NJ-1040X 1996

# STATE OF NEW JERSEY AMENDED

# **INCOME TAX RESIDENT RETURN**

7x

L	For Tax Year Jan Dec. 31, 1996	6, Or Other Tax Year Beginnii	ng	, 1996,	Endin	g	, 19		
	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)							
ATUS	Spouse's Social Security Number	Home address (Number and Street, including apartment number or rural route)							
ID ST	County/Municipality Code	City, Town, Post Office State Zip Code					Zip Code		
NO A	FILING STATUS	EXE	MPTIONS			As Originally Reported	Amende	d	
TAXPAYER IDENTIFICATION AND STATUS	STATUS taxable year, give the  GUBERNATORIAL ELECTIONS FUND	7. Age 65 or Over  8. Blind or Disabled  9. Number of your qualified  10. Number of other depend  11. Dependents attending of  12. Totals (For Line 12a -  (For Line 12b -  ersey resident for ONLY part of  e period of New Jersey resident  Checking below will	Yourself E Yourself E d dependent c dents olleges Add Lines 6, Add Line 9 ar of the Fronency:	7, 8 and 11)	12a. 12b. AY YEA		ONTH DAY YEAR		
	Check here    ☐ If you did not previous	iusiy wani to nave \$1 go to th	e iuna bat nov	want it to do st	٠.				
	Check here ☐ If you did not previo		nt to have \$1 t	to go to the fund		Amer	nded		
14.	Check here   ☐ If joint return and if	spouse did not previously wa	As Oi	to go to the fund			nded		
		spouse did not previously was	As Oi Rep	to go to the fund		Amer	nded		
15a.	Check here ☐ If joint return and if  Wages, salaries, tips and other employee co	spouse did not previously wa	As Or Rep. 14.	to go to the fund		Amer	nded		
15a. 15b.	Check here	spouse did not previously was	As Or Rep. 14.	to go to the fund		Amer	nded		
15a. 15b. 16.	Check here	mpensation	As Or Rep 14. 15a.	to go to the fund		Amer	nded		
15a. 15b. 16. 17.	Check here	mpensationle on Line 15a	As Or Rep. 14. 15a. 15b. 16. 17.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18.	Check here	mpensationle on Line 15a	As Or Rep 14. 15a. 15b. 16.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18.	Check here	mpensation	14. 15a. 15b. 16. 17. 18. 19a.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18.	Check here	mpensation	14. 15a. 15b. 16. 17. 18. 19a. 19b.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18.	Check here	mpensation	As Or Rep 14. 15a. 15b. 16. 17. 18. 19a. 19b.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18. 19.	Check here	mpensation	14.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18. 19.	Check here	mpensation	14. 15a. 15b. 16. 17. 18. 19a. 19c. 20. 21.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18. 19.	Check here	mpensation	As Or Rep 14. 15a. 15b. 16. 17. 18. 19a. 19b. 19c. 20. 21. 22.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18. 19.	Check here	mpensation	As Oi Rep. 14. 15a. 15b. 16. 17. 18. 19a. 19c. 20. 21. 22. 23.	to go to the fund		Amer	nded		
15a. 15b. 16. 17. 18. 19. 20. 21. 22. 23.	Wages, salaries, tips and other employee contaxable Interest Income  Tax exempt interest income. DO NOT included Dividends  Net profits from business.  Net gains or income from disposition of proper Pensions, Annuities  and IRA Withdrawals  b. Less New Jec. Subtract Line Distributive Share of Partnership Income.  Net gain or income from rents, royalties, pater Net Gambling Winnings.	mpensation	As Or Rep.  14. 15a. 15b. 16. 17. 18. 19a. 19c. 20. 21. 22. 23. 24.	to go to the fund		Amer	nded		

