NJ-1040 **2012**



STATE OF NEW JERSEY **INCOME TAX-RESIDENT RETURN**

WEB

1.0		x Year JanDec. 31, 2012, Or Other Tax Year I	100	inr	ningi						sion is	, s encl	20 losed	or en	iter c	onfirm	ation #		
fication, See Instructions	Your Social Security Number Last					ast Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)									r	ted e, print or			
				Home Addres	Address (Number and Street, including apartment number or rural route)										correct. Otherwise, print or le and address.				
	County/Municipality Code (See Table p. 50)				City, Town, Post Office State Z					Z	ip Code				information is or type your name				
	N.	J RESIDENCY STATUS If you were a New Jersey residency on the taxable year period of New Jersey residence.	, give			М	M /	D	D	/ <u>Y</u>	Υ	To		1 N	1 /	D	D/	Υ	Υ
For Privacy Act Notification,	STATUS	 (Fill in only one) Single Married/CU Couple, filing joint return Married/CU Partner, filing separate 	SNOI		 Regular Age 65 or Blind or Di 	Over		Yours	elf ⊂	Spouse CU Pa Spo	rtner ouse/C			ner	þ	6 7 8 8		TER MBE RE	RS
Ш		Social Security Number in the boxes above		5	9. Number of	your q	ualifie	d depe	endent	childr	en						9		
	FILING			1	0. Number of	other	depen	dents									10		
	ш	4. Head of household 5. Qualifying widow(er)/	-	1	 Dependen 	ts atter	nding c	ollege	s (See	e instr.	page	16) .		1	1	Т			
		Surviving CU Partner		1	2. Totals (For (For	Line 12 Line 12								1:	2a	Т	12b		
	EPENDENTS	13. Dependent's Last Name, First Name, Middle Initialab	_		Dependent	s Soci	al Sed	- C	Numb	per		E	Birt	th Yea	ar	not h inclu Medica	oval if dep nave healt iding NJ F aid, Medic er (see in	h insur amily0 are, pr	rance Care/ ivate or
	В	C	_	ļ		-⊑		<u>-</u> [Ţ	F		Ę	Ţ	Į	Ļ]			
		d	_		ш	<u>-L</u>		<u>-L</u>		<u> </u>	Ш	L		<u> </u>		<u></u>		$\overline{}$	
		Do you wish to de If joint return, does	•		•				e \$1?			Yes Yes		No No	oval	l(s), it wil	fill in the \ I not incre e your refi	ase yo	our
me	nts, a	he penalties of perjury, I declare that I have examine and to the best of my knowledge and belief, it is true, ion is based on all information of which the preparer	corr	rec	t, and complete.	rn, inclu If prep	iding a ared by	ccomp a per	anying son oth	sched ner tha	ules ar 1 taxpa	nd sta ayer, t	te- his		Writ	te Social	on Line 5 Security ney order	numbe	r(s) on
7		or Signature	or fi	fill i	n (See instruction	n nage	12)				ate						NEW JE		
If enclosing copy of death certificate for deceased taxpayer, fill in (See instruction page 12)																			
lf y		ouse's/CU Partner's Signature (if filing jointly, BOTH n				on pag	e 14)				ate . \subset						on of Tax		
		rize the Division of Taxation to discuss my retu eparer's Signature	ırn a	and	l enclosures v		<u> </u>				. \subset	\supset				PO Box	Processi 111 NJ 08646		nter
Paid Preparer's Signature Federal Identification Number												IF REFUND: NJ Division of Taxation Revenue Processing Center							
Firr	n's Name						Federal Employer Identification Number								PO Box 555 Trenton, NJ 08646-0555				
										You may also pay by e-check credit card. See instruction pa									
Di	visior	1 2 3	Г			<u> </u>	Δ		5	6		T	T	Т	7	T	П		







