








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 (Schedule NJ-BUS-1, Part I, Line 4) (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 21)	19					
20. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (See instruction page 24) (Enclose Schedule NJK-1 or Federal Schedule K-1) ..	20					
21. 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					
22. Net gains or income from rents, royalties, patents & copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	22					
23. Net Gambling Winnings (See instruction page 25)	23					
24. Alimony and separate maintenance payments received	24					
25. Other (Enclose Schedule) (See instruction page 25)	25					
26. Total Income (Add Lines 14, 15a, and 16 through 25)	26					
27a. Pension Exclusion (See instruction page 26)	27a					
27b. Other Retirement Income Exclusion (See Worksheet and instr. page 26) ...	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 28).						
29. Total Exemption Amount (See instruction page 28 to calculate amount)	29					
(Part-Year Residents see instruction page 7)						
30. Medical Expenses	30					
(See Worksheet and instruction page 28)						
31. Alimony and Separate Maintenance Payments	31					
32. Qualified Conservation Contribution	32					
33. Health Enterprise Zone Deduction	33					
34. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 10).....	34					
35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)	35					
36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36					
37a. Total Property Taxes Paid (See instruction page 29)....	37a					
37b. Fill in oval if you were a New Jersey homeowner on October 1, 2012	○					
37c. Property Tax Deduction (See instruction page 33)	37c					
38. NEW JERSEY TAXABLE INCOME (Subtract Line 37c from Line 36) If zero or less, MAKE NO ENTRY.	38					
39. TAX (From Tax Table, page 52)	39					



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40.	TAX (From Line 39, page 2)	40							
41.	Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	41							
42.	Balance of Tax (Subtract Line 41 from Line 40)	42							
43.	Sheltered Workshop Tax Credit	43							
44.	Balance of Tax after Credit (Subtract Line 43 from Line 42)	44							
45.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00).	45							
46.	Penalty for Underpayment of Estimated Tax. Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.	46							
47.	Total Tax and Penalty (Add Lines 44, 45, and 46)	47							
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48							
49.	Property Tax Credit (See instruction page 33)	49							
50.	New Jersey Estimated Tax Payments/Credit from 2011 tax return	50							
51.	New Jersey Earned Income Tax Credit (See instruction page 38)	51							
	Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one <input type="checkbox"/> Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit								
52.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 39) (Enclose Form NJ-2450)	52							
53.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 39)	53							
54.	EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 39) (Enclose Form NJ-2450)	54							
55.	Total Payments/Credits (Add Lines 48 through 54)	55							
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE	56							
	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 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.								
57.	If Line 55 is MORE THAN Line 47, enter OVERPAYMENT	57							
	Deductions from Overpayment on Line 57 which you elect to credit to:								
58.	Your 2013 tax	58							
59.	 N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59							
60.	 N.J. Children's Trust Fund To Prevent Child Abuse <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60							
61.	 N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61							
62.	 N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62							
63.	 U.S.S. New Jersey Educational Museum Fund ... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	63							
64.	Other Designated Contribution <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other (See instruction page 40)	64							
65.	Total Deductions from Overpayment (Add Lines 58 through 64)	65							
66.	REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)	66							

ENTER
AMOUNT
OF
CONTRIBUTION