



STATE OF NEW JERSEY  
INCOME TAX-RESIDENT RETURN

5R

For Tax Year Jan.-Dec. 31, 2010, Or Other Tax Year Beginning \_\_\_\_\_, 2010, Month Ending 

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, 20\_\_\_\_\_

↓ **IMPORTANT! YOU MUST ENTER YOUR SSN (s).** ↓ Fill in 

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 if application for Federal extension is enclosed or enter confirmation # \_\_\_\_\_.

Your Social Security Number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>							Last Name, First Name and Initial <small>(Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)</small>	
Spouse's/CU Partner's Social Security Number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>							Home Address (Number and Street, including apartment number or rural route)	
County/Municipality Code (See Table p. 51) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City, Town, Post Office</td> <td style="width: 16%;">State</td> <td style="width: 51%;">Zip Code</td> </tr> </table>	City, Town, Post Office	State	Zip Code
City, Town, Post Office	State	Zip Code						

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

**NJ RESIDENCY STATUS** If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From 

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 To 

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<p><b>FILING STATUS</b></p> <p><b>(Fill in only one)</b></p> <p>1. <input type="checkbox"/> Single</p> <p>2. <input type="checkbox"/> Married/CU Couple, filing joint return</p> <p>3. <input type="checkbox"/> Married/CU Partner, filing separate return. Enter Spouse's/ CU Partner's Social Security Number in the boxes above</p> <p>4. <input type="checkbox"/> Head of household</p> <p>5. <input type="checkbox"/> Qualifying widow(er)/ Surviving CU Partner</p>	<p><b>EXEMPTIONS</b></p> <p>6. Regular <input checked="" type="radio"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner</p> <p>7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner</p> <p>8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner</p> <p>9. Number of your qualified dependent children .....</p> <p>10. Number of other dependents .....</p> <p>11. Dependents attending colleges .....</p> <p>12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10) .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;"></td> <td colspan="2" rowspan="4" style="text-align: center;"><b>ENTER NUMBERS HERE</b></td> </tr> <tr> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;">10</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;">11</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">10</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;">12a</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">12b</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	6		<b>ENTER NUMBERS HERE</b>		7		8		9		10		9		11		10		12a		12b	
6		<b>ENTER NUMBERS HERE</b>																						
7																								
8																								
9																								
10		9																						
11		10																						
12a		12b																						

<b>DEPENDENTS</b>	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Fill in oval if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other (see instructions)								
	a	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<input type="checkbox"/>
	b	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<input type="checkbox"/>
	c	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<input type="checkbox"/>
	d	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>					<input type="checkbox"/>

<b>GUBERNATORIAL ELECTIONS FUND</b>	Do you wish to designate \$1 of your taxes for this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No If joint return, does your spouse/CU partner wish to designate \$1? <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: if you fill in the Yes oval(s), it will not increase your tax or reduce your refund.
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Under the 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature _____ Date _____ Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____	Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to: <b>STATE OF NEW JERSEY - TGI</b> Mail your check or money order with your NJ-1040-V payment voucher and your return to: NJ Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111
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If you do not need forms mailed to you next year, fill in (See instruction page 16) ..... <input type="checkbox"/>					
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ..... <input type="checkbox"/>	<b>IF REFUND:</b> NJ Division of Taxation Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555 You may also pay by e-check or credit card. For more information go to: <a href="http://www.state.nj.us/treasury/taxation">www.state.nj.us/treasury/taxation</a>				
Paid Preparer's Signature	Federal Identification Number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>				
Firm's Name	Federal Employer Identification Number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table>				

Division Use 

1	2					3					4	5	6					7				
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Name(s) as shown on Form NJ-1040 Your Social Security Number

14. Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s). See Instructions ..... 14 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)..... 15a [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
15b. Tax-exempt interest income (See instructions)..... 15b [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
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 24) ..... 19 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
20. Distributive Share of Partnership Income (See instruction page 27) (Enclose Schedule) ..... 20 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
21. Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule) ..... 21 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) ..... 22 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
23. Net Gambling Winnings (See instruction page 27) ..... 23 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
24. Alimony and separate maintenance payments received ..... 24 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
25. Other (Enclose Schedule) (See instruction page 28) ..... 25 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
26. Total Income (Add Lines 14, 15a, and 16 through 25) ..... 26 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
27a. Pension Exclusion (See instruction page 28) ..... 27a [ ][ ] , [ ][ ][ ][ ] . [ ][ ]
27b. Other Retirement Income Exclusion (See worksheet and instr. page 30) .... 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 30.
29. Total Exemption Amount (See instruction page 30 to calculate amount) ..... 29 [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
(Part-Year Residents see instruction page 9)
30. Medical Expenses..... 30 [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
(See Worksheet and instruction page 31)
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) If zero or less, MAKE NO ENTRY. 35 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
36a. Total Property Taxes Paid (See instruction page 32).. 36a [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010. [ ]
36c. Property Tax Deduction (See instruction page 35) ..... 36c [ ][ ] , [ ][ ][ ][ ] . [ ][ ]
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY. .... 37 [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ] . [ ][ ]
38. TAX (From Tax Table, page 53) ..... 38 [ ][ ] , [ ][ ][ ][ ] . [ ][ ]



Name(s) as shown on Form NJ-1040

Your Social Security Number

39.	TAX (From Line 38, page 2) .....		39						
40.	Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	<input type="text"/>	40						
41.	Balance of Tax (Subtract Line 40 from Line 39) .....		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 38) If no Use Tax, enter ZERO (0.00). .....		44						
45.	Penalty for Underpayment of Estimated Tax. .... Fill in <input type="text"/> 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 35) .....		48						
49.	New Jersey Estimated Tax Payments/Credit from 2009 tax return .....		49						
50.	New Jersey Earned Income Tax Credit (See instruction page 40) .....		50						
	Fill in <input type="text"/> if you had the IRS figure your Federal Earned Income Credit only one	<input type="text"/>							
	Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit	<input type="text"/>							
51.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 40) (Enclose Form NJ-2450) .....		51						
52.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 40) .....		52						
53.	EXCESS New Jersey Family Leave Insurance Withheld (see instr. page 40) Enclose Form NJ-2450		53						
54.	<b>Total Payments/Credits</b> (Add Lines 47 through 53) .....		54						
55.	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE .....		55						
	Fill in <input type="text"/> if paying by e-check or credit card. If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.								
56.	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT .....		56						
	Deductions from Overpayment on Line 56 which you elect to credit to:								
57.	Your 2011 tax .....		57						
58.	 N.J. Endangered Wildlife Fund .....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58						
59.	 N.J. Children's Trust Fund To Prevent Child Abuse .....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59						
60.	 N.J. Vietnam Veterans' Memorial Fund .....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60						
61.	 N.J. Breast Cancer Research Fund .....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61						
62.	 U.S.S. New Jersey Educational Museum Fund ...	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62						
63.	Other Designated Contribution .....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	63						
	See instruction page 41								
64.	<b>Total Deductions from Overpayment</b> (Add Lines 57 through 63) .....		64						
65.	<b>REFUND</b> (Amount to be sent to you. Subtract Line 64 from Line 56) .....		65						

ENTER AMOUNT OF CONTRIBUTION