



STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2010 - December 31, 2010

Or Other Taxable Year Beginning _____, 2010

Ending _____, 20__

5-N

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

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/CU partner 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/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)		EXEMPTIONS		6 Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	
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		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 _____	
DEPENDENT INFORMATION	13. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year				
	a _____ / _____ / _____				
	b _____ / _____ / _____				
	c _____ / _____ / _____				
d _____ / _____ / _____					
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 type="checkbox"/>	No <input type="checkbox"/>	Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		(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 59)		18		18	
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 62)		19		19	
20. Net gambling winnings (See Instruction page 20)		20		20	
21. Pensions, Annuities, and IRA Withdrawals		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			
27b. Other Retirement Income Exclusion (See Worksheet and Instructions page 25)		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.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
56.					
57. Capital Gains Distribution					57
58. Other Net Gains					58
59. Net Gains (Add Lines 56, 57, and 58) (Enter here and on Line 18) (If Loss, enter ZERO)					59

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.

(a) Kind of property	(b) Net Rental Income (Loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights
60.				
61. Totals	(b)	(c)	(d)	(e)
62. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 19) (If Loss, enter ZERO)				62

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.)

63. Amount reported on Line 14 in Column A required to be allocated	63
64. Total days in taxable year	64
65. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	65
66. Total days worked in taxable year (subtract Line 65 from Line 64)	66
67. Deduct days worked outside New Jersey	67
68. Days worked in New Jersey (subtract Line 67 from Line 66)	68
69. ALLOCATION FORMULA $\frac{\text{(Line 68)}}{\text{(Line 66)}} \times \frac{\text{(Line 63)}}{\text{(Enter amount from Line 63)}} = \frac{\text{(Salary earned inside N.J.)}}{\text{(Salary earned inside N.J.)}}$ (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 _____ % = \$ _____

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

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

