

2018 NJ-1040 New Jersey Resident Income Tax Return

	5R		Affix preprinted label bel	ow ONLY if the in	formation is co	orrect.				
nstructions	Your Social	Your Social Security Number (required) Last Name, First Name, Initial (Joint Filers enter first name at spouse's/CU partner's								
fication, See I	Spouse's/C	Partner's SSN (if filing jointly) Home Address (Number and Street, including apartment number)								
For Privacy Act Notification, See Instructions	County/Munic	ipality Code (See Table page 50) City, Tow	n, Post Office		State	ZIP Code				
For P	Fill in O if	federal extension filed. Fill in if the ac	ldress above is a foreign add	ress. Fill in	if your add	ress has changed.				
	art-year residen	s, provide months/days you were a New Jersey r	esident during 2018:	Fiscal year file Enter month of	_	2019				
	iling Statu I in only one.	IS								
1.		Single								
2.		Married/CU Couple, filing joint return			-					
3.		Married/CU Partner, filing separate return								
4.		Head of Household	Enter Spouse's/CU partner	r's SSN						
5.		Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's of	leath: 2016 or	2017						
Fil 6.	Regular	set apply. You must enter a total in the boxes to the Spous CU Pa	e/ Domes	tic	x \$1,000 =					
	Senior 65+ (Bo in 1953 or earli	Self Shouse	e/CU Partner	<u>_</u>	x \$1,000 =					
8.	Blind/Disabled.	Self Spouse	e/CU Partner		x \$1,000 =					
9.	Veteran	Self Spouse	e/CU Partner		x \$3,000 =					
10	. Qualified Dep	endent Children			x \$1,500 =					
11	. Other Depend	ents			x \$1,500 =					
12	. Dependents A	ttending Colleges (See instructions)			x \$1,000 =					
13	. Total Exempti	on Amount (Add totals from the lines at 6 through	12)	13.						
14		formation. Provide the following information for ease instructions)	ich dependent. Fill in oval onl	y if the dependen	t does not hav	e health No Health				
La	st Name, First	Name, Middle Initial Social Se	ecurity Number	В	irth Year	Insurance				
					+++					
[Division 1 use	2 3 3	4 5 6		7					



Name(s) as shown on Form NJ-1040

Your Social Security Number

Pa	ge 2											
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.										
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a										
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line16a				Ţ							
17	Dividends	17										
	Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)											
19.	Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.				4	<u></u>		1			
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	ᆛ			ᆚ	,	Щ	井		_	
	Excludable Pensions, Annuities, and IRA Withdrawals	Ш,	╬	<u> </u>	<u>, </u>	<u> </u>	<u> </u>		부	7	_	_
22.	(Enclose Schedule NJK-1 or federal Schedule K-1))	H	,	╡	╡	, 	H	Ť	╬	T	╡
23.	(Enclose Schedule NJ-K-1 or federal Schedule K-1)		Ħ		T	T	, 		Ŧ	٦ř	T	ī
			Ħ		T	T			Ť	۲ř	T	Ħ
	Net Gambling Winnings (See instructions)				=				Ŧ	╬	Ħ	=
	Alimony and Separate Maintenance Payments received			=	╡	-		=	+	╬	Ŧ	=
26.	Other (Enclose documents) (See instructions)	26.			+	-			+	╬	#	=
27.	Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.		<u> </u>	\blacksquare	\dashv	<u></u>],			_ _	_	_
	Retirement/Pension Exclusion (See instructions)	H		<u> </u>	Н	H						
	instructions page 22)			,	٦					ПΓ	Ť	
	Total Exclusion Amount (Add Lines 28a and 28b)		28c.						I	並	İ	Ⅎ
30	Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)		30	ĺ								
	Medical Expenses (See Worksheet F and instructions page 24)			Ī		T	T		T	٦ſ	T	T
				i		T			Ť	٦ř	Ť	ī
	Alimony and Separate Maintenance Payments (See instructions)			i	T	T	,		寸	۲ŀ	T	Ħ
33.	Qualified Conservation Contribution		33.	ı	=		-		Ŧ	╬	Ŧ	=
34.	Health Enterprise Zone Deduction		34.	ŀ	+	=	<u>_</u> ,	=	÷	╬	+	=
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)		35.	ŀ	4	-	ᆗ,	\blacksquare	+	╬	+	믬
36.	Total Exemptions and Deductions (Add Lines 30 through 35)		36.	_,	4	4	<u> </u>	\square	+	╬	4	닉
37.	Taxable Income (Subtract Line 36 from Line 29)	.37.	_!_	<u> </u>	4	4	<u></u>	닏	4	<u>ال</u>		
38a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)38a.				JļL			_ _				
38b.	Block Lot				Qua	lifier						
	County/Municipality Code Fill in if you comp	oleted	Workshee	et G.					_		_	_
39.	Property Tax Deduction (From Worksheet H) (See instructions)			39.	ļ	4		Щ	<u> </u>	<u> </u>	4	ᆜ
40. 	New Jersey Taxable Income (Subtract Line 39 from Line 37)	.40.	Ш				ļ			<u>J</u> L	_	



