NJ-1040 2004



STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

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5R For Tax Year Jan.-Dec. 31, 2004, Or Other Tax Year Beginning 2004. Month Ending \downarrow IMPORTANT! YOU MUST ENTER YOUR SSN (s). \downarrow Fill in ____ if application for Federal extension is enclosed or enter confirmation # 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) mation is correct. Otherwise, print or your name and address. label on form if all preprinted Spouse's Social Security Number Home Address (Number and Street, including apartment number or rural route) County/Municipality Code (See Table p. 55) City, Town, Post Office State Zip Code (Fill in only one) **ENTER** Domestic For Privacy Act Notification 6. Regular ■ Yourself Spouse **NUMBERS** 6 Partner HERE 1. \bigcirc Single 7. Age 65 or Over Yourself Spouse 7 **EXEMPTIONS** 2. Married, filing joint return STATU 8 3. Married, filing separate return 9. Number of your qualified dependent children Enter Spouse's Social Security 9 FILING Number in the boxes provided 10. Number of other dependents 10 above 11. Dependents attending colleges Head of household 4. 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) 5. Qualifying widow(er) (For Line 12b - Add Lines 9 and 10) 13. If you were a New Jersey resident for ONLY part of the taxable year, give the RESIDENCY **STATUS** То period of New Jersey residency: **GUBERNATORIAL** Do you wish to designate \$1 of your taxes for this fund? Yes No Note: if you fill in the Yes oval(s) if will not increase your **ELECTIONS FUND** If joint return, does your spouse wish to designate \$1? Yes No Wages, salaries, tips, and other employee compensation (Enclose W-2) 14 15a Taxable interest income (See instructions)..... 15a Tax-exempt interest income (See instructions)....... 15b. 15b DO NOT include on Line 15a 16. Dividends Net profits from business (Enclose copy of Federal Schedule C, Form 1040)...... 17. 18 18. Net gains or income from disposition of property (Schedule B, Line 4) 19. Pensions, a. Taxable Amount Received..... 19a Annuities and IRA b. Less N.J. Pension Exclusion 19b Withdrawals c. Subtract Line 19b from Line 19a 19c 20 20. Distributive Share of Partnership Income (See instruction page 32) 21 Net pro rata share of S Corporation Income (See instruction page 32) 21. 22 Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) 23. Net Gambling Winnings 23 24 Alimony and separate maintenance payments received 24. 25 Other (See instruction page 33) 25 26 Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)

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27.	Total Income (From Line 26, Page 1)	27			<u>, </u>	Ц			,[Ц	Ц		Į	<u> </u>	╛
28.	Other Retirement Income Exclusion (See Worksheet and instr. page 34)				2	28			,	4	4	_	Ļ	4	ᆜ
29.	New Jersey Gross Income (Subtract Line 28 from Line 27)				,L				,				Ł		
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)			30	С	<u> </u>],[4	\Box	Ę	<u> </u>	4
31.	Medical Expenses			31		.			.I				·L		
	(See Worksheet and instruction page 35)				Ŧ				Ĺ	$\overline{}$	$\overline{}$	=	Ē	$\overline{}$	Ħ
32.	Alimony and Separate Maintenance Payments			32	2				Л					-1	-1
	Qualified Conservation Contribution			33	3				,[Ī	Ī	
34.	Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)			34					,[Ĺ		
						T									
35.	Taxable Income (Subtract Line 34 from Line 29)	35			<u>,</u>	_			, <u>L</u>	+	井	닉	ŀ	+	╡
36.	Property Tax Deduction (See instruction page 36)				3	36			,L				٠L		
37.	7. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY.				,[,[Ĺ		
38.	TAX (From Tax Table, page 57)		38		<u>_</u>				,[Ц		Ļ	1	
39.	Credit For Income Taxes Paid to Other Jurisdictions (See instructions)		39		Ļ	4			,[4	4	_	Ļ	+	ᆗ
40.	Balance of Tax (Subtract Line 39 from Line 38)		40		Ļ	_			,[4	4	닉	Ļ	+	닉
41.	Use Tax Due on Out-of-State Purchases (See instruction page 41)		41		Ļ	_			, <u> </u>	井	+	_	ŀ	┿	╡
42.	Total Tax (Add Line 40 and Line 41)		42		, L _	_			,L		_		Ŀ	_	╛
43.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R)		43		,L				,[_	4	릭	Ļ	4	릭
44.	Property Tax Credit (See instruction page 36)				Г				ļ	44	4	믁	Ļ	+	닉
45.	New Jersey Estimated Tax Payments/Credit from 2003 tax return		45		,L	_			, <u> </u>	<u> </u>	井	4	ŀ	+	╡
46.	New Jersey Earned Income Tax Credit (See schedule Page 3)						46		ļ, I	井	+	닉	ŀ	+	닉
47.	EXCESS New Jersey UI/HC/WD Withheld (See instr. page 43) (Enclose Form NJ-2450)					ļ	47		Ļ	4	4	ᆜ	٠Ļ	4	ᆗ
48.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 43) (Enclose Form NJ-2450)						48		,[Ļ	<u> </u>	╝
40	Total Payments/Credits (Add Lines 43 through 48)		49												- [



