## NJ-1040 2012

## STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

5R For Tax Year JanDec. 31, 2012, Or Other Tax Year Beginning	, 2012, Month Ending								
<b>▼ IMPORTANT! YOU MUST ENTER YOUR SSN(s).</b> ▼ Fill in	if application for Federal extension is enclosed or enter confirmation #								
Your Social Security Number Last Na	me, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)								
	nted so, priri								
Spouse's/CU Partner's Social Security Number Home A	Ise's/CU Partner's Social Security Number Home Address (Number and Street, including apartment number or rural route)								
8	m if all								
County/Municipality Code (See Table p. 50)  City, To	wn, Post Office State Zip Code								
County/Municipality Code (See Table p. 50)  City, Total	Address (Number and Street, including apartment number or rural route)  Why your name and address.  State Zip Code In								
NJ RESIDENCY STATUS  If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:  From M M / D D / Y Y  To M M / D D / Y Y  To M M / D D / Y Y  Spouse/  Domestic ENTER									
(Fill in only one)	ular Spouse/ Domestic Partner 6 NUMBERS								
1. Single	ular Yourself CU Partner Partner 6 NUMBERS HERE								
2. — Married/CU Couple, filing 7. Age	65 or Over  Yourself  Spouse/CU Partner 7								
2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return, Enter Spouse's/CU Partner's	or Disabled  Yourself  Spouse/CU Partner 8								
return. Enter Spouse's/CU Partner's 6 9. Num	ber of your qualified dependent children								
Social Security Number in the boxes above									
5. Qualifying widow(er)/	endents attending colleges (See instr. page 16)								
Surviving CU Partner 12. Total	s (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)								
13. Dependent's Last Name, First Name, Middle Initial	dent's Social Security Number  Birth Year  Fill in oval if dependent does not have health insurance including NJ FamilyCare/ Medicaid, Medicare, private or other (see instructions)								
d									
GUBERNATORIAL  Do you wish to designate \$1 of your pound o	oval(s), it will not increase your								
,,,	U partner wish to designate \$1? Yes No tax or reduce your refund.  Treturn, including accompanying schedules and statements, and to the best of my knowledge and payer, this declaration is based on all information of which the preparer has any knowledge.								
bolos, it is due, correct, and complete. If properties by a person outsi than that	perfor, this decidation to backet on all minimation of miles the property flat any thomseage.								
Your Signature	Date								
If enclosing copy of death certificate for deceased taxpayer, fill in (See in	struction page 12)								
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Date								
If you do not need forms mailed to you next year, fill in (See ins									
I authorize the Division of Taxation to discuss my return and enclose	res with my preparer (below) and make payable to:								
Paid Preparer's Signature	Mail your return in the envelope provided and								
	affix the appropriate mailing label.  If you have an amount due on Line 56, enclose								
Firm's Name	Federal Employer Identification Number your check and NJ-1040-V payment voucher with your return and use the label for <b>PO Box</b>								
	111. If not,use the label for PO Box 555. You may also pay by e-check or credit card. See								
instruction page 11.									
Division 1 2 3	4 5 6 7								

