

**NJ-1040X**  
**1999**

STATE OF NEW JERSEY  
**AMENDED**  
INCOME TAX RESIDENT RETURN

7x

For Tax Year Jan.- Dec. 31, 1999, Or Other Tax Year Beginning \_\_\_\_\_, 1999, Ending \_\_\_\_\_, 20\_\_\_\_\_

<b>TAXPAYER IDENTIFICATION AND STATUS</b>	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)			
	Spouse's Social Security Number		Home address (Number and Street, including apartment number or rural route)			
	County/Municipality Code		City, Town, Post Office		State	Zip Code
	<b>FILING STATUS</b>		<b>EXEMPTIONS</b>		<b>As Originally Reported</b>	<b>Amended</b>
	<b>ON ORIGINAL RETURN</b>	<b>ON AMENDED RETURN</b>	6. Regular	<input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> Spouse . . .	6.
1. <input type="checkbox"/>	<input type="checkbox"/> Single	7. Age 65 or Over	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse . . .	7.	
2. <input type="checkbox"/>	<input type="checkbox"/> Married, filing joint return	8. Blind or Disabled	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse . . .	8.	
3. <input type="checkbox"/>	<input type="checkbox"/> Married, filing separate return	9. Number of your qualified dependent children . . . . .			9.	
4. <input type="checkbox"/>	<input type="checkbox"/> Head of Household	10. Number of other dependents . . . . .			10.	
5. <input type="checkbox"/>	<input type="checkbox"/> Qualifying Widow(er)	11. Dependents attending colleges . . . . .			11.	
		12. Totals (For Line 12a - Add Lines 6, 7, 8 and 11) . .			12a.	
		(For Line 12b - Add Line 9 and Line 10) . . .			12b.	
<b>RESIDENCY STATUS</b>		13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____ MONTH DAY YEAR MONTH DAY YEAR				

**GUBERNATORIAL ELECTIONS FUND** Checking below will not increase your tax or reduce your refund.

Check here  If you did not previously want to have \$1 go to the fund but now want it to do so.

Check here  If joint return and if spouse did not previously want to have \$1 to go to the fund but now wants it to do so.

	As Originally Reported	Amended (See Instructions)
14. Wages, salaries, tips and other employee compensation . . . . .	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 . . . . .	17.	
18. Net gains or income from disposition of property . . . . .	18.	
19. Pensions, Annuities a. Taxable Amount Received . . . . .	19a.	
and IRA Withdrawals b. Less New Jersey Pension Exclusion . . . . .	19b.	
c. Subtract Line 19b from Line 19a . . . . .	19c.	
20. Distributive Share of Partnership Income . . . . .	20.	
21. Net pro rata share of S Corporation Income . . . . .	21.	
22. Net gain or income from rents, royalties, patents & copyrights . . . . .	22.	
23. Net Gambling Winnings . . . . .	23.	
24. Alimony and separate maintenance payments received . . . . .	24.	
25. Other . . . . .	25.	
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25) . . . . .	26.	

