

STATE OF NEW JERSEY
INCOME TAX—NONRESIDENT RETURN

For Tax Year Jan.-Dec. 31, 1995 Or Other Tax Year Beginning _____, 1995, Ending _____, 19 _____

5-N Check block if application for Federal extension is attached.

| Please Print or Type | Your Social Security Number | Last Name, First Name and Initial (Joint filers enter first name and initial of each—Enter spouse last name ONLY if different) | | | Please place label on form you file. Make all necessary changes on label. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|---|---|-------------------------------------|---|------------------------------|--|--|--|--|------------------------------|---|-----|--|-----|--|---|-----|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|---|-----|--|--|--|---|--|--|--|--|---|----|--|--|--|---|----|--|--|--|---|----|--|--|--|---|----|--|--|--|---|----|--|--|--|--|--|--|--|--|--|----|--|--|--|---|----|--|--|--|---|----|--|--|---|----|--|--|--|----|--|--|--|---------------|--|--|----|--|---|----|--|--|--|---|----|--|--|--|--|--|--|--|--|-------------------------|-----|--|--|--|---|-----|--|--|---|-----|--|--|--|-----|--|--|---|---------------|--|--|----|--|--|----|--|--|--|--|--|--|--|--|------------------------|--|---|--|--|---------------------------------|--|-------------------------------------|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | Spouse's Social Security Number | Home address (Number and Street, including apartment number or rural route) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | State of Residency | City, Town, Post Office | State | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please Attach W-2 Forms Here | (Check only ONE box) | | EXEMPTIONS | 6. Regular <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. <input type="checkbox"/> Single | 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse | | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. <input type="checkbox"/> Married, filing joint return | 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. <input type="checkbox"/> Married, filing separate return | 9. Number of your qualified dependent children | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name and Social Security No. of Spouse | | | 10. Number of other dependents | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. <input type="checkbox"/> Head of Household | 11. Dependents attending colleges | | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. <input type="checkbox"/> Qualifying Widow(er) | 12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11) | | 12a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | (For Line 12b—Add Line 9 and Line 10) | 12b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RESIDENCY STATUS 13. If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ To _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width:100%; border: none;"> <tr> <td style="width:60%;">GUBERNATORIAL ELECTIONS FUND</td> <td style="width:20%; border: none;">Do you wish to designate \$1 of your taxes for this fund?</td> <td style="width:10%; text-align: center;">Yes <input type="checkbox"/></td> <td style="width:10%; text-align: center;">No <input type="checkbox"/></td> <td style="width:10%; border: none;">Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund</td> </tr> <tr> <td></td> <td style="border: none;">If joint return, does your spouse wish to designate \$1?</td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td></td> </tr> </table> | | | | | | GUBERNATORIAL ELECTIONS FUND | Do you wish to designate \$1 of your taxes for this fund? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund | | If joint return, does your spouse wish to designate \$1? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GUBERNATORIAL ELECTIONS FUND | Do you wish to designate \$1 of your taxes for this fund? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 9 of the instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%; text-align: center;">(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)</th> <th style="width:10%;"></th> <th style="width:10%; text-align: center;">(Column B) AMOUNT FROM NEW JERSEY SOURCES</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>14a. Total Income (From Line 45, Part I)</td> <td style="text-align: center;">14a</td> <td></td> <td style="text-align: center;">14a</td> <td></td> </tr> <tr> <td>14b. Other Retirement Income Exclusion (See Worksheet and Instructions)</td> <td style="text-align: center;">14b</td> <td></td> <td style="text-align: center;">14b</td> <td></td> </tr> <tr> <td>14c. Gross Income (Subtract Line 14b from Line 14a)</td> <td style="text-align: center;">14c</td> <td style="text-align: center;">(A)</td> <td style="text-align: center;">14c</td> <td style="text-align: center;">(B)</td> </tr> <tr> <td>15a. Exemptions: From Line 12a _____ x \$1,000 = _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15b. From Line 12b _____ x \$1,500 = _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15c. Total Exemption Amount (Add Line 15a and Line 15b)</td> <td style="text-align: center;">15c</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">NOTE: Part-year residents—See Instructions</td> </tr> <tr> <td>16. Medical Expenses (From Line 55)</td> <td style="text-align: center;">16</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Alimony & separate maintenance payments</td> <td style="text-align: center;">17</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Total Exemptions and Deductions (Add Lines 15c, 16, and 17)</td> <td style="text-align: center;">18</td> <td></td> <td></td> <td></td> </tr> <tr> <td>19. TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A)</td> <td style="text-align: center;">19</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20. Tax on amount on Line 19 (From Tax Tables on Page 23)</td> <td style="text-align: center;">20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21. Income Percentage $\frac{(B)}{(A)}$ (Line 14c) = _____ %</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>22. NEW JERSEY TAX (Multiply amount from Line 20 _____ x _____ % from Line 21)</td> <td style="text-align: center;">22</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23. Total New Jersey Tax Withheld (Attach Form W-2)</td> <td style="text-align: center;">23</td> <td></td> <td></td> <td rowspan="4" style="vertical-align: top; font-size: 8px;">Check <input type="checkbox"/> if Form NJ-2210 is attached. ← If an amount is entered on Line 25 or Line 26 attach Form NJ-2450</td> </tr> <tr> <td>24. New Jersey Estimated Tax Payments/Credit from 1994 tax return</td> <td style="text-align: center;">24</td> <td></td> <td></td> </tr> <tr> <td>25. EXCESS N.J. WD/HC Withheld (See Instructions)</td> <td style="text-align: center;">25</td> <td></td> <td></td> </tr> <tr> <td>26. EXCESS N.J. Disability Insurance Withheld (See Instructions)</td> <td style="text-align: center;">26</td> <td></td> <td></td> </tr> <tr> <td>27. Total Payments/Credits (Add Lines 23 through 26)</td> <td colspan="3" style="text-align: right;">ENTER TOTAL ▶</td> <td style="text-align: center;">27</td> <td></td> </tr> <tr> <td>28. If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE</td> <td style="text-align: center;">28</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29. If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT</td> <td style="text-align: center;">29</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">30. Deductions from Overpayment on Line 29 which you elect to credit to:</td> </tr> <tr> <td>(A) Your 1996 Tax</td> <td style="text-align: center;">30A</td> <td></td> <td></td> <td rowspan="4" style="vertical-align: top; font-size: 8px;">NOTE: AN ENTRY ON LINE 30A, B, C OR D WILL REDUCE YOUR TAX REFUND</td> </tr> <tr> <td>(B) The N.J. Conserve Wildlife Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____</td> <td style="text-align: center;">30B</td> <td></td> <td></td> </tr> <tr> <td>(C) The Children's Trust Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____</td> <td style="text-align: center;">30C</td> <td></td> <td></td> </tr> <tr> <td>(D) The N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____</td> <td style="text-align: center;">30D</td> <td></td> <td></td> </tr> <tr> <td>31. 