040HP01190

2019 NJ-1040
New Jersey Resident
Income Tax Return

5R

Affix preprinted label below ONLY if the information is correct.

For Privacy Act Notification, See Instructions

Your Social Security Number (required)	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.)		
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartment number)		
County/Municipality Code (See Table page 50)	City, Town, Post Office	State	ZIP Code

Fill in ☐ if federal extension filed. Fill in ☐ if the address above is a foreign address. Fill in ☐ if your address has changed.

Part-year residents, provide months/days you were a New Jersey resident during 2019:

From: M M / D D / 1 9 To: M M / D D / 1 9

Fiscal year filers only:
Enter month of your year end ☐☐ 2020

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
5. ☐ Qualifying Widow(er)/Surviving CU Partner
   Indicate the year of your spouse's/CU partner's death: ☐ 2017 or ☐ 2018

Enter spouse's/CU partner's SSN

Exemptions
Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	● Self	☐ Spouse/CU Partner	☐ Domestic Partner	☐	x $1,000 =
7. Senior 65+ (Born in 1954 or earlier)	☐ Self	☐ Spouse/CU Partner		☐	x $1,000 =
8. Blind/Disabled	☐ Self	☐ Spouse/CU Partner		☐	x $1,000 =
9. Veteran	☐ Self	☐ Spouse/CU Partner		☐	x $6,000 =
10. Qualified Dependent Children				☐☐	x $1,500 =
11. Other Dependents				☐☐	x $1,500 =
12. Dependents Attending Colleges (See instructions)				☐☐	x $1,000 =

13. Total Exemption Amount (Add totals from the lines at 6 through 12) ..... 13. ☐☐,☐☐☐.☐☐

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

Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
			☐
			☐
			☐
			☐

Division use 1 2 3 4 5 6 7

040HP02190

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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.
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. Pensions, Annuities, and IRA Withdrawals (See instructions) ..... 20a.
20b. Excludable Pensions, Annuities, and IRA 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.
28a. Retirement/Pension Exclusion (See instructions) ..... 28a.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19) ..... 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.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) ..... 30.
31. Medical Expenses (See Worksheet F and instructions page 22) ..... 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. Total Exemptions and Deductions (Add lines 30 through 35) ..... 36.
37. Taxable Income (Subtract line 36 from line 29) ..... 37.
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) ... 38a.
38b. Block Lot Qualifier
38c. County/Municipality Code Fill in ☐ if you completed Worksheet G.
38d. Indicate your residency status during 2019 (fill in only one oval) ..... ☐ Homeowner ☐ Tenant ☐ Both
39. Property Tax Deduction (From Worksheet H) (See instructions) ..... 39.

040HP03190

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40. **New Jersey Taxable Income** (Subtract line 39 from line 37) ..... 40.

41. Tax on Amount on line 40 (Tax Table page 52) ..... 41.

42. Credit For Income Taxes Paid to Other Jurisdictions
(Enclose Schedule NJ-COJ) (See instructions) ..... Enter Code 42.

43. Balance of Tax (Subtract line 42 from line 41) ..... 43.

44. Child and Dependent Care Credit (See instructions) ..... 44.
Fill in ☐ if you are a CU couple claiming the Child and Dependent Care Credit

45. Balance of Tax (Subtract line 44 from line 43) ..... 45.

46. Sheltered Workshop Tax Credit ..... 46.

47. Balance of Tax (Subtract line 46 from line 45) ..... 47.

48. Gold Star Family Counseling Credit (See instructions) ..... 48.

49. Balance of Tax After Credits (Subtract line 48 from line 47) If zero or less, make no entry ..... 49.

50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases
(See instructions) If no Use Tax, enter 0.00 ..... 50.

51. Interest on Underpayment of Estimated Tax ..... 51.
Fill in ☐ if Form NJ-2210 is enclosed

52. Shared Responsibility Payment (See instructions) ..... 52.
REQUIRED Enclose Schedule HCC and fill in ☐

53. **Total Tax Due** (Add lines 49 through 52) ..... 53.

54. **Total New Jersey Income Tax Withheld** (Enclose Forms W-2 and 1099) ..... 54.

55. Property Tax Credit (See instructions page 23) ..... 55.

56. New Jersey Estimated Tax Payments/Credit from 2018 tax return ..... 56.

57. New Jersey Earned Income Tax Credit (See instructions) ..... 57.
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. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) ..... 58.

59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) ..... 59.

60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) ..... 60.

61. Wounded Warrior Caregivers Credit (See instructions) ..... 61.

62. **Total Withholdings, Credits, and Payments** (Add lines 54 through 61) ..... 62.

63. If line 62 is less than line 53, you have tax due.
Subtract line 62 from line 53 and enter the amount you owe ..... 63.
If you owe tax, you can still make a donation on lines 66 through 73.

64. If the total on line 62 is more than line 53, you have an overpayment.
Subtract line 53 from line 62 and enter the overpayment ..... 64.

65. Amount from line 64 you want to credit to your 2020 tax. ..... 65.

66. Contribution to N.J.
Endangered Wildlife Fund ..... ☐ $10 ☐ $20 ☐ Other ..... 66.

67. Contribution to N.J. Children's Trust
Fund To Prevent Child Abuse ..... ☐ $10 ☐ $20 ☐ Other ..... 67.

040HP04190

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68. Contribution to N.J. Vietnam Veterans' Memorial Fund ☐ $10 ☐ $20 ☐ Other ..... 68.
69. Contribution to N.J. Breast Cancer Research Fund ☐ $10 ☐ $20 ☐ Other ..... 69.
70. Contribution to U.S.S. New Jersey Educational Museum Fund ☐ $10 ☐ $20 ☐ Other ..... 70.
71. Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other Enter Code ☐☐ 71.
72. Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other Enter Code ☐☐ 72.
73. Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other Enter Code ☐☐ 73.
74. Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through 73) ..... 74.
75. **Balance due** (If line 63 is more than zero, add line 63 and line 74) ..... 75.
Fill in ☐ if paying by e-check or credit card
76. **Refund amount** (If line 64 is more than zero, subtract line 74 from line 64) ..... 76.

Gubernatorial Elections Fund

Do you want to designate $1 to the Gubernatorial Elections Fund? → You Yes ☐ No ☐
If joint return, does your spouse want to designate $1? Spouse/CU Partner Yes ☐ No ☐
This does not reduce your refund or increase your balance due.

Signature

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

Driver's License Number (Voluntary) (Instructions page 44)

Fill in ☐ if death certificate is enclosed.

Fill in ☐ if you do not want a paper form next year.

☐ I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).

Paid Preparer's Signature (Fill in ☐ if NJ-1040-O is enclosed)

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Keep a copy of this return and all supporting documents for your records.

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:
www.njtaxation.org

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center – Refunds
PO Box 555
Trenton, NJ 08647-0555