## NJ-1040

## STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

F	R or T	<b>2016</b> ax Year JanDec. 31, 2016, Or Other Tax Year	Beg	innin	g			, 2016	6, Mc	onth	Endi	ng			20								
1		PORTANT! YOU MUST ENTER YOUR SSN(s	). ₩					plication															
Act Notification. See Instructions		Your Social Security Number				Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)										all preprinted Otherwise, print or address.							
		Spouse's/CU Partner's Social Security Number		Н	Home Address (Number and Street, incl. apt. # or rural route)								Change of Address					5	Place label on form if all prepri information is correct. Otherwistype your name and address.				
		County/Municipality Code (See Table p. 50)		C	City, Town, Post Office State							te	Zip Code										
		IJ RESIDENCY STATUS  If you were a New Jersey res ONLY part of the taxable year period of New Jersey residen	r, give		F	rom	M	M			D /	Y	Υ		0	М	M	/	D		)/	Υ	Y
		(Fill in only one) 1. ☐ Single		6.	6. Regular Yourself Spouse/ Domestic Partner 6 2 NUMBI HERE  7. Age 65 or Over Yourself Spouse/CU Partner 7										JMBE								
For Drivacy	C.		SNO	)																			
П	G STATU	Operial Operation Named as in the			Blind or Disabled										L	8		9	Т	1			
	N H	Social Security Number in the boxes above			Num	nber of	f oth	ner depe	nden	ts											10	Т	Т
	ū	4. Troud of floudoffold	"	11.	Dep	enden	nts a	ttending	colle	ges	(See	instr.	page	16) .			11	T	$\exists$				
		5. Qualifying widow(er)/ Surviving CU Partner		12.	12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)  (For Line 12b - Add Lines 9 and 10)								12a	t		2	12b		1				
	DEPENDENTS	13. Dependent's Last Name, First Name, Middle Initial  Dependent's Social Security Number First Name, Middle Initial  Birth Year Fill in oval if dependent does not have health insurance including NJ FamilyCare/ Medicaid, Medicare, private or other (see instructions)																					
		a Child	_		П		<u> -</u>	П	1-1			Г		Г	Ť	Ť			1		(		
		b	_	Τ			i-i		ī-i					F	Ī	T	T		ī		(		
				Τ	Т		i-i		ī-i					F	Ť	T	T		ī		(		
		d		F	П		i-i	T	ī-i					F	Ť	T			ī		(		
		BERNATORIAL Do you wish to de CTIONS FUND	esign		,					nata (	<b>\$</b> 12			Yes Yes				oval	l(s), i	it will	I in the not inci	rease y	our
Ш		closing copy of death certificate for decease							Ŭ			form	s mai		o yo						your re	iuiiu.	
П,		instruction page 12)						(See in				,											
b	nder elief,	the penalties of perjury, I declare that I have examine it is true, correct, and complete. If prepared by a pers	ed this on of	s inco ther th	me ta nan ta	x retur xpayer,	rn, in , this	cluding a declarat	ccom on is	pany base	ring so ed on	chedu all inf	les and ormation	d state on of	eme whic	nts, a th the	nd to prepa	the arer	bes has	st of s any	my kn know	owled ledge	ge and
Ľ	Yo	our Signature				Date		Spou	se's/C	CU Pa	artner	's Sig	nature	(if fili	ng jo	ointly,	BOTI	H m	ıust	sign	)	Da	ate
		Driver's License Number (Voluntary. See instruction page 14.)		L	L			Ш	I	1				L			ty num	ber(	o (a)	n che		ite Soci noney o	
_		orize the Division of Taxation to discuss my return reparer's Signature (Fill in  if NJ-1040-0 is enclosed in the control of t			nclos			my prep Identifica								Mail yo	our ret	urn i	in the	e env	RSEY elope p g label	rovided	d and
Fi	rm's	Name		Federal Employer Identification Number							4	If you your cl with yo	have a heck a our ret	n ar nd N urn a	mour NJ-10 and ເ	nt due 040-V use th	on Lir payme e label	e 56, e ent vou for <b>PO</b>	cher Box				
																	ay also	o pa	y by			ox 555 credit ca	i. ard. See
ı	Divisio Use				I	Ī			4	5		6			Ī			7	Ī				

