NJ-1040			1	of 4					
5									
		x Year JanDec. 31, 2001 Or Other Tax Year Beginn	nina		. 2001. Month	Ending	0		
Ļ		PORTANT! YOU MUST ENTER YOUR SSN(s). \downarrow	J			tion for Federal extens	ion is enclosed.		
	Yo	our Social Security Number	Las	t Name	First Name and Initia	al (Joint filers enter first name and initia	al of each - Enter spouse last n	ame ONLY if different)	infor-
									inted orint o
	Sn	pouse's Social Security Number	Hon	ne Addı	OSS (Number and Street, including	anartment number or rural route)			prepi vise, p Iress.
s S									n form if all preprinted infor- ect. Otherwise, print or ne and address.
ction									on forr orrect. ame at
Instructions	Cc	bunty/Municipality Code (See Table p. 49)	City	v, Town,	Post Office	State	Zip Code		label is co our n
See In							Place mation type yo		
		(Fill in only one)							
catio				6.	Regular	Yourself	se 6		ERS
For Privacy Act Notification,	S	1. Single		7.	Age 65 or Over	Yourself Spous	e 7		
ע ד	STATUS	2. C Married, filing joint return	EXEMPTIONS		Plind or Disabled				
CV A	ST/	3.	Ĕ	8.		Yourself Spous			
Priva	5	Enter Spouse's Social Security Number in the boxes provided	N	9.	Number of your qualifi	ied dependent children		9	
- Lo	FILING	above		10.	Number of other depe	endents		10	
	ш	4.	1	11.	Dependents attending	colleges	11		
		5. Qualifying Widow(er)		12.	Totals (For Line 12a - A	dd Lines 6, 7, 8 and 11)			
					(For Line 12b - Ad	dd Lines 9 and 10)	12a	12b	
		ESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:	r	From	MM/D	D / Y Y _{Το}	MM/D	D/Y	Y Y
						Note: if you fill in the	Yes		
ELECTIONS FUND If joint return, does your spouse wish to designate \$1? Yes No							ease your efund.		
	14.	Wages, salaries, tips, and other employee compensation	atior	n (Enclo	ose W-2)	14			
									===
1	5a.	Taxable interest income (See instructions)				15a ,	L, L		
1	5b.								
		DO NOT include on Line 15a			,				
	16.	Dividends				16 ,,		╘╧╧┙┆	
	17.	Net profits from business (Enclose copy of Federal S	Sche	edule C	Form 1040)	17 ,			
	18.	Net gains or income from disposition of property (Sc	hed	ule B, L	ine 4)	18	\Box		
	19.	Pensions, a. Taxable Amount Received		19a					
		Annuities and IRA b. Less N.J. Pension Exclusion							
		Withdrawals			190	┙╎╘╤┹╤┻┱┛┊╘	╧╧┥┍┑		
		c. Subtract Line 19b from Line 19a				19c ,	<u> </u>		
	20.	Distributive Share of Partnership Income (See instru	ctio	n page	26)	20 ,			
1	21.	Net pro rata share of S Corporation Income (See ins	struc	ction pag	ge 27)	21			
:	22.	Net gain or income from rents, royalties, patents & c (Schedule C, Line 3)	ору	rights .		22	Ē, Ē		
:	23.	Net Gambling Winnings				23			
	5 ∕I	Alimony and congrete maintenance neuments	64			24			╡
	24.	Alimony and separate maintenance payments receiv					╞╾╪╾┥╵┝╼┥	╪╬	╪┽
	25.	Other (See instruction page 27)				25 ,	느느니,느니	╧╧┤╎	<u> </u>
	26.	Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 2	1, 22	2, 23, 24	, and 25)	26	\Box	ا للل	

2	of	4
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									N	J-104	40 (20	201	1) Pag	je 2
27.	Total Income (From Line 26, Page 1)	27			,			,				Į		
28.	Other Retirement Income Exclusion (See Worksheet and instr. page 28)	_				28		,		4		Ļ	4	
29.	New Jersey Gross Income (Subtract Line 28 from Line 27) See instruction page 28.	29			,			,						
30a.	Exemptions: From Line 12a x \$1,000 =													
30b.	From Line 12b x \$1,500 =													
					T							Г		
30c.	Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instruction page 11.			30	c			,		┿	╡	ŀ	+	┥
31.	Medical Expenses			31	L			١.				.L		
	(See Worksheet and instruction page 29)							ľ				Ē		=
32.	Alimony and Separate Maintenance Payments			32	2									
	· · · · · · · · · · · · · · · · · · ·				=		-	'				F		=
33.	Qualified Conservation Contribution			33	3			,		4		ļ	4	
34.	Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33)			34				,				Į		
_		35												
35.	Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY.	35			,			,		┿	╡	Ē	┿	╡
