NJ-1040NR
2019



Ending \_ \_, 2020

Number of Statuse Last Name, Hurst Name, and Initial Spore Bios enter for an act Initial at note. Number of Name, Statuse   Status 2011 Initial Status 2011 Number of Name, Statuse   Status 2011 Initial Status 2011 Number of Name, Statuse   Status 2011 Initial Status 2011 Number of Name, Na		5-N										plication n number		l extension	n is attache	ed or enter
g         Survival         Su	TIONS			ner last	nd initial of each. name only if diffe	rent.)		NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the								
g         Submitting UP Particle         13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 9, 13a.         13b.         13b. <t< td=""><td>SUC1</td><td>Spo</td><td>ouse's/CU Partner's Social Security Number</td><td>Ho</td><td>me Address (Numb</td><td>per and Street</td><td>incl. apt. a</td><td># or rural r</td><td colspan="3"></td><td></td><td>Now</td><td></td><td></td><td>d of</td></t<>	SUC1	Spo	ouse's/CU Partner's Social Security Number	Ho	me Address (Numb	per and Street	incl. apt. a	# or rural r					Now			d of
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a       ////////////////////////////////////	P.						, ,	,			13a		13b		13c.	
O Z       /       /         GUBERNATORIAL ELECTIONS FUND       Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1?       Yes       Note Yes       Note Will not increase your tax or reduce your refund.         Driver's License #       Image: Column A) Column A)       Column A)       Column A)       Column B)         15.       15.       15.       15.       15.       16.         16. Interest.       16.       16.       16.       17.         17. Dividends.       17.       17.       17.       17.         18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4).       18.       18.       18.         19. Net gains or income from disposition of property (From line 63).       19.       19.       19.         20. Net gains or income from disposition of property (From line 63).       20.       20.       20.         21. Net gambling winnings (See Instructions).       21.       21.       21.       21.         22. Pensions, Annuitles, and IRA Withdrawals.       22.       22.       23.         23. Distributive Share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4).       23.       23.       23.         24. Net por ata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4).       26.       26.		-	14. Dependent's Last Name, F	irs	t Name, Middl	e Initial		D	epenc	lent's Social S	Security	y Numl	ber		Birth Ye	ear
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d       /////         GUBERNATORIAL ELECTIONS FUND       Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1?       Yes       No       Note: If you check the "Yes" box(es), it with increase your tax or reduce your refund.         Driver's License # (Voluntary)       Image: salaries, tips, and other employee compensation Check box if you completed lines 64 through 70       Image: salaries, tips, and other employee compensation Check box if you completed lines 64 through 70       15.       15.       15.         16.       Interest.       16.       16.       16.       16.         17.       Dividends.       17.       17.       17.         18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4).       18.       18.       19.         20. Net gains or income from disposition of property (From line 63).       19.       19.       20.         21. Net gambling winnings (See Instructions).       21.       21.       22.         23.       Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part IV, line 4).       23.       23.       23.         24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4).       24.       24.       24.         25.       26.       26.       26.       26.         26. Other – State Nature and Source       26.       <		Ľ	c					_	//				_			
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Driver's License #       AMOUNT 'OF GROSS INCOME (Volunary)       AMOUNT 'FROM NEW JERSEY SOURCES         15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 64 through 70       15.       15.         16. Interest.       16.       16.       16.         17. Dividends.       17.       17.       17.         18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4).       18.       18.       18.         19. Net gains or income from disposition of property (From line 63).       19.       19.       20.         21. Net gambling winnings (See Instructions).       21.       21.       22.         23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4).       23.       23.       23.         23. Alimony and separate maintenance payments received       25.       25.       26.       27.         26. Other – State Nature and Source       26.       27.       27.       28a.         28b. Other Retirement Income Exclusion (See Worksheet and Instructions).       28a.       28b.       28b.       28b.       28b.       28b.         28c. Total Exclusion Amount (Add line 28a and line 28b).       28c.       28c.       28c.       28c.       28c.       28c.       28c.       28c.								State				refund.		(Colu	nn B)	
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	28		,													
										1			29.			