	_									_
						Your So	ocial (	Security Num	ber	
	NJ-1040 (2016) Page 2	Name(s) as sho	wn on Fo	orm NJ-	1040					
14.	Wages, salaries, tips, and other employee compensation (Enclose V Be sure to use State wages from Box 16 of your W-2(s). See instruc		14		],[			,	].[	
15a.	Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)		15a		],[		5	,000	$\Box \Box$	
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	, ,	,			],[				
16.	Dividends		16		, _		20	,000	$\rfloor$ [	
17.	Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose copy of Federal Schedule C, Form 1040)		17		],[			,	].[	
18.	Net gains or income from disposition of property (Schedule B, Line 4	4)	18		],[		12	,000	<u>].[</u>	
19a.	Pensions, Annuities, and IRA Withdrawals (See instruction page 21)		19a		,			,	],[	
19b.	Excludable Pensions, Annuities, and IRA Withdrawals 19b	$\square$ , $\square$	<b>.</b> ,			], 🖂				
	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part (See instruction page 24) (Enclose Schedule NJK-1 or Federal Sch	edule K-1)	20		],[			,	].[	
21.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, P. (See instruction page 25) (Enclose Schedule NJ-K-1 or Federal Sch	, ,	21		],[			,	][	
22.	Net gains or income from rents, royalties, patents & copyrights (Schedule NJ-BUS-1, Part IV, Line 4)		22		],[			,	].[	
23.	Net Gambling Winnings (See instruction page 25)		23		],[			,	].[	
24.	Alimony and separate maintenance payments received		24		],[			,	<u>].[</u>	
25.	Other (Enclose Schedule) (See instruction page 25)		25		],[			,	<u>].[</u>	
26.	Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)		26	Щ	, [	44	37	,000	].[	
27a.	Pension Exclusion (See instruction page 26)	27a	Ш	,	Ш		_			
27b.	Other Retirement Income Exclusion (See Worksheet and instr. page	26) 27b		],	Щ		$\mathbf{I}$			
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)				27c		Щ	,	<u> </u>	4
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)		28	Ļ	, _		37	,000	╡┾	#
29.	Total Exemption Amount (See instruction page 28 to calculate amou (Part-Year Residents see instruction page 7)	nt)		2	9	₩	3	,500	╡┾	#
30.	Medical Expenses			3	0	44	닏	,	┵┾	#
31.	Alimony and Separate Maintenance Payments			3	1			,	<u> </u>	
32.	Qualified Conservation Contribution			3:	2			,	].[	
33.	Health Enterprise Zone Deduction			3:	3			,	].[	
34.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, L	ine 11)		34	4			,	اِ.اِ	Щ
35.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and	d 34)		3	5		3	,500	<u> </u>	
36.	Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE	E NO ENTRY.	36		, [		33	,500	].[	
37a.	Total Property Taxes (18% of Rent) Paid (See instruction page 29)	37a	], 🗌		],[					
37b.	Block Lot		]. 🗌		L	Q	ualifie	er	I	
37c.	County/Municipality Code Fill in oval if yo	u completed Work	sheet G-	1 🗇	(S	ee instru	uction	page 33)		
38.	Property Tax Deduction (From Worksheet G. See instruction page 3	33)			38				J.L	
39.	New Jersey Taxable Income (Subtract Line 38 from Line 36)		39		7 [	П	33	500	7 [	

	_									
						Your Soci	al Secu	rity Numbe	r	
	NJ-1040 (2016) Page 3	Name(s)	as shown on	Form NJ-	1040					
40.	TAX (From Tax Table, page 52)			4(	0	$\Box$	7.6	517		
41.	Credit For Income Taxes Paid to Other Jurisdictions			- 7		-	<b>-</b> 1'-		íÆ	=
	Enter other jurisdiction code (See instructions)	📙	┙,	4	1	#		#	! <u>⊦</u> ⊨	뷔
42.	Balance of Tax (Subtract Line 41 from Line 40)			42	,			517	J.L	Ш
43.	Sheltered Workshop Tax Credit			43	,		, _		I.L	Ш
44.	Balance of Tax after Credit (Subtract Line 43 from Line 42)		44	,		, _	517	I.L		
45.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchas Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.0	,		45	,		],[	64	I.C	
46.	Penalty for Underpayment of Estimated Tax			46	,					
47	Fill in if Form NJ-2210 is enclosed.			47	7.F		٦F	581	ΪΓ	
47.	Total Tax and Penalty (Add Lines 44, 45, and 46)				∃"⊦	+++	Ⅎ'늗	701	ťĖ	Ħ
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W	-2 and 1099	9)	48	,		, _	-	낟	붜
49.	Property Tax Credit (See instruction page 29)					49	-	!⊨	屵	
50.	New Jersey Estimated Tax Payments/Credit from 2015 tax return			50	, _	-		#	<u>.</u>  _	뷔
51.	New Jersey Earned Income Tax Credit (See instruction page 38) Fill in Fill in oval if you had the IRS figure your Federal Earn only one Fill in oval if you are a CU couple claiming the NJ Earl	ned Income	Credit	0 0		51			l. L	Ш
52.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose	e Form NJ-24	50)			52		<u>ц</u>	<u>                                     </u>	Щ
53.	EXCESS New Jersey Disability Insurance Withheld (See instr. page	38)				53	, _		J.L	Ш
54.	(Enclose Form NJ-2450) EXCESS New Jersey Family Leave Insurance Withheld (See instr.  (Enclose Form NJ-2450)				54	$\Box$ , $\llbracket$		l.C		
55.	Total Payments/Credits (Add Lines 48 through 54)			55	],[		],[		. 🗆	
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE			56	],[		$\Box$ , $\Box$		I, E	
	Fill in if paying by e-check or credit card.  If you owe tax, you may make a donation by entering an amount on	Lines 59, 6	0, 61, 62, 63,	, and/or 64	4 and a	adding this	to your	r payment a	ımoun	i.
57	If Line 55 is MORE THAN Line 47, enter OVERPAYMENT			57	٦, [	П	٦,٢	П	1 [	П
58.	Deductions from Overpayment on Line 57 which you elect to credit t	o:		58	ī,Ē		7.F		ΪĒ	$\overline{\Box}$
59.	Your 2017 tax					50		$\overline{}$	iF	Ħ
60.	Wildlife Fund □ \$10 □ \$2  N.J. Children's Trust Fund	20 □ Othe	er			59		++	ťΕ	Ħ
61.	To Prevent Child Abuse \$10 \$2	20 ☐ Othe		ENTER AMOUNT		60		++	냗	H
	Memorial Fund □ \$10 □ \$2	20 🗆 Othe		OF		61		#	⊹⊨	붜
62.	N.J. Breast Cancer Research Fund □ \$10 □ \$2	20 □ Othe	er CON	NTRIBUTI	ION	62			<u> </u>	븯
63.	U.S.S. New Jersey Educational Museum Fund  \$10 \$2	20 □ Othe	er			63			I.L	
64.	Other Designated Contribution	20 🗆 Othe	er	[		64			I.C	
65.	Total Deductions from Overpayment (Add Lines 58 through 64)			65	<b>_</b> , [		, _		J.C	
66.	REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)			66	٦, [		٦,٢	П	П	П