			<i>A</i>	As Originally Reported		Amended (See Instructions)		
27.	Total Income (From Line 26, Page 1)		. 27.					
28.	Other Retirement Income Exclusion		. 28.					
29.	New Jersey Gross Income (From Line 28, Line 27)		. 29.					
30.	Exemptions (See instructions)		. 30.					
31.	Medical Expenses		. 31.					
32.	Alimony & separate maintenance payments		. 32.					
33.	Total Exemptions and Deductions (Add Lines 30, 31 and 32)		. 33.					
34.	Taxable Income (Subtract Line 33 from Line 29)		. 34.					
35.	Property Tax Deduction		. 35.					
36.	NEW JERSEY TAXABLE INCOME (Subtract Line 35 from Line 34)		.` 36.					
37.	TAX: (see instructions)		. 37.					
38.	Credit For Income Taxes Paid To Other Jurisdictions		. 38.					
39.	Balance of Tax (Subtract Line 38 from Line 37)		. 39.					
40.	Use Tax Due on Out-of-State Purchases (see instruction NJ-1040)		. 40.					
41.	Total Tax (Add Line 39 and Line 40)		. 41.					
42.	Total New Jersey Income Tax Withheld		. 42.					
43.	Property Tax Credit		. 43.					
44.	New Jersey Estimated Tax Payments/Credit from 1995 tax return		. 44.					
45.	EXCESS N.J. WD/UI/HC Withheld (see instructions NJ-1040)		. 45.					
46.	EXCESS N.J. Disability Insurance Withheld (see instructions NJ-1040)		. 46.					
47.	Amount Paid with original return, assessments and/or with request for e	extension to file	. 47.					
48.	Total payments (Add Lines 42 through 47)		. 48.					
49.	Refund previously issued from Original Return		. 49.					
50.	Net Payments (Subtract Line 49 from Line 48)		. 50.					
51.	If payments (Line 50) are LESS THAN tax (Line 41) enter AMOUNT O	F TAX YOU OWE .		51.				
52.	If payments (Line 50) are MORE THAN tax (Line 41 enter OVERPAYN	IENT		52.				
53.	Amount of Line 52 to be (A) REFUNDED			53A.				
	(B) CREDITED to your 1997 tax		. 53B.			•		
If c	er below, name, social security number and address as shown on origina hanging from separate to joint return, enter names, social security numbe wite: You cannot change from joint to separate returns after the due date	rs and addresses u nas passed unless	ised on orig you have d	ginal returns. done so for Feder	,			
Ent	er first names of your dependent children who lived with you, but were no	t claimed as deper	idents on o	original return.				
	planation of Changes to Income, Deductions, and Credits er the line reference for which you are reporting a change and give the re	ason for each char	nge.					
	mending Line 38, complete calculations below: ome from Other Jurisdictions)	(		=				
	ome from New Jersey sources)	(New Jersey	Tax Line 3	34)				
	Under the penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete. If prepared by a person information of which the preparer has any knowledge.				best of	Pay amount on line 51 in full. Write social security number on check or money order and make payable to:		
単	Your signature Date Sp	ouse's signature (If fil	ing jointly, B	OTH must sign.)		State of New Jersey-TGI		
-	Paid Preparer's Signature	ederal Employer Identi	fication Num	nber		Mail your return to: Division of Taxation, Income Tax-CN 111,		
SIGN HERE	Firm's Name					Trenton, NJ 08645-0111  If REFUND: Division of Taxation		
	Division Use 1 2 3 4 5	6	7	<u> </u>		Income Tax-CN 555, Trenton, NJ 08647-0555		

#### Use of Form NJ-1040X

You must use Form NJ-1040X to change any information reported on your resident income tax return (Form NJ-1040). Failure to do so will result in delayed processing of your return and/or refund.

Amended returns claiming a refund must be filed within three years from the time the return was filed or two years from the time the tax was paid, whichever is later. If the return is not received within this time limit, it will be considered out of statute and the refund claim will be disallowed.

**Note:** The "Amended" Column of this return must be filled out completely, even though certain items are not being amended.

*Use Form NJ-1040X to amend the resident income tax return only*. To amend a nonresident return, use Form NJ-1040NR for the appropriate year and write "Amended" in the upper right-hand corner.

#### Attachments to Form NJ-1040X

Where the original income tax return (Form NJ-1040) requires a schedule or form to support or change an item of income, deduction or credit, attach the appropriate schedule or form to Form NJ-1040X.

#### When to File

File Form NJ-1040X **only after** you have filed your original return (Form NJ-1040) and changes must be made to the original return.

