# NJ-1040
# 1999

## STATE OF NEW JERSEY
## INCOME TAX-RESIDENT RETURN

For Tax Year Jan.-Dec. 31, 1999 Or Other Tax Year Beginning _____, 1999, Month Ending ☐☐, _____

5R Fill in ☐ if application for Federal extension is enclosed. Fill in 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. 41) ☐☐☐☐

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** (Fill in only one)

1. ☐ Single
2. ☐ Married, filing joint return
3. ☐ Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above
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) — 12a
(For Line 12b - Add Lines 9 and 10) ..... — 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 fill in the Yes oval(s) 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 (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
a. Taxable Amount Received ..... 19a ☐☐,☐☐☐,☐☐☐.☐☐
b. Less N.J. Pension Exclusion ..... 19b ☐☐,☐☐☐.☐☐
c. Subtract Line 19b from Line 19a ..... 19c ☐☐,☐☐☐,☐☐☐.☐☐

20. Distributive Share of Partnership Income (See instruction page 22) ..... 20 ☐☐,☐☐☐,☐☐☐.☐☐

21. Net pro rata share of S Corporation Income (See instruction page 22) ..... 21 ☐☐,☐☐☐,☐☐☐.☐☐

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

23. Net Gambling Winnings ..... 23 ☐☐,☐☐☐,☐☐☐.☐☐

24. Alimony and separate maintenance payments received ..... 24 ☐☐,☐☐☐,☐☐☐.☐☐

25. Other (See instruction page 23) ..... 25 ☐☐,☐☐☐,☐☐☐.☐☐

26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25) ..... 26 ☐☐,☐☐☐,☐☐☐.☐☐

27. Total Income (From Line 26, Page 1) ..... 27 , , .

28. Other Retirement Income Exclusion (See Worksheet and Instr. page 23) ..... 28 , .

29. **New Jersey Gross Income** (Subtract Line 28 from Line 27) ..... 29 , , .
If $10,000 or less see instruction page 24.

30a. Exemptions: From Line 12a _____ x $1,000 = _____

30b. From Line 12b _____ x $1,500 = _____

30c. Total Exemption Amount (Add Line 30a and Line 30b) ..... 30c , .
Part Year Residents see instruction page 8.

31. Medical Expenses/Medical Savings Account Contributions ..... 31 , .
(See Worksheet and instruction page 25)

32. Alimony and Separate Maintenance Payments ..... 32 , .

33. Total Exemptions and Deductions (Add Lines 30c, 31 and 32) ..... 33 , .

34. Taxable Income (Subtract Line 33 from Line 29) ..... 34 , , .
If zero or less, MAKE NO ENTRY.

35. Property Tax Deduction (See instruction page 25) ..... 35 , .

36. **NEW JERSEY TAXABLE INCOME** (Subtract Line 35 from Line 34) ..... 36 , , .
If zero or less, MAKE NO ENTRY.

37. TAX (From Tax Tables, page 43) ..... 37 , , .

38. Credit For Income Taxes Paid to Other Jurisdictions (See instructions) ..... 38 , , .

39. Balance of Tax (Subtract Line 38 from Line 37) ..... 39 , , .

40. Use Tax Due on Out-of-State Purchases (See instruction page 28) ..... 40 , , .
If no Use Tax, enter ZERO (0.00).

41. Total Tax (Add Line 39 and Line 40) ..... 41 , , .

42. **Total New Jersey Income Tax Withheld** (Enclose Forms W-2 and 1099-R) ..... 42 , , .

43. Property Tax Credit (See instruction page 28) ..... 43 .

44. New Jersey Estimated Tax Payments/Credit from 1998 tax return ..... 44 , , .
**Fill in ⬭ if Form NJ-2210 is enclosed.**

45. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 29) (Enclose Form NJ-2450) ..... 45 , .

46. EXCESS New Jersey Disability Insurance Withheld (See instr. page 29) ..... 46 , .
(Enclose Form NJ-2450)

47. **Total Payments/Credits** (Add Lines 42 through 46) ..... 47 , , .

