NJ-1040 2012



STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

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Use

For Tax Year Jan.-Dec. 31, 2012. Or Other Tax Year Beginning . 2012. Month Ending **▼ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ▼** Fill in ____ if application for Federal extension is enclosed or enter confirmation # Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different) Your Social Security Number lation is correct. Otherwise, print Place label on form if all preprinted your name and address. Spouse's/CU Partner's Social Security Number Home Address (Number and Street, including apartment number or rural route) County/Municipality Code (See Table p. 50) City, Town, Post Office State Zip Code ype Spo If you were a New Jersey resident for **NJ RESIDENCY** ONLY part of the taxable year, give the **STATUS** From period of New Jersey residency: (Fill in only one) Spouse/ Domestic 6 6. Regular **NUMBERS** Yourself Act CU Partner Partner 1. Single **HERE** Privacy 7 7. Age 65 or Over Yourself Spouse/CU Partner 2. Married/CU Couple, filing S ioint return STATU ₫ 8 For 3. Married/CU Partner, filing separate EXEMPT return. Enter Spouse's/CU Partner's 9 9. Number of your qualified dependent children <u>B</u> Social Security Number in the 10. Number of other dependents boxes above 10 匝 4.

Head of household 11. Dependents attending colleges (See instr. page 16) 5. Qualifying widow(er)/ 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) Surviving CU Partner 12b (For Line 12b - Add Lines 9 and 10) Fill in oval if dependent does 13. Dependent's Last Name, Dependent's Social Security Number Birth Year not have health insurance First Name, Middle Initial including NJ FamilyCare/ Medicaid, Medicare, private or ENT. other (see instructions) PEND h 日 Note: if you fill in the Yes oval(s), it will not increase your Do you wish to designate \$1 of your taxes for this fund? Yes **GUBERNATORIAL** O No **ELECTIONS FUND** If joint return, does your spouse/CU partner wish to designate \$1? Yes tax or reduce your refund. Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and state-Pay amount on Line 56 in full. ments, 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. Write Social Security number(s) on check or money order and make STATE OF NEW JERSEY - TGI Your Signature Date If enclosing copy of death certificate for deceased taxpayer, fill in (See instruction page 12) Mail your check or money order with your NJ-1040V payment voucher and your return to: Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) NJ Division of Taxation If you do not need forms mailed to you next year, fill in (See instruction page 14) Revenue Processing Center I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) PO Box 111 Trenton, NJ 08645-0111 Paid Preparer's Signature Federal Identification Number IF REFUND: NJ Division of Taxation Revenue Processing Center Federal Employer Identification Number Firm's Name PO Box 555 Trenton, NJ 08647-0555 You may also pay by e-check or credit card. See instruction page







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			,Γ	T	T	Ī.				Г	Ŧ	7
15a.	Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)	15a			, Ē	Ť	Ť],				Ē	Ť	j
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a		,			J.E	Ī							_
16.	Dividends	16			,[Щ],				<u>.</u> [工]
17.	Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose copy of Federal Schedule C, Form 1040)	17			,[1],				<u>_</u>	<u>_</u>]
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	브		, <u>L</u>	#	╪	_],	느			<u> </u>	╪	إ
	Pensions, Annuities, and IRA Withdrawals (See instruction page 21)	19	H		, <u>L</u>	_	÷	_],	느	Щ		. <u>Ļ</u>	+	ļ
	(See instruction page 24) (Enclose Schedule NJK-1 or Federal Schedule K-1)	20	브	ᆜ	, L	4	+	┫,	느	Щ	닏	. <u>Ļ</u>		ļ
	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (See instruction page 25) (Enclose Schedule NJ-K-1 or Federal Schedule K-1)	21	Ц		<u>, </u>	4	╧	▋,	L			اٍ.	<u></u>	ļ
22.	Net gains or income from rents, royalties, patents & copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	22	닏	늬	Ļ	4	╪	_],			븨	<u>.</u> Ļ	丰	
23.	Net Gambling Winnings (See instruction page 25)	23	부		, <u>L</u>	4	¥	_],	L			<u>.</u>	╪	ļ
24.	Alimony and separate maintenance payments received	24	H		Ļ	#	+	┪,	닏			<u>.</u>	+	ļ
25.	Other (Enclose Schedule) (See instruction page 25)	25	Η		Ļ	#	#	<u>၂</u> ,	늗			<u>.</u>	#	╡
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	낚	ᆛ	<u>, L</u>	+	┾	<u></u>	누	Ш	Ш	. L		_
27a.	Pension Exclusion (See instruction page 26)	H	Ⅎ ,⊧	#	4	닖.	늗	L	╡					
27b.	Other Retirement Income Exclusion (See Worksheet and instr. page 26) 27b	Щ		4	_	<u></u>	Ļ	Ļ	ᆚ			F	_	7
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)			2	27c	Ļ	╪	┨,	닏	Ц	ᆜ	<u>.</u>	+	ļ
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28	Ц	믝	, _	+	+	⅃ ,	누		믬	┝	‡	ļ
29.	Total Exemption Amount (See instruction page 28 to calculate amount)(Part-Year Residents see instruction page 7)			29	ł	+	+	」 ,	누		믬	늗	‡]
30.	Medical Expenses			30	÷	#	+	╡'	늗	H	믬	ŀ	+	╡
31.	Alimony and Separate Maintenance Payments			31	Ļ	#	+	┫,	느		닏	<u>ا</u> ٍ	+	ļ
32.	Qualified Conservation Contribution			32	ļ	╬	╪	┫,	느		Щ	<u>ا</u> ٍ		ļ
33.	Health Enterprise Zone Deduction			33		4	╪	<u> </u>	느		닏	<u>ا</u> ٍ.	丰	إ
34.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 10)			34		4	╪	┨,	느		닏	<u>.</u> Ļ	丰	֡֝֝֡֓֓֡֝֡֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֝֡֓֓֓֡֓֡֓֓֡֓֡֡֡֡֡֡
35.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)			35	Ļ	‡	╪	┨,	느		닏	<u>.</u> Ļ	╪	֚֡֝֝֡֝֡֝֡֓֓֓֓֓֓֓֓֓֓֡֝֡֓֓֓֓֓֡֝֡֓֓֓֡֓֓֓֡֡֡֡֡֡֡֡
36.	Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36	닏	\sqsubseteq	, L	+	+	┫,			Ш	.L	_	L
37a.	Total Property Taxes Paid (See instruction page 29) 37a ,	Ш	,			J.L		_						
37b.	Fill in oval if you were a New Jersey homeowner on October 1, 2012				37c							Γ	T	7
37c.	Property Tax Deduction (See instruction page 33) NEW JERSEY TAXABLE INCOME (Subtract Line 37c from Line 36)	20			, o		÷	╡"	۲	H	H	Ė	肀	i
	If zero or less, MAKE NO ENTRY.	38	Н	믝	, <u>L</u>	+	+	」 ,	늗		믬	늗	#	4
39.	TAX (From Tax Table, page 52)			39			_	_,			Ш	. L	ㅗ	_