#### Where to File

All amended returns (Form NJ-1040X) should be mailed to the following addresses:

Mail Returns WithoutSTATE OF NEW JERSEYPayments to:DIVISION OF TAXATION

CN 555

TRENTON NJ 08647-0555

Mail Returns WithSTATE OF NEW JERSEYPayments to:DIVISION OF TAXATION

CN 111

TRENTON NJ 08645-0111

#### Name and Social Security Number

Your name and social security number must be entered on Form NJ-1040X and all accompanying schedules. If there is a balance due with the return, place your social security number on your check or money order. If the payment is for a joint return, include both social security numbers.

#### Wage and Tax Statements - Form W-2

A copy of your W-2 and/or 1099-R must accompany your New Jersey Amended Income Tax Resident Return (Form NJ-1040X) if you are amending (by increasing) taxes withheld or if you are claiming Excess New Jersey Workforce Development Partnership Fund/Unemployment

Insurance/Health Care Subsidy Fund contributions and/or Disability Insurance contributions.

#### **Taxpayer Signature**

You must sign and date your New Jersey Amended Income Tax Resident Return (Form NJ-1040X) in blue or black ink. Both husband and wife must sign a joint amended return. A return which is unsigned cannot be processed.

#### **Tax Preparers**

Anyone who prepares a return for a fee must sign the return as a "Paid Preparer" and enter his or her social security number. Include the company or corporation name and Federal Identification Number, if applicable. A tax preparer who fails to sign the return or provide a tax identification number may incur a \$25 penalty for each omission.

# Items to Check Before Mailing Your Return

- √ Check for correct name, address, and social security number(s). Your amended return (Form NJ-1040X) cannot be processed without a social security number.
- √ Attach a copy of your W-2 Statement and/or Form 1099-R if amending (by increasing) taxes withheld or if you are claiming Excess New Jersey Workforce Development Partnership Fund/Unemployment Insurance/Health Care Subsidy Fund contributions and/or Disability Insurance withheld.
- √ If you are amending your credit for taxes paid to other jurisdictions, a completed copy of any return you filed with that jurisdiction must be attached.
- √ If there is a balance due on your amended return (Form NJ-1040X), attach a check or money order to avoid additional penalties and interest. Write your social security number on the check or money order.
- √ Sign and date your return. Both spouses must sign a joint return.

#### Calendar Year or Fiscal Year Ended

Like Form NJ-1040, Form NJ-1040X is different for each year. The calendar year or fiscal year **must be the same as the year covered by the original return** which is being amended. To illustrate, John Smith discovers an error on his 1995 New Jersey Resident Return (Form NJ-1040) while preparing his tax return for 1996. To correct the error on his 1995 tax return, he must file the New Jersey Amended Income Tax Resident Return (Form NJ-1040X) for tax year 1995. The calendar year on his NJ-1040X will be 1995 even though he is preparing the NJ-1040X in 1997.

## \_\_\_\_\_ Line by Line Instructions \_\_\_\_

#### Name and Address

Print or type your name(s), complete address and zip code in the space provided on the return.

#### **Social Security Number**

Enter your correct social security number in the space provided on the return. If you are married and filing a joint amended return, list the

numbers of both you and your spouse. If the social security number(s) is different than that reported on your original return, indicate the original number(s) in the space provided on page 2 of Form NJ-1040X.

#### **County/Municipality Code**

See "County/Municipality Code" in the instruction booklet for Form NJ-1040.

#### Filing Status

See "Filing Status" in the instruction booklet for Form NJ-1040. Be sure to indicate your filing status in both the "On Original Return" and the "On Amended Return" columns, even if you are not amending your filing status.

**Note:** You cannot change your filing status after the due date for filing the original Form NJ-1040 has passed unless you have done so for Federal income tax purposes.

#### **Exemptions**

See "Exemptions" in the instruction booklet for Form NJ-1040. Both columns, "As Originally Reported" and "Amended," must be completed even if you are not amending the number of exemptions reported on the original NJ-1040 tax return filed. Enter on **Line 12a** the total of Lines 6, 7, 8 and 11. Enter on **Line 12b** the total of Lines 9 and 10 in each column.

**Note:** If you omitted any qualified dependent(s) on your original return, enter the first name(s) of those omitted in the space provided on Page 2 of Form NJ-1040X.