	As Originally Reported	Amended (See Instructions)
27. Total Income (From Line 26, Page 1)	27.	
28. Other Retirement Income Exclusion	28.	
29. <b>New Jersey Gross Income</b> (Subtract Line 28 from Line 27)	29.	
30. Exemptions (See instructions)	30.	
31. Medical Expenses/Medical Savings Account Contributions	31.	
32. Alimony & separate maintenance payments	32.	
33. Total Exemptions and Deductions (Add Lines 30, 31 and 32)	33.	
34. Taxable Income (Subtract Line 33 from Line 29)	34.	
35. Property Tax Deduction	35.	
36. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 35 from Line 34)	36.	
37. TAX: (see instructions)	37.	
38. Credit For Income Taxes Paid To Other Jurisdictions	38.	
39. Balance of Tax (Subtract Line 38 from Line 37)	39.	
40. Use Tax Due on Out-of-State Purchases (see instruction NJ-1040)	40.	
41. Total Tax (Add Line 39 and Line 40)	41.	
42. <b>Total New Jersey Income Tax Withheld</b>	42.	
43. Property Tax Credit	43.	
44. New Jersey Estimated Tax Payments/Credit from 1998 tax return	44.	
45. EXCESS N.J. UI/HC/WD Withheld (see instructions NJ-1040)	45.	
46. EXCESS N.J. Disability Insurance Withheld (see instructions NJ-1040)	46.	
47. Amount Paid with original return, assessments and/or with request for extension to file	47.	
48. Total payments (Add Lines 42 through 47)	48.	
49. Refund previously issued from Original Return	49.	
50. Net Payments (Subtract Line 49 from Line 48)	50.	
51. If payments (Line 50) are LESS THAN tax (Line 41) enter <b>AMOUNT OF TAX YOU OWE</b>	51.	
52. If payments (Line 50) are MORE THAN tax (Line 41) enter <b>OVERPAYMENT</b>	52.	
53. Amount of Line 52 to be (A) REFUNDED	53A.	
(B) CREDITED to your 2000 tax	53B.	

Enter below, name, social security number and address as shown on original return (if same as indicated on page 1, write "Same").  
If changing from separate to joint return, enter names, social security numbers and addresses used on original returns.  
**(Note:** You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

**Explanation of Changes to Income, Deductions, and Credits** Enter the line reference for which you are reporting a change and give the reason for each change.

**If amending Line 38, complete calculations below:**

(Income from Other Jurisdictions) \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
(Income from New Jersey sources) (New Jersey Tax Line 37)

Under the 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 51 in full. Write social security number on check or money order and make payable to:  
STATE OF NEW JERSEY-TGI

**SIGN HERE**

→ \_\_\_\_\_ Date → Spouse's signature (If filing jointly, BOTH must sign.)

Paid Preparer's Signature

Federal Employer Identification Number

Firm's Name

Federal Employer Identification Number

Division Use 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_

**Mail your return to:**  
Division of Taxation  
Revenue Processing Center  
PO Box 111  
Trenton, NJ 08645-0111  
**If REFUND:**  
Division of Taxation  
Revenue Processing Center  
PO Box 555  
Trenton, NJ 08647-0555

**Use of Form NJ-1040X**

You must use Form NJ-1040X to change any information reported on your resident income tax return (Form NJ-1040). Failure to do so will result in delayed processing of your return and/or refund.

Amended returns claiming a refund must be filed within three years from the time the return was filed or two years from the time the tax was paid, whichever is later. If the return is not received within this time limit, it will be considered out of statute and the refund claim will be disallowed.

**NOTE:** The "Amended" Column of this return must be filled out completely, even though certain items are not being amended.

Use Form NJ-1040X to amend the resident income tax return **only**. To amend a nonresident return, use Form NJ-1040NR for the appropriate year and write "Amended" in the upper right-hand corner.

**Attachments to Form NJ-1040X**

Where the original income tax return (Form NJ-1040) requires a schedule or form to support or change an item of income, deduction or credit, attach the appropriate schedule or form to Form NJ-1040X.

**When to File**

File Form NJ-1040X **only after** you have filed your original return (Form NJ-1040) and changes must be made to the original return.

**Where to File**

All amended returns (Form NJ-1040X) should be mailed to the following addresses:

**Mail Returns Without Payments to:** STATE OF NEW JERSEY  
DIVISION OF TAXATION  
REVENUE PROCESSING CENTER  
PO BOX 555  
TRENTON NJ 08647-0555

**Mail Returns With Payments to:** STATE OF NEW JERSEY  
DIVISION OF TAXATION  
REVENUE PROCESSING CENTER  
PO BOX 111  
TRENTON NJ 08645-0111

**Name and Social Security Number**

Your name and social security number must be entered on Form NJ-1040X and all accompanying schedules. If there is a balance due with the return, place your social security number on your check or money order. If the payment is for a joint return, include both social security numbers.

