



Your Social Security Number

Name(s) as shown on Form NJ-1040

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) 15.

16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) 16a.

16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a 16b.

17. Dividends 17.

18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) 18.

19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) 19.

20a. Pensions, Annuities, and IRA Withdrawals (See instructions) 20a.

20b. Excludable Pensions, Annuities, and IRA Withdrawals 20b.

21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 21.

22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 22.

23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) 23.

24. Net Gambling Winnings (See instructions) 24.

25. Alimony and Separate Maintenance Payments received 25.

26. Other (Enclose documents) (See instructions) 26.

27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) 27.

28a. Retirement/Pension Exclusion (See instructions) 28a.

28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) 28b.

28c. Total Exclusion Amount (Add lines 28a and 28b) 28c.

29. **New Jersey Gross Income** (Subtract line 28c from line 27) (See instructions) 29.

30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) 30.

31. Medical Expenses (See Worksheet F and instructions) 31.

32. Alimony and Separate Maintenance Payments (See instructions) 32.

33. Qualified Conservation Contribution 33.

34. Health Enterprise Zone Deduction 34.

35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) 35.

36. Organ/Bone Marrow Donation Deduction (See instructions) 36.

37. Total Exemptions and Deductions (Add lines 30 through 36) 37.

38. Taxable Income (Subtract line 37 from line 29) 38.

39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) ...39a.

39b. Block Lot Qualifier

39c. County/Municipality Code Fill in if you completed Worksheet G.

39d. Indicate your residency status during 2020 (fill in only one oval) Homeowner Tenant Both



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40. Property Tax Deduction (From Worksheet H) (See instructions).....	40.								
41. New Jersey Taxable Income (Subtract line 40 from line 38).....	41.								
42. Tax on Amount on line 41 (Tax Table page 52)	42.								
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.								
44. Balance of Tax (Subtract line 43 from line 42).....	44.								
45. Child and Dependent Care Credit (See instructions)	45.								
Fill in <input type="text"/> if you are a CU couple claiming the Child and Dependent Care Credit									
46. Sheltered Workshop Tax Credit.....	46.								
47. Gold Star Family Counseling Credit (See instructions).....	47.								
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.								
49. Total Credits (Add lines 45 through 48).....	49.								
50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.								
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00	51.								
52. Interest on Underpayment of Estimated Tax	52.								
Fill in <input type="text"/> if Form NJ-2210 is enclosed									
53. Shared Responsibility Payment (See instructions)	53.								
REQUIRED Enclose Schedule HCC and fill in <input type="text"/>									
54. Total Tax Due (Add lines 50 through 53)	54.								
55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099).....	55.								
56. Property Tax Credit (See instructions page 23).....	56.								
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.								
58. New Jersey Earned Income Tax Credit (See instructions).....	58.								
Fill in <input type="text"/> if you had the IRS calculate your federal earned income credit									
Fill in <input type="text"/> if you are a CU couple claiming the NJ Earned Income Tax Credit									
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions).....	59.								
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions).....	60.								
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions).....	61.								
62. Wounded Warrior Caregivers Credit (See instructions)	62.								
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.								
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63).....	64.								
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe	65.								
If you owe tax, you can still make a donation on lines 68 through 75.									
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment.....	66.								
67. Amount from line 66 you want to credit to your 2021 tax.	67.								



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68. Contribution to N.J. Endangered Wildlife Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	68.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
69. Contribution to N.J. Children's Trust Fund To Prevent Child Abuse.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	69.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
70. Contribution to N.J. Vietnam Veterans' Memorial Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	70.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
71. Contribution to N.J. Breast Cancer Research Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	71.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
72. Contribution to U.S.S. New Jersey Educational Museum Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	72.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
73. Other Designated Contribution (See instructions).....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	73.	Enter Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
74. Other Designated Contribution (See instructions).....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	74.	Enter Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
75. Other Designated Contribution (See instructions).....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	75.	Enter Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75).....		76.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
77. Balance due (If line 65 is more than zero, add line 65 and line 76).....	Fill in <input type="radio"/> if paying by e-check or credit card	77.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66).....		78.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gubernatorial Elections Fund
 Do you want to designate \$1 to the Gubernatorial Elections Fund?
 If joint return, does your spouse want to designate \$1?
 This does not reduce your refund or increase your balance due.

→ You Spouse/CU Partner Yes No
 Yes No

Signature

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature _____ Date _____ Spouse's/CU Partner's Signature (required if filing jointly) _____ Date _____

Driver's License Number (Voluntary) (See instructions)

Fill in if death certificate is enclosed. Fill in if you do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).

Paid Preparer's Signature (Fill in <input type="radio"/> if NJ-1040-O is enclosed)	Federal Identification Number <input type="text"/>
Firm's Name	Firm's Federal Employer Identification Number <input type="text"/>

Keep a copy of this return and all supporting documents for your records.

Tax Due Address
 Mail payment along with the NJ-1040-V payment voucher and tax return to:
 State of New Jersey
 Division of Taxation
 Revenue Processing Center – Payments
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey – TGI
 You can also make a payment on our website:
 www.njtaxation.org

Refund or No Tax Due Address
 Mail to:
 State of New Jersey
 Division of Taxation
 Revenue Processing Center – Refunds
 PO Box 555
 Trenton, NJ 08647-0555