Compute the amount of your personal exemption allowance on **Line 30** by following these three steps:

- 1. Multiply the total number of exemptions on Line 12a by \$1,000.
- 2. Multiply the total number of exemptions on Line 12b by \$1,500.
- 3. Add the total amount from steps 1 and 2 and enter the result on Line 30. Part-year residents must prorate the amount to be entered in each column on Line 30. Divide the total number of months you were a New Jersey resident by 12 and multiply by the total amount calculated in steps 1 and 2 above. For this calculation, 15 days or more is a month.

#### **Residency Status**

If this amended return does not cover a twelve-month period, complete Line 13. See "Residency Status" in the instruction booklet for Form NJ-1040.

#### **Gubernatorial Elections Fund**

If you checked "yes" on your original return, omit this section.

If you did not check "yes" on your original return and now wish to do so, check the appropriate box. See "Gubernatorial Elections Fund" in the instruction booklet for Form NJ-1040 for an explanation of the Gubernatorial Elections Fund. Checking the box(es) will not increase your tax or reduce your refund.

#### Income and Deductions

**Both columns** "As Originally Reported" and "Amended" must be completed even if you are not amending all the line items through Line 50. To illustrate, John Smith does not wish to amend Line 16 on his Form NJ-1040X, New Jersey Amended Income Tax Resident Return.

John Smith should complete Line 16 as follows:

Line	As Origir Report	-	Amended (See Instructions)			
16. Dividends	2345	60		2345	60	

For further instructions see "Income" and "Deductions" in the instruction booklet for Form NJ-1040.

#### Tax Computation - Line 37

Compute your State tax by using the Tax Rate Schedules below. Choose the correct table for your filing status. Multiply the New Jersey Taxable Income (Line 36) by the applicable tax rate, subtract the proper amount shown on the chart and enter the result on Line 37. If your taxable income on Line 36 is under \$100,000, you may use the Tax Table in the NJ-1040 instruction booklet to determine your tax instead of the Tax Rate Schedules.

#### 1996 Tax Rate Schedules

For filing	status:				Table	Λ
	Filing Separa	Table A				
If Line	36 is:					
Over	But Not Ove	er	Multiply (x)	Th	nen Subtract	= Tax
			Line 36 by:		(-)	
\$ 0	\$ 20,000	Х	.014	_	\$ 0	
20,000	35,000	Х	.0175	_	70.00	
35,000	40,000	Х	.035	_	682.50	
40,000	75,000	Х	.05525	_	1,492.50	
75,000	and over	X	.0637	-	2,126.25	

Head o	Ĭ, Fili f Hou	tus: ing Joint f usehold Vidow(er)		Table B			
If Li	ne 36	is:					
Over But Not Over Multiply (x)				Th	Then Subtract = Tax		
Line 36 by:					(–)		
\$ (	) \$	20,000	Х	.014	_	\$ 0	
20,000	)	50,000	Х	.0175	-	70.00	
50,000	)	70,000	Х	.0245	_	420.00	
70,000	)	80,000	Х	.035	_	1,154.50	
80,000	)	150,000	Х	.05525	_	2,775.00	
150,000	)	and over	Х	.0637	_	4,042.50	

#### Balance Due or Refund - Lines 51 and 52

If your New Jersey Total Tax (Line 41) is larger than your Net Payments (Line 50), subtract Line 50 from Line 41 and enter the result on Line 51. You have a balance due. Make your check payable to "State of New Jersey - TGI."

If your Net Payments (Line 50) are larger than your New Jersey Total Tax (Line 41), subtract Line 41 from Line 50 and enter the result on Line 52. You have overpaid your tax; complete Line 53.

#### Line 53

Enter on:

- Line 53A the amount of overpayment (Line 52) to be refunded to you; and/or
- Line 53B the amount of overpayment to be credited against your 1997 tax liability.

#### **Explanation of Changes**

In the space provided, **explain** the reason for changes to income, deductions and/or credits as originally reported. If additional space is needed, attach a rider which includes your name and social security number.

### **Credit for Taxes Paid to Other Jurisdiction(s)**

If you are amending your credit for income taxes paid to other jurisdictions, complete the formula with your amended figures. Remember to attach a completed copy of the return filed with the other jurisdiction.