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Name(s) as shown on Form NJ-1040					Yo	our Soc	ial Se	curity No	umber					
50.	If payments (Line	49) are LESS THAN tax (Line 42) enter Af	MOUNT C	OF TAX YOU OWE	50],		丁].[
Fill in if paying by e-check or credit card.														
	If you owe tax, yo	u may make a donation by entering an am	ount on L	ines 53, 54, 55, 56	, 57, a	nd/or	58 and	adding	this to	your p	aymen	t am	nount	
51.	If payments (Line	49) are MORE THAN tax (Line 42) enter C	OVERPAY	MENT	51		,],		\perp].		
52.		Overpayment on Line 51 which you elect to			52		, _],		I].[
53.	1	N.J. Endangered Wildlife Fund □ \$10	□ \$20	☐ Other					53		\perp].[
54.	2100	N.J. Children's Trust Fund To Prevent Child Abuse \$10\$	□ \$20	☐ Other			NTER OUNT		54		工	\prod		
55.		N.J. Vietnam Veterans' Memorial Fund □ \$10	□ \$20	☐ Other			OF		55		$\underline{\mathbb{L}}$].[
56.	X	N.J. Breast Cancer Research Fund \$10	□ \$20	☐ Other	C	CONTE	RIBUT	ION	56		$\underline{\mathbb{L}}$].[
57.		U.S.S. New Jersey → Educational Museum Fund □ \$10	□ \$20	☐ Other				_	57		<u></u>].[
58.	Other Designated See instruction pa	- · · · · · · · · · · · · · · · · · · ·	□ \$20	☐ Other		ᆜ	0		58	Щ	╧	<u>.</u>		Ц
59.	59							Щ	ᆗ,	<u> </u>	+	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓֓֡		Щ
60.	REFUND (Amoun	nt to be sent to you, Line 51 LESS Line 59)			60		, <u>L</u>	Щ	⅃,	Щ	<u></u>	J.		Щ
Yo Li Co	You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2004, 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. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.													
	1. Did you file a	2004 Federal Schedule EIC on which you	listed at le	east one "qualifying	child	"?			\subset	→ ← Y	∕es ⊂	\supset	\leftarrow	No
	2. Fill in oval if y	ou had the IRS figure your Federal Earned	d Income	Credit							1 🗆	Т	\top	\neg
	3. Enter the amo	ount of Federal Earned Income Credit from	your 200	4 Federal Form 10	40 or	1040A					┚╸┝	╪	#	41
	4. Enter 20% of	amount on Line 3 here and on Page 2, Lin	ne 46								<u>L</u>	<u>_</u>	_	Ш
	vision Jse 1	2 3		4 5][6				7	\mathbf{I}	I	I	
Under the penalties of perjury, I declare that I have examined this income tax return and FAIR application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the FAIR rebate as my principal residence on October 1, 2004. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.														
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 22)							STATE OF NEW JERSEY - TGI Mail your check or money order with your NJ-1040-V payment voucher and your return to:							h ind
Z	Spouse's Signature (if filing jointly, BOTH must sign) Date								NJ Division of Taxation Revenue Processing Center PO Box 111					
SIG									√ Tr	enton, NJ EFUND:		111		
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) Paid Preparer's Signature Federal Identification Number								R	J Division evenue Pr O Box 555	ocessing		er		
									You cred	renton, NJ may also i it card. Fo	08647-05 pay by e- or more in	check forma	ation go	
	Firm's Name			Federal Employer Ide	ntificati	on Num	ber		LO: W	ww.state.r	ıj.us/treas	sur y/t	axauor	-



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STATE OF NEW JERSEY FAIR REBATE APPLICATION (FOR TENANTS)