Nam	Name(s) as shown on Form NJ-1040			Your Social Security Number									
14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)			$\overline{}$	$\overline{}$					_	$\overline{}$	$\overline{}$	$\dashv$
	Be sure to use State wages from Box 16 of your W-2(s). See instructions	14	브	<b>-</b>	<u> </u>			,	_	4	닠.	L	ᆜ
тэа.	(Enclose Federal Schedule B if over \$1,500)	15a	Ш		, L			,			╝.		Ш
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	Д	, $\Box$	Ц	<u>Į</u> .			]					
16.	Dividends	16	Щ		, L			,			╝.		Ш
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	Ц	4	Ļ	H		,	4	4	ᆗ.	L	닏
	Pensions, Annuities, and IRA Withdrawals (See instruction page 21)	19	Ш		· <u>L</u>			,			╝.		ш
20.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4)     (See instruction page 24) (Enclose Schedule NJK-1 or Federal Schedule K-1)				, 🗀			,			╝.		
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			, [			,			Ⅱ.		
23.	Net Gambling Winnings (See instruction page 25)	23			,			,			┚.		
	Alimony and separate maintenance payments received	24						],[					
		25						Ĺ		T	ī	Т	П
25.	Other (Enclose Schedule) (See instruction page 25)		Ħ	=					T	Ħ	=	F	一
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	₩	7	<u> </u>	++	4	,			۷.		
27a.	Pension Exclusion (See instruction page 26)	H	Ⅎ'⊨	+	‡	╡╬	4						
27b.	Other Retirement Income Exclusion (See Worksheet and instr. page 26) 27b		,	Ļ	4	<u> </u>	ᆜ		<u>_</u>	_	_		_
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)			2	7с	L		,	_	4	ᆗ.	L	Ц
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28	Ц		L			,	ᆜ	ᆜ	ᆗ.	L	닏
29.	Total Exemption Amount (See instruction page 31 to calculate amount)			29	L			,	_	_	╝.	L	Щ
30.	(Part-Year Residents see instruction page 7) Medical Expenses			30				ļ,			╝.		
31.	(See Worksheet and instruction page 28) Alimony and Separate Maintenance Payments			31				, ,			Ι.		
32.	Qualified Conservation Contribution			32				ļ,			╗		
33.	Health Enterprise Zone Deduction			33				,					
34.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 10)			34				,			┚.		
35.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)			35				,			┚.		
36.	Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36			, [			,		Ц	┚.		
37a.	Total Property Taxes Paid (See instruction page 29) 37a ,		, $\square$										
37b.	Fill in oval if you were a New Jersey homeowner on October 1, 2012			Γ.	_								
37c.	Property Tax Deduction (See instruction page 33)			3	7c			۱۰ <u>۱</u>		4	╡		<b>!!!</b>
38.	NEW JERSEY TAXABLE INCOME (Subtract Line 37c from Line 36)  If zero or less, MAKE NO ENTRY.	38	Ц		L			۱,		_[	╝.		Ц
39.	TAX (From Tax Table, page 52)			39				۱,			╝.		

Na	ame(s) as shown on Form NJ-1040	Your Social Security Number					
$\vdash$							
40	TAY (Form 1 to 20 years 0)	40					
40.	TAX (From Line 39, page 2)	,					
41.	Credit For Income Taxes Paid to Other Jurisdictions  Enter other jurisdiction code (See instructions)	41 , , , , , , , , , , , , , , , , , , ,					
42.	Balance of Tax (Subtract Line 41 from Line 40)	42 , , , , , , , , , , , , , , , , , , ,					
43.	Sheltered Workshop Tax Credit	43 , , , , , , , , , , , , , , , , , , ,					
44.	Balance of Tax after Credit (Subtract Line 43 from Line 42)	44 , , , , , , , , , , , , , , , , , ,					
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 , , , , , , , , , , , , , , , , , , ,					
46.	Penalty for Underpayment of Estimated Tax.  Fill in if Form NJ-2210 is enclosed.	46 , , , , , , , , , , , , , , , , , , ,					
47.	Total Tax and Penalty (Add Lines 44, 45, and 46)	47 , , , , , , , , , , , , , , , , , , ,					
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48 , , , , , , , , , , , , , , , , , , ,					
49.	Property Tax Credit (See instruction page 33)	49					
50.	New Jersey Estimated Tax Payments/Credit from 2011 tax return	50 , , , , , , , , , , , , , , , , , , ,					
51.	New Jersey Earned Income Tax Credit (See instruction page 38)	51 ,					
52.	EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 39) (Enclose Form NJ-2450)	52 ,					
53.	EXCESS New Jersey Disability Insurance Withheld (See instr. page 39)(Enclose Form NJ-2450)	53 ,					
54.	EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 39) (Enclose Form NJ-2450)	54 ,					
55.	Total Payments/Credits (Add Lines 48 through 54)	55 , , , , , , , , , , , , , , , , , ,					
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE						
	If Line 55 is MORE THAN Line 47, enter OVERPAYMENT  Deductions from Overpayment on Line 57 which you elect to credit to:	57					
58.	Your 2013 tax						
59.	N.J. Endangered Wildlife Fund h \$10 h \$20 h Other	59					
60.	N.J. Children's Trust Fund  To Prevent Child Abuse h \$10 h \$20 h Other	ENTER 60					
61.	N.J. Vietnam Veterans'  Memorial Fund h \$10 h \$20 h Other	OF 61					
62.	N.J. Breast Cancer  Research Fund	NTRIBUTION 62					
63.	U.S.S. New Jersey Educational Museum Fund h \$10 h \$20 h Other	63					
64.	Other Designated Contribution	64					
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 , , , , , , , , , , , , , , , , , ,					