				IJ-1040NR (2019) Pa	-			
Nan	ne(s) as shown on Form NJ-1040NR		Υοι	r Social Security Nu	mber			
30.	Gross Income (From page 1, line 29)	30.	30.	1				
31.	Total Exemption Amount (See Instructions)	31.		Ì				
32.	Medical Expenses (See Worksheet and Instructions)	32.						
33.	Alimony and separate maintenance payments	33.						
34.	Qualified Conservation Contribution	34.						
35.	Health Enterprise Zone Deduction	35.						
	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	36.						
	Total Exemptions and Deductions (Add lines 31 through 36)							
38.	TAXABLE INCOME (Subtract line 37 from line 30, column A)							
39.	Tax on amount on line 38 (From Tax Table page 34)	39.						
40.	Income Percentage B. (line 30) =%							
	A. (line 30)							
	NEW JERSEY TAX (Multiply amount from line 39 x% from the second sec		41.					
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)		42.					
43.	Balance of Tax (Subtract line 42 from line 41)		43.					
44.	Gold Star Family Counseling Credit (See Instructions)		44.					
45.	Balance of Tax After Credits (Subtract line 44 from line 43)		45.					
46.	Penalty for Underpayment of Estimated Tax. Check box $\Box$ if Form NJ-2210NR i	46.						
47.	Total Tax and Penalty (Add line 45 and line 46)	47						
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099).	48.						
49.	New Jersey Estimated Tax Payments/Credit from 2018 return	49.		Also enter on line 49:				
50.	Tax paid on your behalf by Partnership(s)	50.		<ul> <li>Payments made in con- nection with sale of NJ rea</li> </ul>				
51.	EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	51.	i	property Payments by S corpo				
52.	EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	52.		for nonresident share				
53.	EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	53.						
	Total Payments/Credits (Add lines 48 through 53)		54.					
	If line 54 is LESS THAN line 47, enter AMOUNT YOU OWE							
	If line 54 is MORE THAN line 47, enter OVERPAYMENT							
	Deductions from Overpayment on line 56 that you elect to credit to:				1			
0	(A) Your 2020 Tax	57A.	_					
	(B) N.J. Endangered Wildlife Fund □\$10, □\$20, □Other	57B.	_					
	(C) N.J. Children's Trust Fund $\Box$ \$10, $\Box$ \$20, $\Box$ Other	57C.	—	Έ·				
			An e	entry on line 57A, B,				
	<ul> <li>(D) N.J. Vietnam Veterans' Memorial Fund</li> <li>(E) N.J. Breast Cancer Research Fund</li> <li>↓\$10, ↓\$20, ↓ Other</li> </ul>	57D.	E, F,	or G will reduce you nd	ir tax			
		57E.	_					
		57F.						
50	(G) Designated Contribution □\$10, □\$20, □Other	57G.		1	1			
	Total Deductions From Overpayment (Add lines 57A through 57G)			1				
59.	REFUND (Amount to be sent to you. Subtract line 58 from line 56)							
IERE		eclaration is based on all information and a second statement of grature (if filing jointly,BOTH must sig	of full. num orde n) St	amount on line 55 in Write Social Security ber(s) on check or m er and make payable ate of New Jersey – vision of Taxation	y noney to:			
N H	If enclosing copy of death certificate for deceased taxpayer, check box (See instructions p	<b>5</b> ,	— R	evenue Processing C	enter			
SIGN	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (			D Box 244 enton, NJ 08646-024	4			
S	Paid Preparer's Signature	Federal Identification Number	You	may also pay by e-cl redit card.				
		eral Employer Identification Number						
Div U	ision 1 2 3 4 5 6_	7						

