










Name(s) as shown on Form NJ-1040	Your Social Security Number
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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								
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 ....	15b								
16. Dividends .....	16								
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040) .....	17								
18. Net gains or income from disposition of property (Schedule B, Line 4) .....	18								
19. Pensions, Annuities, and IRA Withdrawals (See instruction page 24) .....	19								
20. Distributive Share of Partnership Income (See instruction page 27) (Enclose Schedule) .....	20								
21. Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule) .....	21								
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) .....	22								
23. Net Gambling Winnings (See instruction page 27) .....	23								
24. Alimony and separate maintenance payments received .....	24								
25. Other (Enclose Schedule) (See instruction page 28) .....	25								
26. Total Income (Add Lines 14, 15a, and 16 through 25) .....	26								
27a. Pension Exclusion (See instruction page 28) .....	27a								
27b. Other Retirement Income Exclusion (See worksheet and instr. page 29) ....	27b								
27c. Total Exclusion Amount (Add Line 27a and Line 27b) .....	27c								
28. New Jersey Gross Income (Subtract Line 27c from Line 26) .....	28								
See instruction page 29.									
29. Total Exemption Amount (See instruction page 31 to calculate amount) (Part-Year Residents see instruction page 9) .....	29								
30. Medical Expenses .....	30								
(See Worksheet and instruction page 31)									
31. Alimony and Separate Maintenance Payments .....	31								
32. Qualified Conservation Contribution .....	32								
33. Health Enterprise Zone Deduction .....	33								
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33) .....	34								
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35								
36a. Total Property Taxes Paid (See instruction page 32)....	36a								
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011 .....	○								
36c. Property Tax Deduction (See instruction page 35) .....	36c								
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY. ....	37								
38. TAX (From Tax Table, page 53) .....	38								



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39.	TAX (From Line 38, page 2) .....	39							
40.	Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	40							
41.	Balance of Tax (Subtract Line 40 from Line 39) .....	41							
42.	Sheltered Workshop Tax Credit .....	42							
43.	Balance of Tax after Credit (Subtract Line 42 from Line 41) .....	43							
44.	Use Tax Due on Out-of-State Purchases (See instruction page 38) If no Use Tax, enter ZERO (0.00). .....	44							
45.	Penalty for Underpayment of Estimated Tax. .... Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.	45							
46.	<b>Total Tax and Penalty</b> (Add Lines 43, 44, and 45) .....	46							
47.	<b>Total New Jersey Income Tax Withheld</b> (From enclosed Forms W-2 and 1099) .....	47							
48.	Property Tax Credit (See instruction page 35) .....	48							
49.	New Jersey Estimated Tax Payments/Credit from 2010 tax return .....	49							
50.	New Jersey Earned Income Tax Credit (See instruction page 40) .....	50							
	Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one								
	Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit								
51.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 41) (Enclose Form NJ-2450) .....	51							
52.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 41) .....	52							
53.	EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 41) .....	53							
54.	<b>Total Payments/Credits</b> (Add Lines 47 through 53) .....	54							
55.	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE .....	55							
	Fill in <input type="checkbox"/> if paying by e-check or credit card. If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.								
56.	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT .....	56							
	Deductions from Overpayment on Line 56 which you elect to credit to:								
57.	Your 2012 tax .....	57							
58.	 N.J. Endangered Wildlife Fund .....	58							
	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
59.	 N.J. Children's Trust Fund To Prevent Child Abuse .....	59							
	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
60.	 N.J. Vietnam Veterans' Memorial Fund .....	60							
	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
61.	 N.J. Breast Cancer Research Fund .....	61							
	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
62.	 U.S.S. New Jersey Educational Museum Fund ...	62							
	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other								
63.	Other Designated Contribution .....	63							
	See instruction page 42								
64.	Total Deductions from Overpayment (Add Lines 57 through 63) .....	64							
65.	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) .....	65							

ENTER AMOUNT OF CONTRIBUTION