Nam	e(s) as shown on Form NJ-1040		Your	Soci	ial S	Securi 	ty Nu	mbe	er					1
14.	Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s). See instructions	14			,Γ	T	T	Ī.				Г	Ŧ	7
15a.	Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)	15a			, Ē	Ť	Ť],				Ē	Ť	j
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a		,			J.E	Ī							_
16.	Dividends	16			,[Щ],				<u>.</u> [工]
17.	Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose copy of Federal Schedule C, Form 1040)	17			,[1],				<u>_</u>	<u>_</u>]
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	브		, <u>L</u>	#	╪	_],	느			<u> </u>	╪	إ
	Pensions, Annuities, and IRA Withdrawals (See instruction page 21)	19	H		, <u>L</u>	_	÷	_],	느	Щ		<u>ا</u> ٍ	+	ļ
	(See instruction page 24) (Enclose Schedule NJK-1 or Federal Schedule K-1)	20	브	ᆜ	, L	4	+	┫,	느	Щ	닏	. <u>Ļ</u>		ļ
	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (See instruction page 25) (Enclose Schedule NJ-K-1 or Federal Schedule K-1)	21	Ц		<u>, </u>	4	╧	▋,	L			اٍ.	<u></u>	ļ
22.	Net gains or income from rents, royalties, patents & copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	22	닏	늬	Ļ	4	╪	_],			븨	<u>.</u> Ļ	丰	
23.	Net Gambling Winnings (See instruction page 25)	23	부		, <u>L</u>	4	<u></u>	_],	L			<u>.</u>	╪	ļ
24.	Alimony and separate maintenance payments received	24	H		Ļ	#	+	┪,	닏			<u>.</u>	+	ļ
25.	Other (Enclose Schedule) (See instruction page 25)	25	Η		Ļ	#	#	<u>၂</u> ,	늗			<u>.</u>	#	╡
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	낚	ᆛ	<u>, L</u>	+	┾	<u></u>	누	Ш	Ш	. L		_
27a.	Pension Exclusion (See instruction page 26)	H	Ⅎ ,⊧	#	4	닖.	늗	L	╡					
27b.	Other Retirement Income Exclusion (See Worksheet and instr. page 26) 27b	Щ		4	_	<u></u> ,	Ļ	Ļ	ᆚ			F	_	7
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)			2	27c	Ļ	╪	┨,	닏	Ц	ᆜ	<u>.</u>	+	ļ
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28	Ц	믝	, _	+	+	⅃ ,	누		믬	┝	‡	ļ
29.	Total Exemption Amount (See instruction page 28 to calculate amount)(Part-Year Residents see instruction page 7)			29	ł	+	+	」 ,	누		믬	늗	‡]
30.	Medical Expenses			30	÷	#	+	╡'	늗	H	믬	ŀ	+	╡
31.	Alimony and Separate Maintenance Payments			31	Ļ	#	+	┫,	느		닏	<u>ا</u> ٍ	+	ļ
32.	Qualified Conservation Contribution			32	ļ	╬	╪	┫,	느		Щ	<u>ا</u> ٍ		ļ
33.	Health Enterprise Zone Deduction			33		4	╪	<u> </u>	느		닏	<u>ا</u> ٍ.	丰	إ
34.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 10)			34		#	╪	┨,	느		닏	<u>.</u> Ļ	丰	إ
35.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)			35	Ļ	‡	╪	┨,	느		닏	<u>.</u> Ļ	╪	֚֡֝֝֡֓֡֝֡֝֝֡֓֓֓֓֓֓֓֓֓֓֓֓֓֡֝֡֓֓֓֡֓֡֝֡֓֓֓֡֡֡֡֡֡֡֡
36.	Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36	닏	\sqsubseteq	, L	+	+	┫,			Ш	.L	_	L
37a.	Total Property Taxes Paid (See instruction page 29) 37a ,	Ш	,			J.L		_						
37b.	Fill in oval if you were a New Jersey homeowner on October 1, 2012				37c							Γ	T	7
37c. 38.	Property Tax Deduction (See instruction page 33) NEW JERSEY TAXABLE INCOME (Subtract Line 37c from Line 36)	20			, o		÷	╡"	۲	H	H	Ė	肀	i
	If zero or less, MAKE NO ENTRY.	38	Ч	믝	, <u>L</u>	+	+	」 ,	늗		믬	늗	#	4
39.	TAX (From Tax Table, page 52)			39			_	_,			Ш	. L	ㅗ	L