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Name(s) as show	wn on Form NJ-1040NR							Social Security N	-
PART I	Net Gains or Incom Disposition of Prop		-	income, less net lo rty including real or				-	
(a) Kind of	(a) Kind of property and description (b) Date aquired (Mo., day, yr.) (c) Date sold (Mo., day, yr.) (d) Gross sales price (e) Cost or ot basis as adjust (see instruction and expense or other than the second secon					sted (f) Gain o ons) (d less			
60.									
									1
61. Capital Ga	ins Distribution						61.		
62. Other Net	Gains						62.		
63. Net Gains	(Add lines 60, 61, and	62) (Enter here and o	n line 19) (If Los	s, enter zero)			63.		
PART II	Allocation of Wage Income Earned Par Outside New Jerse	tly Inside and tra		if compensation de her basis of allocat	•		ime of b	ousiness	
64. Amount rep	ported on line 15 in col	umn A required to be a	allocated				64.		
65. Total days	in taxable year						65.		
	nworking days (Sunda			,					
67. Total days	worked in taxable year	r (subtract line 66 from	line 65)				67.		
68. Deduct day	ys worked outside New	v Jersey					68.		
69. Days work	ed in New Jersey (sub	tract line 68 from line 6	67)				69.		
70. ALLOCATI	ON FORMULA	(Line 69) X (Line 67) (Ent	er amount from lin	=(Salary	earne	ed inside N.J.)	(Include line 15,	e this amount on col. B)	
PART III	Allocation of Busine Income to New Jers	(S	ee instructions i	if other than Formu	ula Ba	sis of allocation	is used.	)	
Business Alloc	ation Percentage (Fro	m Schedule NJ-NR-A)							
	e line number and ame entage to determine a			•	A tha	at is required to b	e alloca	ited and multiply	' by
Fron	n Line No	\$	_ X	% = \$			-		
Fron	n Line No	\$	_ x	% = \$			-		
Fron	n Line No	\$	_ x	% = \$			-		

Name(s) as	shown	on Form	NJ-1040NR
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### Schedule NJ-BUS-1 (Form NJ-1040NR)

New Jersey Gross Income Tax Business Income Summary Schedule

2019

Ρ	art I Net Profits From Busin	ess	List the	net pro	ofit (Ic	oss) from bu	siness(es	). See Instructions.	
	Business Name		Social Security Federal I		er/	Profit or (Loss)			
1.									
2.									
3.									
4.	Net Profit or (Loss). (Add lines 1, 2, and line 18, column A. If loss, enter ZERO o				4.				
Pa	Net Gains or Income art II From Rents, Royalties, Patents, and Copyright		List the net gains or net income, less net loss, derived fr form of rents, royalties, patents, and copyrights. See ins Type of Property: 1–Rental real estate 2–Royalties 3–Patents 4–Copy					s. See instructions.	ıe
	Source of Income or Loss. If rental real estate, enter physical address of property.		Social Security Number/ Federal EIN			Type – Ente number fron list above		Income or (Loss)	
1.									
2.									
3.									
4.	Net Income or (Loss). (Add lines 1, 2, a (Enter here and on line 20, column A. If		er Zero on line 20,	column	ı A.)	2			
Pa	art III Distributive Share of Pa	artners	hip Income					of income (loss) instructions.	
	Partnership Name	F				artnership or (Loss)	Share of tax paid on your be by Partnerships		
1.									
2.									
3.									
4.	Distributive Share of Partnership Incom (Add lines 1, 2, and 3.) (Enter here and If loss, enter ZERO on line 23, column A	on line 2							
5.	Total Share of tax paid on your behalf b 1, 2, and 3.) Enter total here and include								
Pa	art IV Net Pro Rata Share of	S Corp	poration Incom	ie				income (usable s). See instructions	
	S Corporation Name		Federal EIN			Pro Rata Share of S Corpo Income or (Usable Loss			
1.									
2.									
3.									
4.	Net Pro Rata Share of S Corporation In (Add lines 1, 2, and 3.) (Enter here and If loss, enter ZERO on line 24, column A	on line 2			4.				

Name(s) as shown on Form NJ·1040NR	Social Security Number

# Schedule NJ-BUS-2

(Form NJ-1040NR)

## New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2019

			Column A	Column B					
PAF	RT I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.			1b.				
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.			2b.				
3.	Distributive Share of Partnership Income	3a.			3b.				
4.	Net Pro Rata Share of S Corporation Income	4a.			4b.				
5.	Loss Carryforward From Tax Year 2018				5b.	(	)		
6.	Totals	6a.			6b.				
PAF	RT II Adjustment Calculation								
7.	Total Regular Business Income	7.							
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.							
9.	Business Increment (line 7 minus line 8)	9.							
10.	Adjustment Percentage	10.	(	0.50					
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.							
PAF	RT III Loss Carryforward to Tax Year 20	20							
12.	Loss Carryforward to Tax Year 2020				12.	(	)		

#### Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4d, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from Line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2018 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 36 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2019 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 36 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

### Keep a copy of this schedule for your records