Tax Year JanDec. 31, 1995 Or Other Tax Y Check block if application for Federa				heck here if	your addre	1.1 C	chang	ged. 🗌		1
Your Social Security Number	Last N	ame, First Name a	ind Initia	l point New enter 1	rst name and initial	of each - Em	er spouse la	ast name ON	LY if differen	-
	Г								-	Place
Spouse's Social Security Number	Home	address (Number and Stre	et, including a	partment number or t	(atur letu					on fo
N N N I N N N N N N										Make
County/Municipality Code (See Table p. 25)	City, Tr	own, Post Office	-	1-11-1		Sta	te	Zo	Code	chan on la
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(Check only ONE box)			-				ENTE	RNUN	ABERS	HER
1. Single		6. Regular		X Yourself	Spou	ien C	6			
0 2. Married, filing joint return								-		
	\$	7. Age 65 or 0		O Yoursel		12122	7	-		
3. Married, filing separate return	EXEMPTIONS	8. Blind or Dis	abled	Yoursel	Spou	ISE	8		-	-
Name of Secure	- I I	9. Number of y	your qua	lified depen	dent childre	in	•	1	9	-
		10. Number of c	other de	pendents				1	10	
	L L	11. Dependents	attendi	ng colleges.		11				
4. Head of Household		12. Totals (For U							-	
5. Qualifying Widow(er)		(For U	ine 12b -	Add Lines 9 a	nd 10)	128	-	1	2b	110 20
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and the second sec	compensation (E	ouse wish to designa	ste \$1?		22.25			booled	a will not	ok the Yes
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NJ-1040 (1995) Page 2

	New Jersey Gross Income (From Line 27c, Page 1)		28	minut 7	Second Second	7 5-i	in the second second	1- Louis Land
29a.	Exemptions: From Line 12a x \$1,000	=						
296.	From Line 12b x \$1,500	=						Part Yea
29c,	Total Exemption Amount (Add Line 29a and Line 29b	)	TIF	T	1.			Resident
30.	Medical Expenses (See Worksheet and instr. p. 15 a	nd 16) 30	TIC		10			instr. p.
81.	Alimony & Separate Maintenance Payments				10			
32.	Total Exemptions & Deductions (Add Lines 29c, 30, and		32	TI		TT	TI	IT
33.	NEW JERSEY TAXABLE INCOME (Subtract Line 32 from Line 28) If zero or less, enter		33	Ē,		<b>—</b> ,	11	
14.	TAX: (From Tax Tables, p. 27)					<b></b> ,[		
35.	Credit For Income Taxes Paid To Other Jurisdictions	(From Schedule A, Line 5)		<b>,</b>				
36.	Balance of Tax (Subtract Line 35 from Line 34)			Ξ,		L.,[		
37.	Use Tax Due on Out-of-State Purchases (See instr. ;	o. 16). If no Use Tax, enter	ZERO 37	Ξ,		<b>,</b> [		].
38.	Total Tax (Add Line 36 and Line 37)			Ξ,		<b>[</b> ],[	TI	1.
39.	Total N.J. Income Tax Withheld (Enclose Forms W-2	and 1099R) 39	T	1.			Check	if Form NJ-221
10.	New Jersey Estimated Tax Payments/Credit from 199	4 tax return 40		. 831			1 10	allached
11.	EXCESS N.J. WD/HC Withheld (See instr. p. 17)			1.		.CT	• It on om	ount is entered
2	EXCESS N.J. Disability Insurance Withheld (See inst	Ir. p. 17) 42		1.		1	and the second se	41 or Line 42 orm NJ-2450
13.	Total Payments/Credits (Add Lines 39 through 42) .	ENTER T	OTAL 1 43				TT	ITT
64.						Hit	11	irt
			_		datas data		hards and a	1-1-1-1
	If you owe tax, you may make a donation by entering			_	dang ins	to your c	neck amoun	
15. 16.	If payments (Line 43) are MORE THAN tax (Line 38) Deductions from Overpayment on Line 45 which you elect I (A) Your 1996 Tax	o credit to:			4			OTE:
	The N.J. Conserve	Laure Descend 75	and the second second	12 hoursely	and south	-		
	(B) Wildlife Fund	\$5. \$10. Other \$	46	5B			1. S.	NTRY ON
	The Children's Toust Fund	]\$5. □\$10, Other \$ ]\$5. □\$10, Other \$		SB C		+	LINI B, C d	NTRY ON ES 46A, or D WILL
	(C) The Children's Trust Fund To Prevent Child Abuse D The N.J. Vietnam	\$5. \$10, Other \$	41	sc 🔤		甘	B, C c REDU	NTRY ON ES 46A,
7	(C) The Children's Trust Fund To Prevent Child Abuse C The N.J. Vietnam Veterans' Memorial Fund	\$5, \$10, Other \$	- 41	SC SD		日	B, C c REDU	NTRY ON ES 46A, or D WILL CE YOUR
	(C)       The Children's Trust Fund       To Prevent Child Abuse       C         (D)       The N.J. Vietnam       Veterans' Memorial Fund       C         Total Deductions From Overpayment (Add Lines 46A, 1)	\$5,       \$10, Other \$         \$5,       \$10, Other \$         \$5,       \$10, Other \$         8, C, and D)       ENTER T	44 44 0TAL \$ 47	SD			B, C c REDU	NTRY ON ES 46A, or D WILL CE YOUR
