



Your Social Security Number (required)  
490549999

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
A A

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 52)

Home Address (Number and Street, including apartment number)

City, Town, Post Office

State ZIP Code

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

Federal extension filed.  
The address above is a foreign address.  
Your address has changed.  
Death certificate is enclosed.  
Do not want a paper form next year.  
I authorize the Division of Taxation to discuss my return and enclosures with my preparer.  
NJ-1040-O is enclosed.

DO NOT FILE

**Gubernatorial Elections Fund**      Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse/CU partner want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1. 4
dd2. Account type (C for checking, S for savings)	dd2.
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.
dd4. Routing number	dd4.
dd5. Account number	dd5.





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Part-year residents, provide months/days you were a New Jersey resident during 2024:  
From \_\_\_\_\_ To \_\_\_\_\_

Fiscal year filers only:  
Enter month of your year end \_\_\_\_\_

### Filing Status

Fill in only one.

1. ☒ Single
2. ☐ Married/CU Couple, filing joint return
3. ☐ Married/CU Partner, filing separate return
4. ☐ Head of Household Enter spouse's/CU partner's SSN \_\_\_\_\_
5. ☐ Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2022 \_\_\_\_\_ 2023 \_\_\_\_\_

### Exemptions

Mark all that apply. You must enter a total in the boxes to the right and complete the calculation.

- |                                                                        |                                     |      |                   |                  |          |             |               |
|------------------------------------------------------------------------|-------------------------------------|------|-------------------|------------------|----------|-------------|---------------|
| 6. Regular                                                             | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | <b>1</b> | x \$1,000 = | <b>1000</b>   |
| 7. Senior 65+ (Born in 1959 or earlier)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |          | x \$1,000 = | _____         |
| 8. Blind/Disabled                                                      | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |          | x \$1,000 = | _____         |
| 9. Veteran                                                             | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |          | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  | <b>1</b> | x \$1,500 = | <b>1500</b>   |
| 11. Other Dependents                                                   | <input type="checkbox"/>            |      |                   |                  |          | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |          | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |          | 13.         | <b>2500 .</b> |

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<b>a c</b>	<b>490547777</b>	<b>2014</b>	
b.	_____			
c.	_____			
d.	_____			



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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	<b>10001</b>	.
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 pensions, annuities, 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.	<b>10001</b>	.
28a. Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 20-21)	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.	<b>10001</b>	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	<b>2500</b>	.
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.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher ED. Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	<b>2500</b>	.
39. Taxable Income (Subtract line 38 from line 29)	39.	<b>7501</b>	.
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	.
40b. Indicate your residency status during 2024 (fill in only one)			
	Homeowner	Tenant	Both
41. Property Tax Deduction (From Worksheet H) (See instructions)	41.	.	.
42. New Jersey Taxable Income (Subtract line 41 from line 39)	42.	<b>7501</b>	.
43. Tax on amount on line 42 (Tax Table page 54)	43.	<b>105</b>	.
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	.	.
Enter Code			
45. Balance of Tax (Subtract line 44 from line 43)	45.	<b>105</b>	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49. Total credits (Add lines 46 through 48)	49.	.	.
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	<b>105</b>	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	.	.
52. Interest on Underpayment of Estimated Tax	52.	.	.
Fill in if Form NJ-2210 is enclosed			
53a. Fill in if anyone in your tax household does not currently have health insurance (Enclose NJ-EZ Enroll form) (See instructions)	53a	.	.



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53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage ( See instructions)	53b.	
53c. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule NJ-HCC and fill in <b>X</b>	53c.	
54. Total Tax Due (Add lines 50 through 53c)	54.	<b>105</b>
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year, see instructions)	55.	
56. Property Tax Credit (See instructions page 25)	56.	
57. New Jersey Estimated Tax Payments/Credit from 2023 tax return	57.	
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	<b>1364</b>
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	
62. Wounded Warrior Caregivers Credit (See instructions)	62.	
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	
64. Child and Dependent Care Credit ( See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	
65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2024	65.	
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	<b>1364</b>
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	<b>1259</b>
69. Amount from line 68 you want to credit to your 2025 tax	69.	
70. Contribution to N.J. Endangered Wildlife Fund	70.	
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	
73. Contribution to N.J. Breast Cancer Research Fund	73.	
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	
75. Other Designated Contribution (See instructions) Enter Code	75.	
76. Other Designated Contribution (See instructions) Enter Code	76.	
77. Other Designated Contribution (See instructions) Enter Code	77.	
78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)	78.	
79. Balance due (If line 67 is more than zero, add line 67 and line 78)	79.	
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	<b>1259</b>

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

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

\_\_\_\_\_  
Firm's Name Firm's Federal Employer Identification Number

**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:

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