



5R For Tax Year Jan.-Dec. 31, 2003, Or Other Tax Year Beginning \_\_\_\_\_, 2003, Month Ending  , 20\_\_\_\_\_

IMPORTANT! YOU MUST ENTER YOUR SSN (s) ↓ Fill in  if application for Federal extension is enclosed or enter confirmation # \_\_\_\_\_.

Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)	
Spouse's Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Home Address (Number and Street, including apartment number or rural route)	
County/Municipality Code (See Table p. 51) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		City, Town, Post Office	State      Zip Code

For Privacy Act Notification, See Instructions

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

<b>FILING STATUS</b>	(Fill in only one)		<b>EXEMPTIONS</b>	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse	6		<b>ENTER NUMBERS HERE</b>
	1. <input type="radio"/> Single	7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse		7			
2. <input type="radio"/> Married, filing joint return	8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse	8					
3. <input type="radio"/> Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above	9. Number of your qualified dependent children .....		9				
4. <input type="radio"/> Head of household	10. Number of other dependents .....		10				
5. <input type="radio"/> Qualifying widow(er)	11. Dependents attending colleges .....	11					
	12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10) .....	12a		12b			

**RESIDENCY STATUS** 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From / /  To / /

**GUBERNATORIAL ELECTIONS FUND** Do you wish to designate \$1 of your taxes for this fund?  Yes    No  
If joint return, does your spouse wish to designate \$1?  Yes    No

Note: if you fill in the Yes oval(s) it will not increase your tax or reduce your refund.

14. Wages, salaries, tips, and other employee compensation (Enclose W-2) .....	14	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
15a. Taxable interest income (See instructions) .....	15a	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
15b. Tax-exempt interest income (See instructions) .....	15b	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DO NOT include on Line 15a					
16. Dividends .....	16	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040).....	17	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
18. Net gains or income from disposition of property (Schedule B, Line 4) .....	18	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
19. Pensions, Annuities and IRA Withdrawals					
a. Taxable Amount Received .....	19a	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Less N.J. Pension Exclusion .....	19b	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Subtract Line 19b from Line 19a .....	19c	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
20. Distributive Share of Partnership Income (See instruction page 30) .....	20	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
21. Net pro rata share of S Corporation Income (See instruction page 30) .....	21	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) .....	22	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
23. Net Gambling Winnings .....	23	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
24. Alimony and separate maintenance payments received .....	24	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
25. Other (See instruction page 31) .....	25	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



27. Total Income (From Line 26, Page 1) .....	27								
28. Other Retirement Income Exclusion (See Worksheet and instr. page 31) .....				28					
29. <b>New Jersey Gross Income</b> (Subtract Line 28 from Line 27) .....	29								
See instruction page 31.									
30a. Exemptions: From Line 12a _____ x \$1,000 = _____									
30b. From Line 12b _____ x \$1,500 = _____									
30c. Total Exemption Amount (Add Line 30a and Line 30b) .....	30c								
Part-Year Residents see instruction page 14.									
31. Medical Expenses .....	31								
(See Worksheet and instruction page 33)									
32. Alimony and Separate Maintenance Payments .....	32								
33. Qualified Conservation Contribution .....	33								
34. Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33) .....	34								
35. Taxable Income (Subtract Line 34 from Line 29) .....	35								
If zero or less, MAKE NO ENTRY.									
36. Property Tax Deduction (See instruction page 33) .....				36					
37. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 36 from Line 35) .....	37								
If zero or less, MAKE NO ENTRY.									
38. TAX (From Tax Table, page 53) .....	38								
39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions) .....	39								
40. Balance of Tax (Subtract Line 39 from Line 38) .....	40								
41. Use Tax Due on Out-of-State Purchases (See instruction page 37) .....	41								
If no Use Tax, enter ZERO (0.00).									
42. Total Tax (Add Line 40 and Line 41) .....	42								
43. <b>Total New Jersey Income Tax Withheld</b> (Enclose Forms W-2 and 1099-R) .....	43								
44. Property Tax Credit (See instruction page 33) .....					44				
45. New Jersey Estimated Tax Payments/Credit from 2002 tax return .....	45								
Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.									
46. New Jersey Earned Income Tax Credit (See schedule Page 3) .....					46				
47. EXCESS New Jersey UI/HC/WD Withheld (See instr. page 38) (Enclose Form NJ-2450) .....					47				
48. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450) .....					48				
49. <b>Total Payments/Credits</b> (Add Lines 43 through 48) .....	49								

BE SURE TO COMPLETE PAGES 3 AND 4

Name(s) as shown on Form NJ-1040 Your Social Security Number

50. If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE

Fill in  if paying by e-check or credit card.

