



For Tax Year Jan.-Dec. 31, 2000 Or Other Tax Year Beginning _____, 2000, Month Ending , 20

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

Your Social Security Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)	Place label on form you file. Make all necessary changes on label.
Spouse's Social Security Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Address (Number and Street, including apartment number or rural route)	
County/Municipality Code (See Table p. 45) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office State Zip Code	

<p style="text-align: center;">(Fill in only one)</p> 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)	<p style="text-align: center;">EXEMPTIONS</p> 6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 9. Number of your qualified dependent children 10. Number of other dependents 11. Dependents attending colleges 12. Totals (For Line 12a - Add Lines 6, 7, 8 and 11) (For Line 12b - Add Lines 9 and 10)	<p style="text-align: center;">ENTER NUMBERS HERE</p> <table style="width:100%; text-align: center;"> <tr><td style="border: 1px solid black;">6</td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> <tr><td style="border: 1px solid black;">7</td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> <tr><td style="border: 1px solid black;">8</td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> <tr><td style="border: 1px solid black;">9</td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> <tr><td style="border: 1px solid black;">10</td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> <tr><td style="border: 1px solid black;">11</td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> <tr><td style="border: 1px solid black;">12a</td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;">12b</td></tr> <tr><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td><td style="border: 1px solid black;"> </td></tr> </table>	6			7			8			9			10			11			12a		12b			
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7																										
8																										
9																										
10																										
11																										
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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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GUBERNATORIAL ELECTIONS FUND	Do you wish to designate \$1 of your taxes for this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse wish to designate \$1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: if you fill in the Yes oval(s) it will not increase your
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14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15a. Taxable interest income (See instructions)	15a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15b. Tax exempt interest income (See instructions) DO NOT include on Line 15a	15b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Dividends	16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Pensions, Annuities and IRA Withdrawals	19a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Less N.J. Pension Exclusion	19b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Subtract Line 19b from Line 19a	19c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. Distributive Share of Partnership Income (See instruction page 24)	20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. Net pro rata share of S Corporation Income (See instruction page 24)	21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Net Gambling Winnings	23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Alimony and separate maintenance payments received	24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Other (See instruction page 25)	25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



27. Total Income (From Line 26, Page 1)	27							
28. Other Retirement Income Exclusion (See Worksheet and instr. page 26)				28				
29. New Jersey Gross Income (Subtract Line 28 from Line 27)	29							
See instruction page 26.								
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 10.								
31. Medical Expenses	31							
(See Worksheet and instruction page 27)								
32. Alimony and Separate Maintenance Payments	32							
33. Qualified Conservation Contribution	33							
34. Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33)	34							
35. Taxable Income (Subtract Line 34 from Line 29)	35							
If zero or less, MAKE NO ENTRY.								
36. Property Tax Deduction (See instruction page 28)				36				
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35)	37							
If zero or less, MAKE NO ENTRY.								
38. TAX (From Tax Tables, page 47)	38							
39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions)	39							
40. Balance of Tax (Subtract Line 39 from Line 38)	40							
41. Use Tax Due on Out-of-State Purchases (See instruction page 31)	41							
If no Use Tax, enter ZERO (0.00).								
42. Total Tax (Add Line 40 and Line 41)	42							
43. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)	43							
44. Property Tax Credit (See instruction page 28)				44				
45. New Jersey Estimated Tax Payments/Credit from 1999 tax return	45							
Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.								
46. New Jersey Earned Income Tax Credit (See schedule Page 3)				46				
47. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 32) (Enclose Form NJ-2450)				47				
48. EXCESS New Jersey Disability Insurance Withheld (See instr. page 32)				48				
(Enclose Form NJ-2450)								
49. Total Payments/Credits (Add Lines 43 through 48)	49							

BE SURE TO COMPLETE PAGES 3 AND 4



Name(s) as shown on Form NJ-1040

Your Social Security Number

50. If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE 50 [] [] [] [] [] [] [] [] [] []

If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount.

51. If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT 51 [] [] [] [] [] [] [] [] [] []

NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 and/or 58 WILL REDUCE YOUR TAX REFUND

Deductions from Overpayment on Line 51 which you elect to credit to:

52. Your 2001 tax 52 [] [] [] [] [] [] [] [] [] []

53. The N.J. Endangered Wildlife Fund G \$10 G \$20 G Other 53 [] [] [] [] [] [] [] [] [] []

54. N.J. Children's Trust Fund To Prevent Child Abuse G \$10 G \$20 G Other 54 [] [] [] [] [] [] [] [] [] []

55. The N.J. Vietnam Veterans' Memorial Fund G \$10 G \$20 G Other 55 [] [] [] [] [] [] [] [] [] []

56. N.J. Breast Cancer Research Fund G \$10 G \$20 G Other 56 [] [] [] [] [] [] [] [] [] []

57. U.S.S. New Jersey Educational Museum Fund ... G \$10 G \$20 G Other 57 [] [] [] [] [] [] [] [] [] []

58. Other Designated Contribution G \$10 G \$20 G Other 0 [] [] [] [] [] [] [] [] [] []

59. Total Deductions from Overpayment (Add Lines 52 through 58) 59 [] [] [] [] [] [] [] [] [] []

60. REFUND (Amount to be sent to you, Line 51 LESS Line 59) 60 [] [] [] [] [] [] [] [] [] []

ENTER AMOUNT OF CONTRIBUTION

EARNED INCOME TAX CREDIT SCHEDULE

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2000, your gross income on Line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.

- 1. Did you file a 2000 Federal Schedule EIC, on which you listed at least one "qualifying child"? Yes No
2. Fill in oval if you had the IRS figure your Federal Earned Income Credit
3. Enter the amount of Federal Earned Income Credit from your 2000 Federal Form 1040 or 1040A
4. Enter 10% of amount on Line 3 here and on Page 2, Line 46.

Division Use 1 2 3 4 5 6 7

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 knowledge.

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 15)

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 50 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