NJ-1040 2012

Use



STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

WEB 5R For Tax Year Jan.-Dec. 31, 2012. Or Other Tax Year Beginning 2012. Month Ending **▼ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ▼** Fill in _____ if application for Federal extension is enclosed or enter confirmation # Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different) Your Social Security Number lation is correct. Otherwise, print Place label on form if all preprinted your name and address. Spouse's/CU Partner's Social Security Number Home Address (Number and Street, including apartment number or rural route) County/Municipality Code (See Table p. 50) City, Town, Post Office State Zip Code ype Spo If you were a New Jersey resident for **NJ RESIDENCY** ONLY part of the taxable year, give the **STATUS** From period of New Jersey residency: (Fill in only one) Spouse/ Domestic 6 6. Regular **NUMBERS** Yourself CU Partner Act **J**Partner 1. Single **HERE** For Privacy 7 2. Married/CU Couple, filing 7. Age 65 or Over ourself Spouse/CU Partner S ioint return STATU ₫ 8 8. Blind or Disabled Yourself Spouse/CU Partner Married/CU Partner, filing separate EXEMPT return. Enter Spouse's/CU Partner's 9 9. Number of your qualified dependent children (<u>)</u> Social Security Number in the boxes above 10. Number of other dependents 10 正 4. Head of household 11. Dependents attending colleges (See instr. page 16) 5. Qualifying widow(er)/ 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) Surviving CU Partner 12b (For Line 12b - Add Lines 9 and 10) Fill in oval if dependent does 13. Dependent's Last Name, Dependent's Social Security Number Birth Year not have health insurance First Name, Middle Initial including NJ FamilyCare/ Medicaid, Medicare, private or ENT. other (see instructions) PEND 日 Note: if you fill in the Yes oval(s), it will not increase your Do you wish to designate \$1 of your taxes for this fund? Yes **GUBERNATORIAL ELECTIONS FUND** If joint return, does your spouse/CU partner wish to designate \$1? Nο Yes tax or reduce your refund. Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and state-Pay amount on Line 56 in full. ments, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. Write Social Security number(s) on check or money order and make STATE OF NEW JERSEY - TGI Your Signature Date If enclosing copy of death certificate for deceased taxpayer, fill in (See instruction page 12) Mail your check or money order with your NJ-1040V payment voucher and your return to: Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) NJ Division of Taxation If you do not need forms mailed to you next year, fill in (See instruction page 14) Revenue Processing Center I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) PO Box 111 Trenton, NJ 08646-0111 Paid Preparer's Signature Federal Identification Number IF REFUND: NJ Division of Taxation Revenue Processing Center Federal Employer Identification Number Firm's Name PO Box 555 Trenton, NJ 08646-0555 You may also pay by e-check or credit card. See instruction page







