

Your Social Security Number






NJ-1040 (2016)
Page 2

Name(s) as shown on Form NJ-1040

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			,			,	5,000				
15b. Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	15b			,			,					
16. Dividends	16			,			,	20,000				
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)	18			,			,	12,000				
19a. Pensions, Annuities, and IRA Withdrawals (See instruction page 21)	19a			,			,					
19b. Excludable Pensions, Annuities, and IRA Withdrawals ..	19b			,			,					
20. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (See instruction page 24) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) ..	20			,			,					
21. 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			,			,					
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			,			,					
25. Other (Enclose Schedule) (See instruction page 25)	25			,			,					
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)	26			,			,	37,000				
27a. Pension Exclusion (See instruction page 26)	27a			,			,					
27b. Other Retirement Income Exclusion (See Worksheet and instr. page 26) ...	27b			,			,					
27c. Total Exclusion Amount (Add Line 27a and Line 27b)	27c			,			,					
28. New Jersey Gross Income (Subtract Line 27c from Line 26)	28			,			,	37,000				
(See instruction page 27)												
29. Total Exemption Amount (See instruction page 28 to calculate amount)	29			,			,	3,500				
(Part-Year Residents see instruction page 7)												
30. Medical Expenses	30			,			,					
(See Worksheet and instruction page 28)												
31. Alimony and Separate Maintenance Payments	31			,			,					
32. Qualified Conservation Contribution	32			,			,					
33. Health Enterprise Zone Deduction	33			,			,					
34. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	34			,			,					
35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)	35			,			,	3,500				
36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36			,			,	33,500				
37a. Total Property Taxes (18% of Rent) Paid (See instruction page 29)	37a			,			,					
37b. Block <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Qualifier <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
37c. County/Municipality Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fill in oval if you completed Worksheet G-1 <input type="radio"/> (See instruction page 33)												
38. Property Tax Deduction (From Worksheet G. See instruction page 33).....	38			,			,					
39. New Jersey Taxable Income (Subtract Line 38 from Line 36) If zero or less, MAKE NO ENTRY.....	39			,			,	33,500				

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40.	TAX (From Tax Table, page 52)		40						517		
41.	Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	<input type="text"/>	41								
42.	Balance of Tax (Subtract Line 41 from Line 40)		42						517		
43.	Sheltered Workshop Tax Credit		43								
44.	Balance of Tax after Credit (Subtract Line 43 from Line 42)		44						517		
45.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00).		45						64		
46.	Penalty for Underpayment of Estimated Tax. Fill in <input type="text"/> if Form NJ-2210 is enclosed.		46								
47.	Total Tax and Penalty (Add Lines 44, 45, and 46)		47						581		
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)		48								
49.	Property Tax Credit (See instruction page 29)								49		
50.	New Jersey Estimated Tax Payments/Credit from 2015 tax return		50								
51.	New Jersey Earned Income Tax Credit (See instruction page 38)								51		
	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"/>									
52.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450)		52								
53.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 38)		53								
	(Enclose Form NJ-2450)										
54.	EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 38)		54								
	(Enclose Form NJ-2450)										
55.	Total Payments/Credits (Add Lines 48 through 54)		55								
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE		56								
	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 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.										
57.	If Line 55 is MORE THAN Line 47, enter OVERPAYMENT		57								
	Deductions from Overpayment on Line 57 which you elect to credit to:										
58.	Your 2017 tax		58								
59.	 N.J. Endangered Wildlife Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59								
60.	 N.J. Children's Trust Fund To Prevent Child Abuse	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60								
61.	 N.J. Vietnam Veterans' Memorial Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61								
62.	 N.J. Breast Cancer Research Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62								
63.	 U.S.S. New Jersey Educational Museum Fund ...	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	63								
64.	Other Designated Contribution	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	64								
	(See instruction page 39)										
65.	Total Deductions from Overpayment (Add Lines 58 through 64)		65								
66.	REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)		66								

ENTER
AMOUNT
OF
CONTRIBUTION