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If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.</td> </tr> <tr> <td colspan="2" style="border: none;">▶ Your signature _____</td> <td colspan="3" style="border: none;">▶ Spouse's signature (if filing jointly, BOTH must sign.) _____</td> </tr> <tr> <td colspan="2" style="border: none;">Paid Preparer's Signature _____</td> <td colspan="3" style="border: none;">Federal Identification Number _____</td> </tr> <tr> <td colspan="2" style="border: none;">Firm's name _____</td> <td colspan="3" style="border: none;">Federal Employer Identification Number _____</td> </tr> <tr> <td colspan="5" style="font-size: 8px;">Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____</td> </tr> <tr> <td colspan="5" style="border: none; text-align: right;">Pay amount on Line 28 in full. Write social security number on check or money order and make payable to: Division of Taxation Income Tax CN-244 Trenton, N.J. 08646-0244</td> </tr> </tbody></table> | | | | | | (Column A) AMOUNT OF GROSS INCOME (EVERYWHERE) | | (Column B) AMOUNT FROM NEW JERSEY SOURCES | | 14a. Total Income (From Line 45, Part I) | 14a | | 14a | | 14b. Other Retirement Income Exclusion (See Worksheet and Instructions) | 14b | | 14b | | 14c. Gross Income (Subtract Line 14b from Line 14a) | 14c | (A) | 14c | (B) | 15a. Exemptions: From Line 12a _____ x \$1,000 = _____ | | | | | 15b. From Line 12b _____ x \$1,500 = _____ | | | | | 15c. Total Exemption Amount (Add Line 15a and Line 15b) | 15c | | | | NOTE: Part-year residents—See Instructions | | | | | 16. Medical Expenses (From Line 55) | 16 | | | | 17. Alimony & separate maintenance payments | 17 | | | | 18. Total Exemptions and Deductions (Add Lines 15c, 16, and 17) | 18 | | | | 19. TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A) | 19 | | | | 20. Tax on amount on Line 19 (From Tax Tables on Page 23) | 20 | | | | 21. Income Percentage $\frac{(B)}{(A)}$ (Line 14c) = _____ % | | | | | 22. NEW JERSEY TAX (Multiply amount from Line 20 _____ x _____ % from Line 21) | 22 | | | | 23. Total New Jersey Tax Withheld (Attach Form W-2) | 23 | | | Check <input type="checkbox"/> if Form NJ-2210 is attached. ← If an amount is entered on Line 25 or Line 26 attach Form NJ-2450 | 24. New Jersey Estimated Tax Payments/Credit from 1994 tax return | 24 | | | 25. EXCESS N.J. WD/HC Withheld (See Instructions) | 25 | | | 26. EXCESS N.J. Disability Insurance Withheld (See Instructions) | 26 | | | 27. Total Payments/Credits (Add Lines 23 through 26) | ENTER TOTAL ▶ | | | 27 | | 28. If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE | 28 | | | | 29. If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT | 29 | | | | 30. 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If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. | | | | | ▶ Your signature _____ | | ▶ Spouse's signature (if filing jointly, BOTH must sign.) _____ | | | Paid Preparer's Signature _____ | | Federal Identification Number _____ | | | Firm's name _____ | | Federal Employer Identification Number _____ | | | Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ | | | | | Pay amount on Line 28 in full. Write social security number on check or money order and make payable to: Division of Taxation Income Tax CN-244 Trenton, N.J. 08646-0244 | | | | |
| | (Column A) AMOUNT OF GROSS INCOME (EVERYWHERE) | | (Column B) AMOUNT FROM NEW JERSEY SOURCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14a. Total Income (From Line 45, Part I) | 14a | | 14a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14b. Other Retirement Income Exclusion (See Worksheet and Instructions) | 14b | | 14b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14c. Gross Income (Subtract Line 14b from Line 14a) | 14c | (A) | 14c | (B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15a. Exemptions: From Line 12a _____ x \$1,000 = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15b. From Line 12b _____ x \$1,500 = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15c. Total Exemption Amount (Add Line 15a and Line 15b) | 15c | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Part-year residents—See Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Medical Expenses (From Line 55) | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Alimony & separate maintenance payments | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Total Exemptions and Deductions (Add Lines 15c, 16, and 17) | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A) | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Tax on amount on Line 19 (From Tax Tables on Page 23) | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Income Percentage $\frac{(B)}{(A)}$ (Line 14c) = _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. NEW JERSEY TAX (Multiply amount from Line 20 _____ x _____ % from Line 21) | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Total New Jersey Tax Withheld (Attach Form W-2) | 23 | | | Check <input type="checkbox"/> if Form NJ-2210 is attached. ← If an amount is entered on Line 25 or Line 26 attach Form NJ-2450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. New Jersey Estimated Tax Payments/Credit from 1994 tax return | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. EXCESS N.J. WD/HC Withheld (See Instructions) | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. EXCESS N.J. Disability Insurance Withheld (See Instructions) | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Total Payments/Credits (Add Lines 23 through 26) | ENTER TOTAL ▶ | | | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. Deductions from Overpayment on Line 29 which you elect to credit to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) Your 1996 Tax | 30A | | | NOTE: AN ENTRY ON LINE 30A, B, C OR D WILL REDUCE YOUR TAX REFUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (B) The N.J. Conserve Wildlife Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____ | 30B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) The Children's Trust Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____ | 30C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) The N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$ _____ | 30D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. Total Deductions From Overpayment (Add Lines 30A, B, C and D) | ENTER TOTAL ▶ | | | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. REFUND (Amount to be sent to you, Line 29 LESS 31) | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ▶ Your signature _____ | | ▶ Spouse's signature (if filing jointly, BOTH must sign.) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paid Preparer's Signature _____ | | Federal Identification Number _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firm's name _____ | | Federal Employer Identification Number _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay amount on Line 28 in full. Write social security number on check or money order and make payable to: Division of Taxation Income Tax CN-244 Trenton, N.J. 08646-0244 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SIGN HERE