If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57, and/or 58 and adding this to your payment amount.

51. If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT

Deductions from Overpayment on Line 51 which you elect to credit to:

52. Your 2004 tax

53. N.J. Endangered Wildlife Fund
54. N.J. Children's Trust Fund To Prevent Child Abuse
55. N.J. Vietnam Veterans' Memorial Fund
56. N.J. Breast Cancer Research Fund
57. U.S.S. New Jersey Educational Museum Fund

ENTER AMOUNT OF CONTRIBUTION

58. Other Designated Contribution See instruction page 39

59. Total Deductions from Overpayment (Add Lines 52 through 58)

60. REFUND (Amount to be sent to you, Line 51 LESS Line 59)

EARNED INCOME TAX CREDIT SCHEDULE

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2003, your gross income on Line 29, Form NJ-1040 is \$20,000 or less, and your filing status for New Jersey is the same as your filing status on your Federal income tax return.

1. Did you file a 2003 Federal Schedule EIC on which you listed at least one "qualifying child"?

2. Fill in oval if you had the IRS figure your Federal Earned Income Credit

3. Enter the amount of Federal Earned Income Credit from your 2003 Federal Form 1040 or 1040A

4. Enter 20% of amount on Line 3 here and on Page 2, Line 46

Division Use 1 2 3 4 5 6 7

SIGN HERE

Under the penalties of perjury, I declare that I have examined this income tax return and homestead rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your Signature Date

Spouse's Signature (if filing jointly, BOTH must sign) Date

If you do not need forms mailed to you next year, fill in (See instruction page 20)

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

Paid Preparer's Signature Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on Line 50 in full. Write social security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI Mail your check or money order with your NJ-1040-V payment voucher and your return to: NJ Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111 IF REFUND: NJ Division of Taxation Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555 You may also pay by e-check or credit card. For more information go to: www.state.nj.us/treasury/taxation

HR-1040 2003



STATE OF NEW JERSEY HOMESTEAD REBATE APPLICATION

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

Form section containing personal information: Social Security Numbers, Last Name, First Name and Initial, Home Address, County/Municipality Code, City, Town, Post Office, State, Zip Code, and FILING STATUS (Single, Married, Head of household, Qualifying widow(er)).

Form section containing income and residency questions: 7. On December 31, 2003, I (and/or my spouse) was... 8. Enter the GROSS INCOME... 9. If your filing status is MARRIED... 10. TOTAL GROSS INCOME... 11. Enter your New Jersey residence... 12. Fill in your residency status during 2003...

Form section containing questions 13-14 regarding residence and ownership: 13. If you indicated "Homeowner" or "Both" on Line 12... 14a. Did you live at more than one New Jersey residence... 14b. Did you share ownership of a principal residence... 14c. Did any principal residence you owned... 14d. Did anyone, other than your spouse, occupy and share rent...

Form section for HOMEOWNER: 15. Enter the total 2003 property taxes you (and your spouse) paid on your principal residence... 16a. Total Property taxes paid... 16b. Number of days as an owner...

Form section for TENANT: 17. Enter the total rent you (and your spouse) paid on your principal residence... 18a. Total Rent Paid... 18b. Number of days as a tenant...

SIGN HERE section: Declaration of accuracy, Signature lines for applicant and spouse, and checkboxes for preparer authorization and firm information.

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

If you are ONLY filing a Homestead Rebate Application, mail your application to: NJ Division of Taxation Revenue Processing Center PO Box 197 Trenton, NJ 08646-0197