47.	(C) The Children's Trust Fund (D) Total Deductions From Overpayment (Add Lines 46A, I REFUND (Amount to be sent to you, Line 45 LESS	\$5,       \$10, Other \$         \$5,       \$10, Other \$         \$5,       \$10, Other \$         B, C, and D)       ENTER T         Line 47)	44 44 OTAL \$ 47	SD			LINI B, C c REDU TAX	NTRY ON ES 46A, or D WILL CE YOUR REFUND
18.	(C)       The Children's Trust Fund       To Prevent Child Abuse       C         (D)       The N.J. Vietnam       Veterans' Memorial Fund       C         Total Deductions From Overpayment (Add Lines 46A, 1)	\$5,         \$10, Other \$	OTAL  44 0 47 48 estead Property belief, it is true,	SD Tax Rebativ	nd complete	. Write	LINI B, C c REDU TAX	ATRY ON ATRY ON ATRY ON ATRACE ATR
8.	<ul> <li>(C) The Children's Trust Fund To Prevent Child Abuse</li> <li>(D) Total Deductions From Overpayment (Add Lines 46A, 1)</li> <li>Total Deductions From Overpayment (Add Lines 46A, 1)</li> <li>REFUND (Amount to be sent to you, Line 45 LESS</li> <li>Under the penalties of perjury, I declare that I have examined including accompanying schedules and statements, and to 1 if prepared by a person other than taxpayer, this declaration</li> </ul>	\$5,       \$10, Other \$	OTAL	SC SD Tax Rebalk correct, ar	nd complete	Write check payab	LINI B, C c REDU TAX	At in full.
	(C)       The Children's Trust Fund       To Prevent Child Abuse       D         (D)       The N.J. Vietnam       Veterans' Memorial Fund       D         Total Deductions From Overpayment (Add Lines 46A, I       REFUND (Amount to be sent to you, Line 45 LESS       Under the penalties of perjury, I declare that I have examined including accompanying schedules and statements, and to I if prepared by a person other than taxpayer, this declaration         Your signature       Date	\$5,       \$10, Other \$	OTAL 44 0TAL 47 48 ostead Property belief, it is true, which the prepar	Tax Rebatic correct, arriver has any	nd complete	<ul> <li>Write check payab</li> <li>STATE Mail y</li> </ul>	LINI B, C c REDU TAX TAX TAX TAX TAX TAX TAX TAX TAX TAX	ATRY ON ES 46A, or D WILL CE YOUR REFUND 44 in full. y number on ter and make
	<ul> <li>(C) The Children's Trust Fund To Prevent Child Abuse</li> <li>(D) Total Deductions From Overpayment (Add Lines 46A, 1)</li> <li>Total Deductions From Overpayment (Add Lines 46A, 1)</li> <li>REFUND (Amount to be sent to you, Line 45 LESS</li> <li>Under the penalties of perjury, I declare that I have examined including accompanying schedules and statements, and to 1 if prepared by a person other than taxpayer, this declaration</li> </ul>	\$5,       \$10, Other \$	DTAL  40 40 40 40 40 40 40 40 40 40 40 40 40	Tax Rebatic correct, arriver has any	nd complete	<ul> <li>Write check payab</li> <li>STATE Mail y envelo</li> </ul>	LINI B, C o REDU TAX TAX mount on line social security or maney ord le to: : OF NEW JEF	At in tull. At in
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	<ul> <li>(C) The Children's Trust Fund</li> <li>(D) Total Deductions From Overpayment (Add Lines 46A, 10)</li> <li>Total Deductions From Overpayment (Add Lines 46A, 10)</li> <li>REFUND (Amount to be sent to you, Line 45 LESS</li> <li>Under the penalties of perjury, I declare that I have examined including accompanying schedules and statements, and to 11 if prepared by a person other than taxpayer, this declaration</li> <li>Your signature Date</li> <li>If you do not need forms mailed to you next year</li> </ul>	\$5,       \$10, Other \$	oTAL  44 OTAL 47 48 astead Property belief, it is true, which the prepar jointly, BOTH r 6)	Tax Rebalk correct, ar rer has any	nd complete	<ul> <li>Write check payab</li> <li>STATE Mail y envelo</li> </ul>	LINE B, C o REDU TAX TAX mount on line social security or manay ord le to: OF NEW JEF our return in o spes provided.	ATRY ON ES 46A, or D WILL CE YOUR REFUND 44 In tull. y number on ter and make ISEY - TGI ne of the