b)		(c)		(d)		(e)	
52.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 38) (If Loss enter ZERO)						52		

PART IV 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.)

53.	Amount reported on Line 33 in Column A of Part I required to be allocated	53		
54.	Total days in taxable year	54		
55.	Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	55		
56.	Total days worked in taxable year (Line 54 minus Line 55)	56		
57.	Deduct days worked outside New Jersey	57		
58.	Days worked in New Jersey (Line 56 less Line 57)	58		

59. ALLOCATION FORMULA $\frac{\text{(Line 58)}}{\text{(Line 56)}}$ x (Enter amount from Line 53) = (Salary earned inside N.J.) (Include this amount on Line 33, Col. B, Part I)

PART V 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 of Part I which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ Part I $ _____ X _____ % = $ _____

From Line No. _____ Part I $ _____ X _____ % = $ _____

From Line No. _____ Part I $ _____ X _____ % = $ _____

From Line No. _____ Part I $ _____ X _____ % = $ _____