**Wage and Tax Statements – Form W-2**

A copy of your W-2 and/or 1099-R must accompany your New Jersey Amended Income Tax Resident Return (Form NJ-1040X) if you are

amending (by increasing) taxes withheld or if you are claiming Excess New Jersey Unemployment Insurance/Health Care Subsidy Fund/Workforce Development Partnership Fund contributions and/or Disability Insurance contributions.

**Taxpayer Signature**

You must sign and date your New Jersey Amended Income Tax Resident Return (Form NJ-1040X) in blue or black ink. Both husband and wife must sign a joint amended return. **A return which is unsigned cannot be processed.**

**Tax Preparers**

Anyone who prepares a return for a fee must sign the return as a "Paid Preparer" and enter his or her social security number or Federal preparer tax identification number. Include the company or corporation name and Federal Identification Number, if applicable. A tax preparer who fails to sign the return or provide a tax identification number may incur a \$25 penalty for each omission.

**Items to Check Before Mailing Your Return**

- ✓ Check for correct name, address, and social security number(s). Your amended return (Form NJ-1040X) cannot be processed without a social security number.
- ✓ Attach a copy of your W-2 Statement and/or Form 1099-R if amending (by increasing) taxes withheld or if you are claiming Excess New Jersey Unemployment Insurance/Health Care Subsidy Fund/Workforce Development Partnership Fund contributions and/or Disability Insurance withheld.
- ✓ If you are amending your credit for taxes paid to other jurisdictions, a completed copy of any return you filed with that jurisdiction must be attached.
- ✓ If there is a balance due on your amended return (Form NJ-1040X), attach a check or money order to avoid additional penalties and interest. Write your social security number on the check or money order.
- ✓ Sign and date your return. Both spouses must sign a joint return.

**Calendar Year or Fiscal Year Ended**

Like Form NJ-1040, Form NJ-1040X is different for each year. The calendar year or fiscal year **must be the same as the year covered by the original return** which is being amended. To illustrate, John Smith discovers an error on his 1998 New Jersey Resident Return (Form NJ-1040) while preparing his tax return for 1999. To correct the error on his 1998 tax return, he must file the New Jersey Amended Income Tax Resident Return (Form NJ-1040X) for tax year 1998. The calendar year on his NJ-1040X will be 1998 even though he is preparing the NJ-1040X in 2000.

**Line by Line Instructions**

**Name and Address**

Print or type your name(s), complete address and zip code in the space provided on the return.

**Social Security Number**

Enter your correct social security number in the space provided on the return. If you are married and filing a joint amended return, list the numbers of both you and your spouse. If the social security number(s) is different than that reported on your original return, indicate the original number(s) in the space provided on Page 2 of Form NJ-1040X.

**County/Municipality Code**

See "County/Municipality Code" in the instruction booklet for Form NJ-1040.

**Filing Status**

See "Filing Status" in the instruction booklet for Form NJ-1040. Be sure to indicate your filing status in both the "On Original Return" and the "On Amended Return" columns, even if you are not amending your filing status.

**NOTE:** You cannot change your filing status after the due date for filing the original Form NJ-1040 has passed unless you have done so for Federal income tax purposes.

**Exemptions**

See "Exemptions" in the instruction booklet for Form NJ-1040. Both columns, "As Originally Reported" and "Amended," must be completed even if you are not amending the number of exemptions reported on the original NJ-1040 tax return filed. Enter on **Line 12a** the total of Lines 6, 7, 8 and 11. Enter on **Line 12b** the total of Lines 9 and 10 in each column.

**NOTE:** If you omitted any qualified dependent(s) on your original return, enter the first name(s) of those omitted in the space provided on Page 2 of Form NJ-1040X.