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Pa	ge 3							
41.	Tax on Amount on Line 40 (Tax Table page 52)	4 Enter Code	1.					
42.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)		2.					
43.	Balance of Tax (Subtract Line 42 from Line 41)	4	3.	$\sqcup \underline{\sqcup}$,			
44.	Child and Dependent Care Credit (See instructions)		44.			Щ	Ц	_
45.	Balance of Tax (Subtract Line 44 from Line 43)	4	5.	Щ	<u> </u>			_
46.	Sheltered Workshop Tax Credit	46	6.	Щ.	<u> </u>	Щ	Щ	_
47.	Balance of Tax (Subtract Line 46 from Line 45)	4	7.	Щ	<u>, </u>		Щ	_
48.	Gold Star Family Counseling Credit (See instructions)	48	8.	<u> —</u>	,	lacksquare	Щ	_
	Balance of Tax After Credits (Subtract Line 48 from Line 47) If zero or louse Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00	•				H		
51.	Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	5·	1.					
52.	Total Tax Due (Add Lines 49, 50, and 51)	52	2.					
53.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 10s	99)53.						
54.	Property Tax Credit (See instructions page 25)			54	. L			
	New Jersey Estimated Tax Payments/Credit from 2017 tax return							
56.	New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned in Fill in if you are a CU couple claiming the NJ Earned Inc	come credit	56.					_
57.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (Se	ee instructions)	57.		<u> </u>			_
58.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-24	150) (See instructions)	58.	L	<u> </u>		Щ	_
59.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form N	IJ-2450) (See instruction	ns)59.	L	,	屵	Щ	_
60.	Wounded Warrior Caregivers Credit (See instructions)		60.				Щ	_
	Total Withholdings, Credits, and Payments (Add Lines 53 through 6 If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe							
63.	If you owe tax, you can still make a donation on Lines 65 through 72. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.			H	H	Ц	4
	Amount from Line 63 you want to credit to your 2019 tax		,		<u> </u>	₩	H	=
66.	Endangered Wildlife Fund				#		#	=
67.	Fund To Prevent Child Abuse				#		#	╡
68.	Veterans' Memorial Fund				#		#	ᅥ
69.	Cancer Research Fund				#		#	ᅱ
	Educational Museum Fund	Other		69.				



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	Your Social Security Number
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Enter Code

70.	(See instructions)	Other					70.	Ш		Ш			
71.	Other Designated Contribution (See instructions)	Other			ter Code		71.		Ι				
	Other Designated Contribution (See instructions)				ter Code	ф	72.		Ŧ				
74.	Balance due (If Line 62 is more than zero, add Line 62 and Line 73) Fill in if paying by e-check or credit card			74.		Ц.		Ц.	÷	Ш			
75.	Refund amount (If Line 63 is more than zero, subtract Line 73 from	Line 6	3)	75.	Ш			ш	_	Ш			
[]	Gubernatorial Elections Fund Do you want to designate \$1 to the Gubernatorial Elections Fund? If joint return, does your spouse want to designate \$1? This does not reduce your refund or increase your balance due.		→	You Spouse	/CU Partı	ner	Yes Yes	8	N N		3		
ı	Health Insurance Indicate whether or not you (and your spouse/CU partner or domestic place health insurance coverage on the date you file this return.	partner)	→		/CU Part ic Partne		Yes Yes Yes	000	N N N				
Uno bes	gnature der penalties of perjury, I declare that I have examined this Income Taxet of my knowledge and belief, it is true, correct, and complete. If preparmation of which the preparer has any knowledge.												
Υοι	ur Signature Date	Spor	use's/CU	Partner	's Signat	ure (requ	uired if f	iling joir	ntly)	Da	ate		
	Driver's License Number (Voluntary) (Instructions page 42)						Ш						
Fil	Fill in if death certificate is enclosed.			Fill in if you do not want a paper form next year.									
	I authorize the Division of Taxation to discuss my return and enc	closures	with my	prepare	r (below)								
Pa	id Preparer's Signature (Fill in if NJ-1040-O is enclosed)		Fede	eral Iden	tification	Number		I					
Fir	m's Name		Fed	eral Emp	oloyer Ide	entification	on Num	ber	1				

Keep a copy of this return and all supporting documents for your records.

Tax Due Address

Mail payment along with the NJ-1040-V payment voucher and tax return to:

State of New Jersey Division of Taxation

Revenue Processing Center – Payments

PO Box 111

Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey – TGI

You can also make a payment on our website: www.njtaxation.org

Refund or No Tax Due Address

Mail to:

State of New Jersey Division of Taxation

Revenue Processing Center – Refunds

PO Box 555

Trenton, NJ 08647-0555