## NJ-1040-H 2012

## STATE OF NEW JERSEY PROPERTY TAX CREDIT APPLICATION

<b>\</b>	IMPORTANT! YOU MUST ENTER YOUR SSN(s). ♥								
	Your Social Security Number	ast Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)							
ation,	.	iast name UNLY if different)							
lotifica tions	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or rural route)							
Privacy Act Notification, See Instructions			(Canada and Casar, Indianag aparament handed of calaricator)						
For Priv	County/Municipality Code (See Table p. 51)	City, Town, Post Office	State	Zip Code	Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.				
S	1. Single	NJ RESIDENCY STATUS							
FILING STATUS	2. Married/CU Couple, filing joint return	6. If you were a New Jersey resident for ONLY	From		$Y \parallel Y \parallel$				
NG	<ul><li>3.  Married/CU Partner, filing separate return</li><li>4.  Head of household</li></ul>	part of the taxable year, give the period of New Jersey residency:	тоМ						
置	5. Qualifying widow(er)/Surviving CU Partner		10 11/1						
	<ul> <li>Have Filed Or Will File a 2012</li> <li>Were a New Jersey Homeowne</li> <li>Were Under Age 65 and NOT E</li> <li>Had New Jersey Gross Income if Filing Status is Single or Ma</li> </ul>	er on October 1, 2012; Or Blind or Disabled on December	31, 2012 0 (More	2; Or Than \$10,000					
7a.	On December 31, 2012, were you age 65 or older?	Yourself		<b>←</b> No <b>←</b> No					
7b.	On December 31, 2012, were you blind or disabled?	Yourself		←No ←No					
	If you (and your spouse/CU partner) did not meet the age	or disability requirements, do not file Form N	J-1040-H. S	ee instructions.					
8.	On October 1, 2012, did you own and occupy a home in I If "Yes," STOP. Do not file Form NJ-1040-H. See instruction		── <b>←</b> Yes	s					
9.	Indicate whether at any time during 2012 you either owner property taxes (or rent) were paid. Fill in the appropriate of Homeowner Tenant  If "Homeowner" or "Tenant" or "Both," you may be asked if you were neither a homeowner nor a tenant, STOP. You	oval. If you were both a homeowner and a ten  Both  Neither to provide proof of property taxes or rent paid	ant during th <b>(Fill</b> on your prin	ne year, fill in "Both."  in only one)  cipal residence.	1				
10	Enter your NEW JERSEY GROSS INCOME	10			$\Box$				
10.	Enter the amount of income you would have reported on	Line 28, Form NJ-1040 if you had filed the tax	return. See	instructions.					
•	This is a Property Tax Credit Ap There is no tenant rebate appl for 2009, 2010 and 2011	pplication for Certain Hor ication available for 2012 I were suspended by the	2 since	tenant rebat	nts. es				
	sion se 1 2 3	4 5 6	Щ	7	Ш				
kno	der the penalties of perjury, I declare that I have examined this prop wledge and belief, it is true, correct, and complete. If prepared by wledge.								
	Your Signature		Date						
	If enclosing copy of death certificate for deceased taxpayer, fill in (S	See instruction page 12)							
-	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) ou do not need forms mailed to you next year, fill in (Se	oo instruction page 14)	Date						
<u> </u>	thorize the Division of Taxation to discuss my return and er	,		Mail your Property Tax Application (NJ-1040-H					
	Paid Preparer's Signature  Federal Identification Number  NJ Division of Taxation								
			Revenue Processing Ce						
Firm	n's Name	Federal Employer Identification Number	Federal Employer Identification Number PO Box 555 Trenton, NJ 08646-0555						
1									