36.	Property Tax Deduction (See instruction page 30)					36		١,				۰L		
37.	NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY.	37						Í].		
38.	TAX (From Tax Tables, page 51)		38		,			,		Ц		[1	コ
39.	Credit For Income Taxes Paid to Other Jurisdictions (See instructions)		39		,			,		4		Ļ	4	┥
40.	Balance of Tax (Subtract Line 39 from Line 38)		40		,			,		4	┥	Ļ	4	┥
41.	Use Tax Due on Out-of-State Purchases (See instruction page 34) If no Use Tax, enter ZERO (0.00).		41		,			,		4	┥	Ļ	4	┥
42	Total Tax (Add Line 40 and Line 41)		42											
.2.					7			- 7 -						
43	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)		43									[
40.								'		Т		F	T	=
44.	Property Tax Credit (See instruction page 30)								44	4	4	Ļ	4	┛
45.	New Jersey Estimated Tax Payments/Credit from 2000 tax return Fill in if Form NJ-2210 is enclosed.		45		,			,		4	╡	Ļ	4	┥
46.	New Jersey Earned Income Tax Credit (See schedule page 3)						46	,		4		ļ	4	
47.	EXCESS New Jersey UI/HC/WD Withheld (See instr. page 35) (Enclose Form NJ-2450)					47	,				Į		
48.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 35) (Enclose Form NJ-2450)		_				48	,				.[
40	Total Payments (Credits (Add Lines 42 through 49)		49											
49.	Total Payments/Credits (Add Lines 43 through 48)		*		"		4	• •						-

BE SURE TO COMPLETE PAGES 3 AND 4

		3 of 4							
				NJ-1040 (2001) Page 3					
Nan	ne(s) as shown on Form NJ-1040		Your Social Security Nu	mber					
			50 ,						
50.	If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUN								
	If you owe tax, you may make a donation by entering an amount o	n lines 53, 54, 55, 56	5, 57 and/or 58 and adding t	his to your payment amount.					
51.	If payments (Line 49) are MORE THAN tax (Line 42) enter OVERF	PAYMENT	51 ,	_], []]. []					
	NOTE: AN ENTRY ON LINES 52, 53, 54, 55,	, 56, 57 and/or 58 Wi	LL REDUCE YOUR TAX RI	EFUND					
	Deductions from Overpayment on Line 51 which you elect to credit	t to:	52						
52.									
53.	The N.J. Endangered Wildlife Fund G \$10 G \$	20 G Other		53					
54.	N.J. Children's Trust Fund To Prevent Child Abuse G \$10 G \$3	20 G Other	ENTER	54					
55.	To Prevent Child Abuse G \$10 G \$2		AMOUNT						
	Veterans' Memorial Fund G \$10 G \$	20 G Other	OF	55					
56.	N.J. Breast Cancer Research Fund G \$10 G \$	20 G Other	CONTRIBUTION	56					
57.	U.S.S. New Jersey			57					
		20 G Other							
58.	Other Designated Contribution	20 G Other	0	58					
59.	See instruction page 36 Total Deductions from Overpayment (Add Lines 52 through 58)		59 ,						
			60						
60.	REFUND (Amount to be sent to you, Line 51 LESS Line 59)			┛᠀┖━━╉━━╉━╍┛╺┖━━╉━━					
Yo Lii Co	ARNED INCOME TAX CREDIT SCHEDULE bu may be eligible for the New Jersey Earned Income Tax Credit if yo ne 29, Form NJ-1040 is \$20,000 or less and your filing status for Ne complete this schedule to see if you are eligible. You are not eligible f red, filing separate return or if you answer "No" to question 1 below. S	w Jersey is the same for the New Jersey Ea	as your filing status on your	Federal income tax return.					