WEB

NJ-1040 (2012) Page 3

Na	ame(s) as shown on Form	n NJ-1040			Your Social Se	ecurity Number	1	
\vdash								
40.	TAX (From Line 39, pag	ge 2)			40	,		
41.		s Paid to Other Jurisdictions	41	\Box				
	Enter other jurisdiction	code (See instructions)				###	╬.	
42.	Balance of Tax (Subtrac	ct Line 41 from Line 40)	42 ,	,	ᆚ.	Щ.		
43.	Sheltered Workshop Ta	x Credit	. 43 ,	,	Щ.	Щ		
44.	Balance of Tax after Cre	edit (Subtract Line 43 from L	. 44 ,	,	Ш.	Ш		
45.		et, Mail-Order, or Other Out-coon page 36). If no Use Tax,	45 ,	,	Щ.	Щ		
46.	Penalty for Underpaymer	ent of Estimated Tax210 is enclosed.			46 ,	,	Щ.	Щ
47.	Total Tax and Penalty	(Add Lines 44, 45, and 46)			. 47	,	Ш.	Ш
48.	Total New Jersey Inco	me Tax Withheld (From end	closed Forms W-2	and 1099)	. 48 ,		Ш.	
49.	Property Tax Credit (Se	e instruction page 33)				49		
50.		Tax Payments/Credit from 20			50	 ,		
					Γ	51		
51.	Fill in Fill in ova	ome Tax Credit (See instruct al if you had the IRS figure you al if you are a CU couple clai	our Federal Éarnec	I Income Credit				
52.	EXCESS New Jersey U	I/WF/SWF Withheld (See instr.		52 ,	Ш.			
53.		Disability Insurance Withheld	The state of the s	53 ,	Π.			
54.		family Leave Insurance With			[54 ,	Щ.	
55.	Total Payments/Credit	s (Add Lines 48 through 54)			55 ,	 ,		
56.	If Line 55 is LESS THAN	N Line 47, enter AMOUNT Y	OH OWE		56			
	Fill in if paying by	e-check or credit card.					_	
	If you owe tax, you may	make a donation by entering	g an amount on Lir	nes 59, 60, 61, 62	2, 63, and/or 64 and a	dding this to your pa	yment am	ount.
57.	If Line 55 is MORE THA	N Line 47, enter OVERPAYI	MENT		57	T		
	Deductions from Overpa	ayment on Line 57 which you	elect to credit to:		EO			
58. 59.		 I. Endangered			7		#	Ħ
55.		dlife Fund	□ \$10 □ \$20	☐ Other		59	▃	ш
60.	CHID	l. Children's Trust Fund Prevent Child Abuse	□ \$10 □ \$20	☐ Other	ENTER AMOUNT	60	Щ.	Щ
61.		l. Vietnam Veterans' morial Fund	□ \$10 □ \$20 □ \$20 □ \$20 □ \$20 □	☐ Other	OF	61	Щ.	Ш
62.	N.J	l. Breast Cancer			CONTRIBUTION	62	Д.	
63.	J. U.S	search Fund	□ \$10 □ \$20	☐ Other		63		
	Edu	ucational Museum Fund	□ \$10 □ \$20	☐ Other		1		$\overline{}$
64.	Other Designated Contr (See instruction page 40	ibution D)	□ \$10 □ \$20	☐ Other		64	##	##
65.	Total Deductions from C	Overpayment (Add Lines 58 t	hrough 64)		, 65	,	Щ.	ш
66.	REFUND (Amount to be	sent to you. Subtract Line 65	from Line 57)		, 66	,	Ш.	Ш