

NJ-1040NR
2007



STATE OF NEW JERSEY **WEB**
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2007 - December 31, 2007
Or Other Taxable Year Beginning _____, 2007

Ending _____, 20__

5-N

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

FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

Your Social Security Number _____ _____ _____ _____ _____ _____	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)		
Spouse's/CU Partner'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

Filing Status (Check only ONE box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/CU Couple, filing joint return 3. <input type="checkbox"/> Married/CU Partner, filing separate return Name and SSN of Spouse/CU Partner _____ 4. <input type="checkbox"/> Head of household 5. <input type="checkbox"/> Qualifying widow(er)/Surviving CU Partner	EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner 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 Line 9 and Line 10)	6 7 8 9 10 11 12a 12b	_____ _____ _____ _____ _____ _____ _____ _____
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DEPENDENT INFORMATION	13. Dependent's Last Name, First Name, Middle Initial a _____ b _____ c _____ d _____	Dependent's Social Security Number _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____	Birth Year _____ _____ _____ _____
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GUBERNATORIAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.
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	(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 (Enclose copy of Federal Schedule C, Form 1040)	17		17
18. Net gains or income from disposition of property (From Line 58)	18		18
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 61)	19		19
20. Net gambling winnings	20		20
21. Pensions, Annuities, and IRA Withdrawals	21		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
27a. Pension Exclusion (See Instruction page 25)	27a		27a
27b. Other Retirement Income Exclusion (See Worksheet and Instructions page 26)	27b		27b
27c. Total Exclusion Amount (Add Line 27a and Line 27b)	27c		27c
28. Gross Income (Subtract Line 27c from Line 26)	28		28

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 55-58 for Capital Gains Distribution, Other Net Gains, and 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 row 60 for Totals and row 61 for 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 for allocation formula with rows 62-67 for days worked and row 68 for the allocation formula: (Line 67) / (Line 65) x (Enter amount from Line 62) / (Salary earned inside N.J.) = (Include this amount on Line 14, Col. B)

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. From Line No. \$ X % = \$