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Na	Name(s) as shown on Form NJ-1040					Your Social Security Number							
\vdash													
40.	TAX (From Line 39, pag	ge 2)			40	,							
41.		s Paid to Other Jurisdictions			41	\Box							
	Enter other jurisdiction	code (See instructions)				###	╬.						
42.	Balance of Tax (Subtrac	ct Line 41 from Line 40)			42 ,	,	ᆚ.	Щ.					
43.	Sheltered Workshop Ta	x Credit			. 43 ,	,	Щ.	Щ					
44.	Balance of Tax after Cre	edit (Subtract Line 43 from L	. 44 ,	,	Ш.	Ш							
45.		et, Mail-Order, or Other Out-coon page 36). If no Use Tax,	45 ,	,	Щ.	Щ							
46.	Penalty for Underpaymer	ent of Estimated Tax210 is enclosed.			46 ,	,	Щ.	Щ					
47.	Total Tax and Penalty	(Add Lines 44, 45, and 46)			. 47	,	Ш.	Ш					
48.	Total New Jersey Inco	me Tax Withheld (From end	closed Forms W-2	and 1099)	. 48 ,		Ш.						
49.	Property Tax Credit (Se	e instruction page 33)				49							
50.		Tax Payments/Credit from 20			50	 ,							
					Γ	51							
51.	Fill in Fill in ova	ome Tax Credit (See instruct al if you had the IRS figure you al if you are a CU couple clai	our Federal Éarnec	I Income Credit									
52.	EXCESS New Jersey U	I/WF/SWF Withheld (See instr.	page 39) (Enclose Fo	orm NJ-2450)		52 ,	Ш.						
53.		Disability Insurance Withheld	The state of the s	53 ,	Π.								
54.		family Leave Insurance With			[54 ,	Щ.						
55.	Total Payments/Credit	s (Add Lines 48 through 54)			55 ,	 ,							
56.	If Line 55 is LESS THAN	N Line 47, enter AMOUNT Y	OH OWE		56								
	Fill in if paying by	e-check or credit card.					_						
	If you owe tax, you may	make a donation by entering	g an amount on Lir	nes 59, 60, 61, 62	2, 63, and/or 64 and a	dding this to your pa	yment am	ount.					
57.	If Line 55 is MORE THA	N Line 47, enter OVERPAYI	MENT		57	T							
	Deductions from Overpa	ayment on Line 57 which you	elect to credit to:		EO								
58. 59.		 I. Endangered			7		#	Ħ					
55.		dlife Fund	□ \$10 □ \$20	☐ Other		59	▃	ш					
60.	CHID	l. Children's Trust Fund Prevent Child Abuse	□ \$10 □ \$20	☐ Other	ENTER AMOUNT	60	Щ.	Щ					
61.		l. Vietnam Veterans' morial Fund	□ \$10 □ \$20 □ \$20 □ \$20 □ \$20 □	☐ Other	OF	61	Щ.	Ш					
62.	N.J	l. Breast Cancer			CONTRIBUTION	62	Д.						
63.	J. U.S	search Fund	□ \$10 □ \$20	☐ Other		63							
	Edu	ucational Museum Fund	□ \$10 □ \$20	☐ Other		1		$\overline{}$					
64.	Other Designated Contr (See instruction page 40	ibution D)	□ \$10 □ \$20	☐ Other		64	##	##					
65.	Total Deductions from C	Overpayment (Add Lines 58 t	hrough 64)		, 65	,	Щ.	ш					
66.	REFUND (Amount to be	sent to you. Subtract Line 65	from Line 57)		, 66	,	Ш.	Ш					