| PART I | TOTAL INCOME | Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category | (Column A) | | (Column B) | |
|--------|---|---|-------------------------------------|--|--------------------------------|--|
| | | | AMOUNT OF GROSS INCOME (EVERYWHERE) | | AMOUNT FROM NEW JERSEY SOURCES | |
| 33. | Wages, salaries, tips, and other employee compensation | | 33 | | | |
| 34. | Interest | | 34 | | | |
| 35. | Dividends | | 35 | | | |
| 36. | Net profits from business (Attach copy of Federal Schedule C, Form 1040) | | 36 | | | |
| 37. | Net gains or income from disposition of property (From Line 49) | | 37 | | | |
| 38. | Net gains or income from rents, royalties, patents, and copyrights (From Line 52) | | 38 | | | |
| 39. | Net Gambling Winnings | | 39 | | | |
| 40. | Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion | | 40 | | | |
| 41. | Distributive Share of Partnership Income | | 41 | | | |
| 42. | Net pro rata share of S Corporation Income | | 42 | | | |
| 43. | Alimony and separate maintenance payments received | | 43 | | | |
| 44. | Other—State Nature and Source | | 44 | | | |
| 45. | TOTAL INCOME (Add Line 33 thru 44) (Enter here and on Line 14a, Page 1) | | 45 | | | |