Nam	e(s) as shown on Form NJ-1040		Your S	Social	Sec	urity N	Numl	per	1			
14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)		$\overline{}$	-				_		$\overline{}$	_	Ħ
	Be sure to use State wages from Box 16 of your W-2(s). See instructions	14	片	┛,	닏	닉	ᆜ	, <u> </u>	닏	닏	<u> </u>	닏
roa.	(Enclose Federal Schedule B if over \$1,500)	15a	Ш			Ш		,			.L	Ш
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a 15b	Д,		<u></u>].					_		
16.	Dividends	16	Ш			Ш		<u>, L</u>	Щ		.L	Ш
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	브	▋,	Ш	Ц	_	<u>,</u>	닏	Ц	<u>Ļ</u>	닏
	Pensions, Annuities, and IRA Withdrawals (See instruction page 21)	19	Щ	,	Ш	Ш		,			. <u>L</u>	Щ
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	Ш	_ ,				, \square			.[
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],				$, \square$				
22	Net Gambling Winnings (See instruction page 25)	23		Ξ,				Ē				$\overline{\Box}$
		24	П	=		П		F		$\overline{\Box}$	F	一
24.	Alimony and separate maintenance payments received	25	Ħ	╡'		H		'	П	H	늗	Ħ
25.	Other (Enclose Schedule) (See instruction page 25)		H	╡'		H		'		H	늗	Ħ
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	₩	<u>,</u>	닏	뉴	ᆛ	<u>, </u>		ш	. L	ш
27a.	Pension Exclusion (See instruction page 26)	H	┩, -	¥	Ļ	╬╞	#	4				
27b.	Other Retirement Income Exclusion (See Worksheet and instr. page 26) 27b			누	Ļ	<u>l</u>	ᆂ	ᆛ				_
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)			27	С	Ц	ᆜ	,_	Щ	Щ	<u>.</u>	ᆜ
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28	Ļ	,	Ц	Ц	_	<u>,</u>	Ц	ᆜ	<u>.</u>	닏
29.	Total Exemption Amount (See instruction page 28 to calculate amount)		2	9		Ц		,	Ш	Ш	. <u>∟</u>	Щ
30.	(Part-Year Residents see instruction page 7) Medical Expenses		3	0				,			.L	Ш
31.	(See Worksheet and instruction page 28) Alimony and Separate Maintenance Payments		3	1				$, \square$				
32.	Qualified Conservation Contribution		3	2				$, \square$				
33.	Health Enterprise Zone Deduction		3	3				,[
34.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 10)		3	4				, \square			<u> </u>	\Box
35.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)		3	5		Ц		<u>, </u>	Щ	Ш	. <u>L</u>	Щ
36.	Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36	Ц	<u>],</u>	Ц	Ц		, [Ē	
37a.	Total Property Taxes Paid (See instruction page 29) 37a ,	Щ	, 🔲		╝.	Ш						
37b.	Fill in oval if you were a New Jersey homeowner on October 1, 2012			37	'C			Г	П		Г	\Box
			_		J		<u> </u>	'	${}^{\rm H}$	믬	늗	Ħ
აბ.	NEW JERSEY TAXABLE INCOME (Subtract Line 37c from Line 36) If zero or less, MAKE NO ENTRY.	38	ᆛ	,		Щ	닉	<u>'</u>	무	믬	늗	붜
39.	TAX (From Tax Table, page 52)		3	9		Ш		<u>, L</u>			.ㄴ	



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Na	nme(s) as shown on Form NJ-1040		Your Social Security Number
\vdash			
40.	TAX (From Line 39, page 2)		40 ,
41.	Credit For Income Taxes Paid to Other Jurisdiction		41
	Enter other jurisdiction code (See instructions)		
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 Worksheet and instruction page 36). If no Use Tax		45 , , , , , , , , , , , , , , , , , , ,
46.	Penalty for Underpayment of Estimated Tax Fill in 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 e	enclosed Forms W-2 and 1099)	48 , , , , , , , , , , , , , , , , , , ,
49.	Property Tax Credit (See instruction page 33)		49
50.	New Jersey Estimated Tax Payments/Credit from 2		50
			51
51.		uction page 38) your Federal Earned Income Credit laiming the NJ Earned Income Tax Cred	
52.	EXCESS New Jersey UI/WF/SWF Withheld (See ins	str. page 39) (Enclose Form NJ-2450)	52 ,
53.	EXCESS New Jersey Disability Insurance Withhel (Enclose Form NJ-2450)		
54.	EXCESS New Jersey Family Leave Insurance Wit (Enclose Form NJ-2450)		54 ,
55.	Total Payments/Credits (Add Lines 48 through 54	4)	55 , , , , , , , , , , , , , , , , , ,
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT	YOU OWE	56 , , , , , , , , , , , , , , , , , , ,
	Fill in if paying by e-check or credit card. If you owe tax, you may make a donation by entering	ing an amount on Lines 59, 60, 61, 62,	63, and/or 64 and adding this to your payment amount.
	- your conditional year only		
57.	If Line 55 is MORE THAN Line 47, enter OVERPA Deductions from Overpayment on Line 57 which you		57 , , , , , , , , , , , , , , , , , , ,
58.	Your 2013 tax		58 , , , , , , , , , , , , , , , , , , ,
59.	N.J. Endangered Wildlife Fund	\$10 \$20 Other	59
60.	N.J. Children's Trust Fund To Prevent Child Abuse		ENTER 60
61.	N.J. Vietnam Veterans' Memorial Fund		AMOUNT 61
62.	N.J. Breast Cancer Research Fund		CONTRIBUTION 62
63.	U.S.S. New Jersey Educational Museum Fund		63
2.4			64
64.	Other Designated Contribution(See instruction page 40)	\$10 \$20 Other	
65.	Total Deductions from Overpayment (Add Lines 58	through 64)	65 , , , , , , , , , , , , , , , , , , ,
66.	REFUND (Amount to be sent to you. Subtract Line 6	35 from Line 57)	66 , , , , , , , , , , , , , , , , , ,