48. If payments (Line 47) are LESS THAN tax (Line 41) enter AMOUNT OF TAX YOU OWE ... 48 , , .

If you owe tax, you may make a donation by entering an amount on Lines 52, 53, 54, 55 and/or 56 and adding this to your check amount.

49. If payments (Line 47) are MORE THAN tax (Line 41) enter OVERPAYMENT here and on line 50, Page 3 ..... 49 , , .

**BE SURE TO COMPLETE PAGES 3 AND 4**

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

**NOTE: AN ENTRY ON LINES 51, 52, 53, 54, 55 and/or 56 WILL REDUCE YOUR TAX REFUND**

50. Amount of Overpayment (From Line 49, Page 2) ..... 50 ___,___,___.__

Deductions from Overpayment on Line 50 which you elect to credit to:

51. Your 2000 tax ..... 51 ___,___,___.__

52. The N.J. Endangered Wildlife Fund ..... G $5 G $10 G Other

53. N.J. Children's Trust Fund To Prevent Child Abuse ..... G $5 G $10 G Other

54. The N.J. Vietnam Veterans' Memorial Fund ..... G $5 G $10 G Other

55. N.J. Breast Cancer Research Fund ..... G $5 G $10 G Other

56. U.S.S. New Jersey Educational Museum Fund ... G $5 G $10 G Other

**ENTER AMOUNT OF CONTRIBUTION**

52 ___,___,___.__

53 ___,___,___.__

54 ___,___,___.__

55 ___,___,___.__

56 ___,___,___.__

57. Total Deductions from Overpayment (Add Lines 51 through 56) ..... 57 ___,___,___.__

58. REFUND (Amount to be sent to you, Line 50 LESS Line 57) ..... 58 ___,___,___.__

## Schedule 1 - Property Tax Deduction/Credit

*Complete both columns of this schedule to find out whether the Property Tax Deduction or the Property Tax Credit is better for you.* ***Do not*** *complete this schedule if you claim a credit for taxes paid to other jurisdictions. Complete Schedule A.*

1. **Property Tax.** Enter the property tax you paid in 1999. Renters enter 18% of rent paid in 1999. **See Instructions.** 1. _____
2. **Property Tax Deduction.** Enter Line 1 or $10,000, whichever is less. Also enter this amount on Line 4 below. **See Instructions.** 2. _____

| | Column A | Column B |
|---|---|---|
| 3. Taxable Income (Copy from Line 34 of your NJ-1040) ..... | 3. | 3. |
| 4. Property Tax Deduction (Copy from Line 2 of this schedule) ..... | 4. | 4. - 0 - |
| 5. Taxable Income After Property Tax Deduction (Subtract Line 4 from Line 3) ..... | 5. | 5. |
| 6. Tax you would pay on Line 5 amount (Go to Tax Tables or Tax Rate Schedules and enter amount) ..... | 6. | 6. |
| 7. Now, subtract Line 6, Column A from Line 6, Column B and enter the result here ..... | | 7. |

**Is this amount $50.00 or more?**

☐ Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Enter the amount on Line 4 of this worksheet on Line 35 of Form NJ-1040. Make no entry on Line 43 of Form NJ-1040 and complete the balance of the return.

☐ No. You receive a greater tax benefit by taking the Property Tax Credit. Enter $50.00 on Line 43 of Form NJ-1040. Make no entry on Line 35 of Form NJ-1040 and complete the balance of the return. **See Instructions.**

Division Use: 1 2 3 4 5 6 7

**SIGN HERE**

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead 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 knoweldge.

$ _____ Your Signature Date

$ _____ Spouse'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 13) ..... ☐

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 48 in full. Write Social Security number on check or money order and make payable to:**

**STATE OF NEW JERSEY - TGI**

**Mail your check or money order with your NJ-1040-V payment voucher and your return to:**
**State of New Jersey**
**Division of Taxation**
**Revenue Processing Center**
**PO Box 111**
**Trenton, NJ 08645-0111**

**IF REFUND:**
**State of New Jersey**
**Division of Taxation**
**Revenue Processing Center**
**PO Box 555**
**Trenton, NJ 08647-0555**

**(REV 9-99)**