| PART II | NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. | | | | |
|---------|--|---|-----------------------------------|-------------------------------|-----------------------|--|
| | | (a) Kind of property and description | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Gross sales price | (e) Cost or other basis as adjusted (see instructions) and expense of sale |
| 46. | | | | | | |
| 47. | Capital Gains Distribution | | | | | 47 |
| 48. | Other Net Gains | | | | | 48 |
| 49. | Net Gains (Add Lines 46, 47, and 48) (Enter here and on Line 37) (If Loss, enter ZERO) | | | | | 49 |

| PART III | NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. | | | |
|----------|--|--|------------------------------|-------------------------------|-----------------------------|
| | | (a) Kind of property | (b) Net Rental Income (Loss) | (c) Net Income From Royalties | (d) Net Income From Patents |
| 50. | | | | | |
| 51. | Totals | (b) | (c) | (d) | (e) |
| 52. | Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 38) (If Loss enter ZERO) | | | | 52 |

| PART IV | MEDICAL EXPENSES (Not compensated for by insurance or otherwise) |
|---------|---|
| 53. | Total Nonreimbursed Medical Expenses |
| 54. | Enter 2% (.02) of Line 14c, Column A, Page 1 |
| 55. | Subtract Line 54 from Line 53. (Enter here and on Line 16, Page 1) If less than zero enter zero |

| PART V | ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY | (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.) | |
|--------|---|---|-----------|
| | | (Line 56) | (Line 59) |
| 56. | Amount reported on Line 33 in Column A of Part I required to be allocated | 56 | |
| 57. | Total days in taxable year | 57 | |
| 58. | Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) | 58 | |
| 59. | Total days worked in taxable year (Line 57 minus Line 58) | 59 | |
| 60. | Deduct days worked outside New Jersey | 60 | |
| 61. | Days worked in New Jersey (Line 59 less Line 60) | 61 | |
| 62. | ALLOCATION FORMULA (Line 56) x (Line 59) = (Enter amount from Line 56) (Salary earned inside N.J.) (Include this amount on Line 33, Col. B, Part I) | | |

| PART VI | ALLOCATION OF BUSINESS INCOME TO NEW JERSEY | (See instructions if other than Formula Basis of allocation is used.) |
|---|---|---|
| BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A) | | |
| Enter below, the line number and amount of each item of business income reported in Column A of Part I which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources. | | |
| From Line No. _____ | Part I \$ _____ | X _____ % = \$ _____ |
| From Line No. _____ | Part I \$ _____ | X _____ % = \$ _____ |