	1. Did you file a 2001 Federal Schedule EIC, on which you listed	at least one "qualifyir	ng child"?	Yes No					
	2. Fill in oval if you had the IRS figure your Federal Earned Incom	ne Credit							
	3. Enter the amount of Federal Earned Income Credit from your 2	2001 Federal Form 10	040 or 1040A						
	4. Enter 15% of amount on Line 3 here and on Page 2, Line 46								
	ision Ise 1 2 3 3	4	5 6	7					
	Under the penalties of perjury, I declare that I have examined this income ta accompanying schedules and statements, and to the best of my knowledge ar a person other than taxpayer, this declaration is based on all information of w	nd belief, it is true, correc	ct, and complete. If prepared by	Pay amount on Line 50 in full. Write social security number on check or money order and make					
ш	➤			payable to: STATE OF NEW JERSEY - TGI					
HER	Your Signature	Date		Mail your check or money order with your NJ-1040-V payment voucher and your return to:					
	Spouse's Signature (if filing jointly, BOTH must sign)	Date		your return to: NJ Division of Taxation Revenue Processing Center					
	If you do not need forms mailed to you next year, fill in (See ins			PO Box 111 Trenton, NJ 08645-0111 IF REFUND:					
	I authorize the Division of Taxation to discuss my return and enclosu			NJ Division of Taxation Revenue Processing Center PO Box 555					
	Paid Preparer's Signature	Federal Identification		Trenton, NJ 08647-0555 You may also pay by credit card or					
	Firm's Name			e-check. For more information go to: www.state.nj.us/treasury/taxation					
		Federal Employer Ide	entification Number						

_			4 of 4								
F	IR-1040 2001	TION			7						
↓	IMPORTANT! YOU MUST ENTER YOUR SSN(s).										
See Instructions	Your Social Security Number	Last Name, Fir	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if diff								
	Spouse's Social Security Number	Home Address	(Number and Street, including apartment number or r	ural route)		-	form if all process. Otherwise and addres				
Privacy Act Notification,	County/Municipality Code (See Table p. 49)	City, Town, Po	st Office	State	Zip Code		Place label on form if all preprinted infor- mation is correct. Otherwise, print or type your name and address.				
For Privacy A	1. Single 4. Heat 2. Married, filing joint return 5. Qual 3. Married, filing separate return	ad of Househole Ilifying Widow(e	 6. If you were a New Jersey resident for ONLY part of the taxable year, give the period 	From M	M/D M/D	D/	Y	Y Y			
			of New Jersey residency:								
	. On December 31, 2001, I (and/or my spouse) was a. (Fill in only one oval. See instructions on page 46.	Ū	5 or older b. — Blind or dis	abled c. —	Not 65 or	blind or	[.] disab	led			
	 Enter the GROSS INCOME you reported on Line 29, or see instructions If your filing status is MARRIED, FILING SEPARATE 				, 🛄	<u>].[</u>					
	and your spouse MAINTAIN THE SAME PRINCIPAL the gross income reported on your spouse's return (L Form NJ-1040) and fill in	RESIDENCE e			, ЦЦ	٦ï		1			
10	. TOTAL GROSS INCOME (Add Line 8 and Line 9) STOP - IF LINE 10 IS MORE THAN \$100,000, YOU						IED				
11	Enter your New Jersey residence on December 31, 2001 if di Street Address							nce.			
12	. Fill in your residency status during 2001: a.	HOMEOW	NER b. C TENANT	c.	BOTH						
13	. If you indicated "Homeowner" or "Both" on Line 12, enter the block and lot number of the residence for which the rebate is claimed.	resider	u live at more than one New Jerson needuring the year?		🔿	Yes	\bigcirc	No			
	Block	during	a share ownership of a principal r the year with anyone, other than	your spouse?.	🗢	Yes	\bigcirc	No			
	Lot c. Did any principal residence you owned during the year consist of multiple dwelling units? d. Did anyone, other than your spouse, occupy and							No			
	Qualifier	share i	when with you for an apartment or dwelling during the year?	other	🗢	— Yes —					
		lf you a	nswered "Yes" to any of the ab	ove, you MUS	T complete	Schedu	le HR	- A .			
R	15. Enter the total 2001 property taxes you (and you							7			
NE	on your principal residence in New Jersey during				,	<u></u>		4			
HOMEOWNER		YOU COMPLETED SCHEDULE HR-A, PART I, enter: a. Total Property taxes paid (Sch. HR-A, PART I, Line 5)									
ИОН	16b. Number of days as an owner (Sch. HR-A, PART										
F	17. Enter the total rent you (and your spouse) paid of principal residence in New Jersey during 2001		17 ,		, 🗖].[
TENANT	IF YOU COMPLETED SCHEDULE HR-A, PART II, en		ר ר								
TEN	18a. Total Rent Paid (Sch. HR-A, PART II, Line 11) .	,									
	18b. Number of days as a tenant (Sch. HR-A, PART I	Days									
	Under the penalties of perjury, I declare that I have examined accompanying schedules and statements, and to the best of m a person other than taxpayer, this declaration is based on all in	If you are ONLY filing a Homestead Rebate Application mail your application to:									
	Your Signature Date	Your Signature Date Spouse's Signature (If filing jointly, BOTH must sign)									
	If you do not need forms mailed to you next year, f				Revenue Processing Center PO Box 197						
	I authorize the Division of Taxation to discuss my retur	n and enclosur			Trenton, N.		-0197				
	Paid Preparer's Signature		Federal Identification Number								
	Firm's Name										