



STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2005 - December 31, 2005

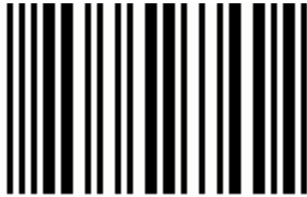
Or Other Taxable Year Beginning _____, 2005,

Ending _____, 20__

5-N

Check box if application for Federal extension is attached or enter confirmation number _____

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)			Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.		
	Spouse's Social Security Number	Home Address (Number and Street, including apartment number or rural route)					
	↑ You must enter your SSN(s) above ↑ State of Residency (outside NJ)	City, Town, Post Office	State	Zip Code			
	NJ RESIDENCY STATUS 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						
Please Attach W-2 Forms Here	Filing Status (Check only ONE box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return Name and Social Security Number of Spouse _____ 4. <input type="checkbox"/> Head of household 5. <input type="checkbox"/> Qualifying widow(er)	EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	6			
	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		7				
	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> 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			
	13. GUBERNATORIAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? 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.	
				Yes	No		
			(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES			
	14. Wages, salaries, tips, and other employee compensation		14		14		
	15. Interest		15		15		
16. Dividends	16		16				
17. Net profits from business (Attach copy of Federal Schedule C, Form 1040)	17		17				
18. Net gains or income from disposition of property (From Line 56)	18		18				
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 59)	19		19				
20. Net gambling winnings	20		20				
21. Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	21						
22. Distributive Share of Partnership Income	22		22				
23. Net pro rata share of S Corporation Income	23		23				
24. Alimony and separate maintenance payments received	24		24				
25. Other - State Nature and Source _____	25		25				
26. TOTAL INCOME (Add Lines 14 through 25)	26		26				
27. Other Retirement Income Exclusion (See Worksheet and Instructions page 22)	27		27				
28. Gross Income (Subtract Line 27 from Line 26)	28		28				
29a. Exemptions: From Line 12a _____ x \$1,000 = _____							
29b. From Line 12b _____ x \$1,500 = _____							
29c. Total Exemption Amount (Add Line 29a and Line 29b) Part-year nonresidents see instruction page 5	29c						
30. Medical Expenses (See Worksheet and Instructions page 24)	30						
31. Alimony and separate maintenance payments	31						
32. Qualified Conservation Contribution	32						
33. Health Enterprise Zone Deduction	33						
34. Total Exemptions and Deductions (Add Lines 29c, 30, 31, 32, and 33)	34						
35. TAXABLE INCOME (Subtract Line 34 from Line 28, Column A)	35						



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Name(s) as shown on Form NJ-1040NR		Your Social Security Number	
36. Taxable Income (from Line 35, Page 1)	36		
37. Tax on amount on Line 36 (From Tax Table page 30)	37		
38. Income Percentage $\frac{B. (Line\ 28)}{A. (Line\ 28)} = \underline{\hspace{2cm}}$ %			
39. NEW JERSEY TAX (Multiply amount from Line 37 $\underline{\hspace{2cm}}$ x $\underline{\hspace{2cm}}$ % from Line 38)	39		
40. Penalty for Underpayment of Estimated Tax Check box <input type="checkbox"/> if Form NJ-2210 is enclosed.	40		
41. Total Tax and Penalty (add Line 39 and Line 40)	41		
42. Total New Jersey Income Tax Withheld (Attach Form W-2)	42		
43. New Jersey Estimated Tax Payments/Credit from 2004 tax return	43		
44. Tax paid on your behalf by Partnership(s)	44		
45. EXCESS NJ UI/HC/WD Withheld (Enclose Form NJ-2450. See Instructions)	45		
46. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instructions)	46		
47. Total Payments/Credits (Add Lines 42 through 46) ENTER TOTAL →	47		
48. If Line 47 is LESS THAN Line 41 enter AMOUNT YOU OWE	48		
49. If Line 47 is MORE THAN Line 41 enter OVERPAYMENT	49		
50. Deductions from Overpayment on Line 49 which you elect to credit to:			
(A) Your 2006 Tax	50A		
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50B		
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50C		
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50D		
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50E		
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50F		
(G) Designated Contribution <input type="text" value="0"/> <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50G		
51. Total Deductions From Overpayment (Add Lines 50A, B, C, D, E, F, and G) ENTER TOTAL →	51		
52. REFUND (Amount to be sent to you. Subtract Line 51 from Line 49)	52		

NOTE:
AN ENTRY ON LINE
50A, B, C, D, E, F, OR G
WILL REDUCE YOUR TAX
REFUND

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
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>	
	_____ 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(s) on check or money order and make payable to:
STATE OF NEW JERSEY-TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244
You may also pay by e-check or credit card.

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

PART I 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.

Table with 6 columns: (a) Kind of property and description, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Cost or other basis, (f) Gain or (loss). Includes rows 53, 54. Capital Gains Distribution, 55. Other Net Gains, 56. Net Gains.

PART II 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 of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return.

Table with 5 columns: (a) Kind of property, (b) Net Rental Income (Loss), (c) Net Income From Royalties, (d) Net Income From Patents, (e) Net Income From Copyrights. Includes rows 57, 58. Totals, 59. Net Income.

PART III 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.)

Table with 2 columns: Description, Amount. Includes rows 60-65 for allocation details and 66. ALLOCATION FORMULA.

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