

STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

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	5R For Tax Year JanDec. 31, 2011, Or Other Tax Year Beginning , 2011, Month Ending , 20																						
1.0	▼ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ▼ Fill in □ if application for Federal extension is enclosed or enter confirmation #																						
Ė	Yo							irst Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last ONLY if different)										st nam	<u>e</u>				
								ONLI	ii dilici	GIII)									ped :	<u>.</u>			
	Sr	Spouse's/CU Partner's Social Security Number Home Addre						har and S	troot i	includ	ing and	rtmont	numhei	r or r	ural re	nuta)						reprint	erwise
S		Tionic Address						oor and c	uoot, i	iriolaa	mg ape	arunone	Hambo	011	urur re	outo)						ifallp	ot. Our
tion	L																			on form if all preprinted	ne and		
For Privacy Act Notification, See Instructions	Co	County/Municipality Code (See Table p. 51) City, Town, Po						ost Office State								Z	Zip Code			abel o	mation is correct. Othery your name and address		
																		Place	type your na				
	NJ RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From M M / D D / Y Y To M M / D D / Y Y												Y										
		(Fill in only one)			6. Regular Yourself Spouse/ Domesti								6 NIII//				S						
y Ac		1. Single			- CO Partilei						Partn	er	H	+		HERE							
ivac	NS	 Married/CU Couple, filing joint return 	SNOI	の	7. Age 65 or Over Yourself Spouse/CU Partner								7										
or Pr	STATU	Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's			8. Blind o	r Dis	sabled		You	rself		⊃ Spo	ouse/	CU	Parl	tner			8				
Ā	Ω Ω				9. Numbe	er of	your (qualifie	d de	pen	dent	childr	en								9	Т	
	LING	Social Security Number in the boxes above	EXEMPT		0. Numbe	er of	other	depen	dents	S											10	す	
	륜	4. — Head of household		비	11. Dependents attending colleges (See instr. page 18)									Г		\dashv	4						
		5. Qualifying widow(er)/			2. Totals (•							,				4	4			_
		Surviving CU Partner				٠		.a - Add 2b - Add					,				1	2a			12b		
	ENTS	13. Dependent's Last Name, First Name, Middle Initial		Dependent's Social Security Number Birth								h Ye	Fill in oval if dependent not have health in including NJ FamilyCicaid, Medicare, prother (see instruc			nsuran Care/ orivate	ice Med- or						
		a	_	Ļ	44	ᆜ	┶		- <u> </u>					וַוּ		L	ᆂ	╧	╛)	
	EPEND	b	-	L		╝	- <u>L</u>		<u>-L</u>			_					<u>_</u>		╛				
		C	_				-[-[
		d	_				-[-[
G	UB	ERNATORIAL Do you wish to de	sign	nate	\$1 of your	taxe	es for t	nis fun	1?					Υe	es		No		Note	e: if yo	u fill in t	he Yes	se
		CTIONS FUND If joint return, doe												Υe			No			tax o	r reduce		
Ur ar is	Under the penalties of perjury, I declare that I have examined this income tax return, and to the best of my knowledge and belief, it is true, correct, and complete. If prepais based on all information of which the preparer has any knowledge.							, including accompanying schedules and statements, ared by a person other than taxpayer, this declaration								V c p	Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI						
7	Your Signature								Date Mail your check or money ord your NJ-1040-V payment vouc your return to:														
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Date NJ Division of Taxation Revenue Processing Center										nter													
	_	do not need forms mailed to you next year, fill		`													\supseteq		Box 11 enton, N		45-0111		
		orize the Division of Taxation to discuss my reference reparer's Signature	urn	an	d enclosur	res v		y prep al Iden					\subset	$\overline{}$			If	REFU NJ	JND: Division	of Ta	xation		
					. 500					Ť	Т	Ţ			1	Revenue Processing Cen PO Box 555							
Fi	rm's	n's Name							lover	Ider	ntifica	tion N	lumbe	r				Trenton, NJ 08647-0555 You may also pay by e-check					
								, = ,		T	T	T	Ţ				or credit card. See instruction page 13.)	
	(REV 9-11)																						
	visior Use	1 2 3					16			5	11	6		T				7	7	T		Т	٦



