





Your Social Security Number

Name(s) as shown on Form NJ-1040

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) ..... 15.

16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) ..... 16a.

16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a ..... 16b.

17. Dividends ..... 17.

18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) ..... 18.

19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) ..... 19.

20a. Taxable pension, annuity, and IRA distributions/withdrawals (See instructions) ..... 20a.

20b. Excludable pension, annuity, and IRA distributions/withdrawals ..... 20b.

21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) ..... 21.

22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) ..... 22.

23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) ..... 23.

24. Net gambling winnings (See instructions) ..... 24.

25. Alimony and separate maintenance payments received ..... 25.

26. Other (Enclose documents) (See instructions) ..... 26.

27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) ..... 27.

28a. Pension/Retirement Exclusion (See instructions) ..... 28a.

28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) ..... 28b.

28c. Total Exclusion Amount (Add lines 28a and 28b) ..... 28c.

29. **New Jersey Gross Income** (Subtract line 28c from line 27) (See instructions) ..... 29.

30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) ..... 30.

31. Medical Expenses (See Worksheet F and instructions) ..... 31.

32. Alimony and separate maintenance payments (See instructions) ..... 32.

33. Qualified Conservation Contribution ..... 33.

34. Health Enterprise Zone Deduction ..... 34.

35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) ..... 35.

36. Organ/Bone Marrow Donation Deduction (See instructions) ..... 36.

37. Total Exemptions and Deductions (Add lines 30 through 36) ..... 37.

38. Taxable Income (Subtract line 37 from line 29) ..... 38.

39a. Total Property Taxes (18% of Rent) Paid (See instructions page 24) ...39a.

39b. Block       Lot       Qualifier

39c. County/Municipality Code     Fill in  if you completed Worksheet G.

39d. Indicate your residency status during 2021 (fill in only one oval) .....  Homeowner  Tenant  Both





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68. Contribution to N.J. Endangered Wildlife Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	68.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
69. Contribution to N.J. Children's Trust Fund To Prevent Child Abuse.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	69.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
70. Contribution to N.J. Vietnam Veterans' Memorial Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	70.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
71. Contribution to N.J. Breast Cancer Research Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	71.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
72. Contribution to U.S.S. New Jersey Educational Museum Fund.....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....	72.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
73. Other Designated Contribution (See instructions).....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	73.	Enter Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
74. Other Designated Contribution (See instructions).....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	74.	Enter Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
75. Other Designated Contribution (See instructions).....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	75.	Enter Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75).....		76.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
77. <b>Balance due</b> (If line 65 is more than zero, add line 65 and line 76).....	Fill in <b>0</b> if paying by e-check or credit card	77.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
78. <b>Refund amount</b> (If line 66 is more than zero, subtract line 76 from line 66).....		78.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? If joint return, does your spouse want to designate \$1? This does not reduce your refund or increase your balance due.

Yes  No  
 Spouse/CU Partner  Yes  No

### Signature

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's/CU Partner's Signature (required if filing jointly) \_\_\_\_\_ Date \_\_\_\_\_

Driver's License Number (Voluntary) (See instructions)

Fill in  if death certificate is enclosed. Fill in  if you do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).

Paid Preparer's Signature (Fill in  if NJ-1040-O is enclosed)

Federal Identification Number

Firm's Name

Firm's Federal Employer Identification Number

### Keep a copy of this return and all supporting documents for your records.

#### Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center – Payments  
PO Box 111  
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey – TGI

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

#### Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center – Refunds  
PO Box 555  
Trenton, NJ 08647-0555