\downarrow	\sim IMPORTANT! YOU MUST ENTER YOUR SSN (s). \downarrow									_			
	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)											
Suc		The second section of the section											
ıctic													
See Instructions	Spouse's Social Security Number	Home Address	SS (Number and Street, including apartment number or rural route)										
e E	opodse s obelai deculty Nambel	Home Address	TIOTHE Address (Number and Street, including apartment number of rural route)										
										om i orreci and			
Ö	County/Municipality Code (Coo Table n. 55)	City Town Do	Post Office State Zip Code										
ical	County/Municipality Code (See Table p. 55)	City, Town, Po	ost Office State				Zip Code	Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.					
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ţ													
For Privacy Act Notification,	g 1. □ Single	CY STATUS			1571								
riva	1. Single 2. Married, filing joint return 3. Married, filing separate return 4. Head of household	6. If you were	a New Jersey res	IVI	MI/ID	/ ا با اا	/	Y					
F P	3. Married, filing separate return		taxable year, give	the period of		Ħ	=.=						
ᆈ	4. Head of household	New Jerse	y residency:		То	M	M/D	$\ D\ $	$\ Y \ $				
	5. Qualifying widow(er)					ш.							
	7. On October 1, 2004, I rented and occupied an apartm												
	\longrightarrow Yes \longrightarrow No If "No," STOP. You are n	ot eligible for a	rebate as a tena	int and you sh	ould not file	this app	olication. Se	e instru	ction p	page 53.			
	8. On December 31, 2004, I (and/or my spouse) was a.	. ← Age	65 or older b.	\longrightarrow \leftarrow Blind	or disabled	c. \subset	○ ← Not 6	5 or blin	d or d	isabled			
	Fill in only one oval. See instruction page 53.												
	9. Enter the GROSS INCOME you reported on Line 29,			9			Π						
	or see instructions				7								
1	If your filing status is MARRIED, FILING SEPARATE your spouse MAINTAIN THE SAME PRINCIPAL RES												
	, ,	,		10			1	_					
	and fill in oval	gross income reported on your spouse's return (Line 29, Form NJ-1040)								ш			
								T					
1	TOTAL GROSS INCOME (Add Line 9 and Line 10)												
	STOP - IF LINE 11 IS MORE THAN \$100,000, YOU	ARE NOT FU	GIBLE FOR A R	FRATE									
1:	2. Enter the address of the rental property in New Jerse	ey that was yo	ur principal resid	ence on Octo	ber 1, 2004	-							
	Street Address (including apartment number)				N	lunicipa	ality						
1	3. Enter the total rent you (and your spouse) paid during			13	\neg								
	property indicated at Line 12						ــــــــــــــــــــــــــــــــــــــ		. 🛏	_			
1	4. Enter the number of days during 2004 that you (and y	our spouse) o	ccupied the rent	al property	14								
	indicated at Line 12. (If you lived there for all of 2004,	enter 366)											
1	5. Did anyone, other than your spouse, occupy and shall	re rent with yo	u for the rental p	roperty indica	ited at Line	12?							
	Yes												
15	ia. Enter the total number of tenants (including yourself)	who shared th	e rent during the	neriod	45.								
10	indicated at Line 14. (For this purpose, husband and				15a		ш						
1 =				,	a abarad tha	ront							
13	b. Enter the name(s) and social security number(s) of al		` ,	. ,			,		,				
	Name						/		_',				
	Name												
	Name				_ 55#		/	_	_′				
15	ic. Enter the total rent paid by all tenants during the perio	nd indicated at	l ine 14	15c		Ы.	\mathbf{H}						
	Under the penalties of perjury, I declare that I have examined the			ate application	including acco	mna.							
	nying schedules and statements, and to the best of my knowled rental property for which I am applying for the FAIR rebate as my	dge and belief it	is true correct an	d complete and	that Loccupie	ed the							
	than taxpayer, this declaration is based on all information of whi	y principal reside ich the preparer	has any knowledge	2004. If prepare e.	a by a person	otner	If you are of FAIR Reba		ling a				
ш		a property that are a second and are property that are property that are a second and are a						ate n, mail y	our/				
Your Signature Tour Signature							application						
쀠	<u> </u>							n of Tax	ation				
_	Spouse's Signature (if filing jointly, BOTH must sign)		Date				Revenue F	Process		enter			
Ō	If you do not need forms mailed to you next year						PO Box 19 Trenton, N		3 040	7			
တ	I authorize the Division of Taxation to discuss my ret	turn and enclo		· · ·	<u>()</u>		rremon, N	J U0040	J-U 191	'			
	Paid Preparer's Signature		Federal Identificat	on Number		,				- 1			
					$ \cdot $								
	Firm's Name		Federal Employer	Identification N	umber								