Compute the amount of your personal exemption allowance on **Line 30** by following these three steps:

1. Multiply the total number of exemptions on Line 12a by \$1,000.
2. Multiply the total number of exemptions on Line 12b by \$1,500.
3. Add the total amount from steps 1 and 2 and enter the result on Line 30. Part-year residents must prorate the amount to be entered in each column on Line 30. Divide the total number of months you were a New Jersey resident by 12 and multiply by the total amount calculated in steps 1 and 2 above. For this calculation, 15 days or more is a month.

**Residency Status**

If this amended return does not cover a twelve-month period, complete Line 13. See "Residency Status" in the instruction booklet for Form NJ-1040.

**Gubernatorial Elections Fund**

If you checked "yes" on your original return, omit this section.

If you did not check "yes" on your original return and now wish to do so, check the appropriate box. See "Gubernatorial Elections Fund" in the instruction booklet for Form NJ-1040 for an explanation of the Gubernatorial Elections Fund. Checking the box(es) will not increase your tax or reduce your refund.

**Income and Deductions**

Both columns "As Originally Reported" and "Amended" must be completed even if you are not amending all the line items through Line 50. To illustrate, John Smith does not wish to amend Line 16 on his Form NJ-1040X, New Jersey Amended Income Tax Resident Return.

John Smith should complete Line 16 as follows:

Line	As Originally Reported	Amended (See Instructions)
16. Dividends	2345 60	2345 60

For further instructions see "Income" and "Deductions" in the instruction booklet for Form NJ-1040.

**Tax Computation - Line 37**

Compute your State tax by using the Tax Rate Schedules below. Choose the correct table for your filing status. Multiply the New Jersey Taxable Income (Line 36) by the applicable tax rate, subtract the proper amount shown on the chart and enter the result on Line 37. If your taxable income on Line 36 is under \$100,000, you may use the Tax Table in the NJ-1040 instruction booklet to determine your tax instead of the Tax Rate Schedules.

**1999 Tax Rate Schedules**

For filing status:					Table A
Single					
Married, Filing Separate Return					
If Line 36 is:					
Over	But Not Over	Multiply (x)	Then Subtract	= Tax	
			Line 36 by:	(-)	
\$ 0	\$ 20,000	x .014	-	\$ 0	
20,000	35,000	x .0175	-	70.00	
35,000	40,000	x .035	-	682.50	
40,000	75,000	x .05525	-	1,492.50	
75,000	and over	x .0637	-	2,126.25	

For filing status:					Table B
Married, Filing Joint Return					
Head of Household					
Qualifying Widow(er)					
If Line 36 is:					
Over	But Not Over	Multiply (x)	Then Subtract	= Tax	
			Line 36 by:	(-)	
\$ 0	\$ 20,000	x .014	-	\$ 0	
20,000	50,000	x .0175	-	70.00	
50,000	70,000	x .0245	-	420.00	
70,000	80,000	x .035	-	1,154.50	
80,000	150,000	x .05525	-	2,775.00	
150,000	and over	x .0637	-	4,042.50	

**Balance Due or Refund - Lines 51 and 52**

If your New Jersey Total Tax (Line 41) is larger than your Net Payments (Line 50), subtract Line 50 from Line 41 and enter the result on Line 51. You have a balance due. Make your check payable to "State of New Jersey - TGL."

If your Net Payments (Line 50) are larger than your New Jersey Total Tax (Line 41), subtract Line 41 from Line 50 and enter the result on Line 52. You have overpaid your tax; complete Line 53.

**Line 53**

Enter on:

- ♦ Line 53A the amount of overpayment (Line 52) to be *refunded* to you; and/or
- ♦ Line 53B the amount of overpayment to be *credited* against your 2000 tax liability.

**Explanation of Changes**

In the space provided, **explain** the reason for changes to income, deductions and/or credits as originally reported. If additional space is needed, attach a rider which includes your name and social security number.

**Credit for Taxes Paid to Other Jurisdiction(s)**

If you are amending your credit for income taxes paid to other jurisdictions, complete the formula with your amended figures. Remember to attach a completed copy of the return filed with the other jurisdiction.