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Nam		Your Social Security Number												
14. Wages caloring tips and other ampleyes compansation (France W.2)														
	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	L		, [<u>, L</u>			IJ		╛
15a.	Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)	15a			,[, [
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	$\underline{\mathbb{D}}$,		L],[
16.	Dividends	16	L		, [_	ᆜ	_	, _	╧	╄	IJ	4	╛
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	L		, [_	_	_	, _	<u>_</u>		IJ	4	╛
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	L		, [ᆜ	ᆜ	_	<u>, </u>	╧	╄	IJ	4	╛
	Pensions, Annuities, and IRA Withdrawals (See instruction page 24)	19 20			, [] , [╛	ᆿ		, <u>L</u> , <u>C</u>	ŧ	t].[].[士	
21.	Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21],[,[].[\perp	
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22			,[, [I	Ī		I	
23.	Net Gambling Winnings (See instruction page 27)	23			,[, [].[<u></u>]
24.	Alimony and separate maintenance payments received	24			,				, _	<u></u>		Ш	<u></u>	_
25.	Other (Enclose Schedule) (See instruction page 28)	25			,				, _	<u></u>		Ш	<u></u>]
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	Ę	L	,		_		, [Ш	\bot	
27a.	Pension Exclusion (See instruction page 28)	Ц],				<u>l.L</u>	Ţ						
27b.	Other Retirement Income Exclusion (See worksheet and instr. page 29)		,			L	<u> </u>	ᆚ	ᆚ					_
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)				270	;	_	ᆜ	<u>, </u>	╧		IJ	4	╛
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28		느	,	ᆜ	4	ᆜ	, _	Ļ	Ļ	IJ	4	╛
29.	Total Exemption Amount (See instruction page 31 to calculate amount)			29		닉	긕	믝	<u>, </u>	╪	╄		+	╡
30.	Medical Expenses			30		닉	긕	닉	<u>, </u>	╪	+	Ц	4	╡
31.	Alimony and Separate Maintenance Payments			31		ᆗ	4	ᆜ	<u>, </u>	╪	┿	IJ	ᆂ	╛
32.	Qualified Conservation Contribution			32		ᆜ	4	ᆜ	<u>, </u>	╪	╪	IJ	4	4
33.	Health Enterprise Zone Deduction			33		ᆜ	_		<u>, L</u>	╧	╧	IJ	<u></u>	╛
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33)			34		ᆜ	ᆜ	ᆜ	<u>, </u>	ļ	╄	IJ	4	╛
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35			,	ᆛ	4	ᆜ	<u>,</u>			I.l		L
36a.	Total Property Taxes Paid (See instruction page 32) 36a	Щ,			L	J.L		Ц						
36b.	Fill in oval if you were a New Jersey homeowner on October 1, 2011							_	_	_	_	1 1	_	7
	Property Tax Deduction (See instruction page 35)				360	;	ᆜ	ᆜ	<u>, </u>	<u></u>	누	IJ	<u></u>	_
37.	NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37			,				<u>, L</u>			IJ		╛
38.	TAX (From Tax Table, page 53)			38					,L					



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Na	me(s) as shown on	Form NJ-1040			Your Social	Security Numb	per			
\vdash										
39.	TAX (From Line 38	, page 2)			39	ШШ	,	Щ.		
40.		Taxes Paid to Other Jurisdictions tion code (See instructions)			40		,			
4.4	•	,			41					
41.	Balance of Tax (Su	btract Line 40 from Line 39)			,		' ———	#		
42.	Sheltered Worksho	p Tax Credit			42	шш	,	ш.		
43.	Balance of Tax after	er Credit (Subtract Line 42 from L	ine 41)		43		,			
44.		ut-of-State Purchases (See instrur ZERO (0.00)	44 ,		,					
45.		ayment of Estimated Tax			45		,			
46.	Total Tax and Pen	alty (Add Lines 43, 44, and 45)			46	ЩЩ	,	Щ.		
47.	Total New Jersey	Income Tax Withheld (From en	closed Forms W-2	and 1099)	47	$\Box\Box$,			
48.	Property Tax Credi	t (See instruction page 35)				4	18			
49.	New Jersey Estima	ated Tax Payments/Credit from 20	010 tax return		49 ,		,			
50.	50									
51.	EXCESS New Jers	ey UI/WF/SWF Withheld (See instr	. page 41) (Enclose F	orm NJ-2450)		51	,	.Ш		
52.	EXCESS New Jers (Enclose Form NJ-	sey Disability Insurance Withheld 2450)	(See instr. page 47	1)		52	,			
53.		sey Family Leave Insurance With 2450)				53	,	. \Box		
54.	Total Payments/C	redits (Add Lines 47 through 53)	·		54		,			
55.		ΓΗΑΝ Line 46, enter AMOUNT Y g by e-check or credit card.	OU OWE		55		,			
	If you owe tax, you	may make a donation by enterin	g an amount on Lir	nes 58, 59, 60,	61, 62 and/or 63 and	adding this to	your payment ar	nount.		
56.		THAN Line 46, enter OVERPAY			56	ЩЩ	,	.Ш		
57.		verpayment on Line 56 which you			57		,	Щ.		
58.	7	N.J. Endangered Wildlife Fund	□ \$10 □ \$20	☐ Other		[58			
59.	STOP CHILD ABUSE	N.J. Children's Trust Fund To Prevent Child Abuse	□ \$10 □ \$20	☐ Other	ENTER	[59			
60.		N.J. Vietnam Veterans' Memorial Fund	□ \$10 □ \$20	☐ Other	AMOUNT OF	[60			
61.	X	N.J. Breast Cancer Research Fund	☐ \$10 ☐ \$20	☐ Other	CONTRIBUTION	[61			
62.		U.S.S. New Jersey				Ī	62	$\overline{\Box}$		
00		Educational Museum Fund	□ \$10 □ \$20	☐ Other	Г	— i	63	Ħ		
63.	Other Designated C See instruction pag	Contributione 42	□ \$10 □ \$20	☐ Other	64			#		
64.	Total Deductions fro	om Overpayment (Add Lines 57 t	hrough 63)		64		, <u> </u>	##		
65.	REFUND (Amount t	o be sent to you. Subtract Line 64	from Line 56)		65		,	لـــــــا.		