





14. Wages, salaries, tips, and other employee compensation (Enclose W-2) ..... 14 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

15a. Taxable interest income (See instructions) ..... 15a [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

15b. Tax-exempt interest income (See instructions) ..... 15b [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
DO NOT include on Line 15a

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 23) ..... 19 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

20. Distributive Share of Partnership Income (See instruction page 26) ..... 20 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

21. Net pro rata share of S Corporation Income (See instruction page 26) ..... 21 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

22. Net gain or income from rents, royalties, patents & copyrights  
(Schedule C, Line 3) ..... 22 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

23. Net Gambling Winnings ..... 23 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

24. Alimony and separate maintenance payments received ..... 24 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

25. Other (See instruction page 26) ..... 25 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

26. Total Income (Add Lines 14, 15a, and 16 through 25) ..... 26 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

27a. Pension Exclusion (See instruction page 27) ..... 27a [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

27b. Other Retirement Income Exclusion (See worksheet and instr. page 28) .... 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 29 to calculate amount) ..... 29 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
(Part-Year Residents see instruction page 9)

30. Medical Expenses ..... 30 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
(See Worksheet and instruction page 29)

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) ..... 35 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
If zero or less, MAKE NO ENTRY.

36a. Total Property Taxes Paid ..... 36a [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

36b. Fill in oval if you were a New Jersey homeowner on October 1, 2007.

36c. Property Tax Deduction (See instruction page 30) ..... 36c [ ][ ] , [ ][ ][ ][ ] . [ ][ ]

37. **NEW JERSEY TAXABLE INCOME** (Subtract Line 36c from Line 35) ..... 37 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]  
If zero or less, MAKE NO ENTRY.

38. TAX (From Tax Table, page 53) ..... 38 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]






39. Credit For Income Taxes Paid to Other Jurisdictions. [ ][ ]  
Enter other jurisdiction code (See instructions) ..... 39 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]

40. Balance of Tax (Subtract Line 39 from Line 38) ..... 40 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]



Name(s) as shown on Form NJ-1040

Your Social Security Number

41. Balance of Tax (From Line 40, Page 2) .....	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 36) 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 30) .....	48								
49. New Jersey Estimated Tax Payments/Credit from 2006 tax return .....	49								
50. New Jersey Earned Income Tax Credit (See instruction page 37) .....	50								
Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one									
Fill in oval <input type="checkbox"/> if you are a CU couple claiming the NJ Earned Income Tax Credit									
51. EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450) .....	51								
52. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38)..... (Enclose Form NJ-2450)	52								
53. <b>Total Payments/Credits</b> (Add Lines 47 through 52) .....	53								
54. If Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE .....	54								
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 57, 58, 59, 60, 61 and/or 62 and adding this to your payment amount.									
55. If Line 53 is MORE THAN Line 46, enter OVERPAYMENT .....	55								
Deductions from Overpayment on Line 55 which you elect to credit to:									
56. Your 2008 tax .....	56								
57.  N.J. Endangered Wildlife Fund .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	57	
58.  N.J. Children's Trust Fund To Prevent Child Abuse .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	58	
59.  N.J. Vietnam Veterans' Memorial Fund .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	59	
60.  N.J. Breast Cancer Research Fund .....		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	60	
61.  U.S.S. New Jersey Educational Museum Fund ...		<input type="checkbox"/>	\$10	<input type="checkbox"/>	\$20	<input type="checkbox"/>	Other	61	
62. Other Designated Contribution .....	0							62	
See instruction page 39									
63. Total Deductions from Overpayment (Add Lines 56 through 62) .....	63								
64. REFUND (Amount to be sent to you. Subtract Line 63 from Line 55) .....	64								

ENTER AMOUNT OF CONTRIBUTION

SIGN YOUR RETURN ON PAGE 1  
If you were a tenant on October 1, 2007, also complete Page 4

