





Table with 12 columns and 30 rows containing tax form data. Rows include: 29. GROSS INCOME FROM PAGE 1, LINE 28; 30. TOTAL EXEMPTION AMOUNT; 31. MEDICAL EXPENSES; 32. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS; 33. QUALIFIED CONSERVATION CONTRIBUTION; 34. HEALTH ENTERPRISE ZONE DEDUCTION; 35. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT; 36. TOTAL EXEMPTIONS AND DEDUCTIONS; 37. TAXABLE INCOME; 38. TAX ON AMOUNT ON LINE 37; 39. INCOME PERCENTAGE; 40. NEW JERSEY TAX; 41. SHELTERED WORKSHOP TAX CREDIT; 42. BALANCE OF TAX AFTER CREDIT; 43. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAXES; 44. TOTAL TAX AND PENALTY; 45. TOTAL NEW JERSEY INCOME TAX WITHHELD; 46. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN; 47. TAX PAID ON YOUR BEHALF BY PARTNERSHIP(S); 48. EXCESS NJ UI/WF/SWF WITHHELD; 49. EXCESS NJ DISABILITY INSURANCE WITHHELD; 50. EXCESS NJ FAMILY LEAVE INSURANCE WITHHELD; 51. TOTAL PAYMENTS/CREDITS; 52. IF LINE 51 IS LESS THAN LINE 44, ENTER AMOUNT YOU OWE; 53. IF LINE 51 IS MORE THAN LINE 44, ENTER OVERPAYMENT; 54. DEDUCTIONS FROM OVERPAYMENT ON LINE 53 WHICH YOU ELECT TO CREDIT TO; 55. TOTAL DEDUCTIONS FROM OVERPAYMENT; 56. REFUND (AMOUNT TO BE SENT TO YOU, SUBTRACT LINE 55 FROM LINE 53).

Declaration section: 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. Includes fields for Signature, Date, Spouse/CU Partner's Signature, and Firm's Name.

Payment information section: Pay amount on Line 52 in full. Write social security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646.0244. Includes note: You may also pay by e-check or credit card.

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