

NJ - 1040

2012

PAGE 1

1 D BARCODE AREA

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions

For Tax Year Jan. - Dec. 2012 or Other Tax Year

Beginning _____, 20____ Month Ending _____, 20____

On-line Federal Extension Confirmation # _____

XXXXXXXXXXXXNAME FIELDXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXCARE OF FIELDXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXSTREET ADDRESSXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXCITYXXXXXXXXXXXX ST XXXZIPXXXX XCMX

XVCX ME F D

XTPIDXXXX

X SPOUSE ID

XXXFINXXX XXFEINXXX

PRINT AREA FOR 2D BARCODE. BARCODE SHOULD BE PRINTED WITHIN THE REGION BOUNDED BY CO-ORDINATES (9, 34) AND (77, 39) WHERE (X, Y) REPRESENTS (COLUMN NUMBER, LINE NUMBER). THIS POSITIONING PRESERVES A MARGIN OF AT LEAST 0.25 INCHES FROM OTHER COMPONENTS ON THE FORM. WHILE THE BARCODE DOES NOT NEED TO FILL THIS AREA, IT SHOULD BE CENTERED HORIZONTALLY AND VERTICALLY WITHIN THE REGION WITH A RECOMMENDED MINIMUM HEIGHT OF 0.5 INCHES.

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. 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/CU Partners Signature (If filed jointly both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 13)

X

Paid Preparer's Signature

Federal Identification Number

XXXFINXXX

Firm's Name

Federal Employer Identification Number

XXFEINXXX

Pay amount on Line 56 in full. Write Social

Security number(s) on check or money order and

make payable to: STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with

your return and use the label for PO Box 111.

If not, use the label for PO Box 555.

You may also pay by e-check or credit card. See instruction page 11.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	
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1 D BARCODE AREA

NJ 1040 (2012)

PAGE 2

XXXXXXXXXXXXNAME FIELDXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XTPIDXXXXX

XVCX

Residency Status

IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY

FROM

MMDDYY

TO

MMDDYY

FILING STATUS

1. SINGLE

2. MARRIED/CU COUPLE FILING JOINT RETURN

3. MARRIED/CU COUPLE FILING SEPARATE RETURN

4. HEAD OF HOUSEHOLD

5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

6. REGULAR

7. AGE 65 OR OVER

8. BLIND OR DISABLED

9. NUMBER OF QUALIFIED DEPENDENT CHILDREN

10. NUMBER OF OTHER DEPENDENTS

11. DEPENDENTS ATTENDING COLLEGE

12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)

12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

CHECKBOXES FOR EXEMPTIONS

REGULAR

SPOUSE/CU PARTNER

DOMESTIC PARTNER

AGE 65 OR OLDER

YOURSELF

BLIND OR DISABLED

YOURSELF

SPOUSE/CU PARTNER

SPOUSE/CU PARTNER

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

LAST NAME, FIRST NAME, MIDDLE INITIAL

A.

B.

C.

D.

SOCIAL SECURITY NUMBER

BIRTH YEAR

HEALTH INS IND

GUERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

YES

NO

IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

YES

NO

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)

15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)

15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A

16. DIVIDENDS

17. NET PROFITS FROM BUSINESS(SCHEDULE NJ-BUS-1, PART I, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)

18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)

19. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE21)

20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME(SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTRUCTION PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)

21. NET PRO RATA SHARE OF S CORPORATION INCOME(SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTRUCTION PAGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)

22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS(SCHEDULE NJ-BUS-1, PART IV, LINE 4)

23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE25)

24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED

25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25)

26. TOTAL INCOME (ADD LINES 14, 15A, 16 THROUGH 25)

27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE26)

27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE26)

27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)

28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE28)

29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE31 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE7)

30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE28)

31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS

32. QUALIFIED CONSERVATION CONTRIBUTION

33. HEALTH ENTERPRISE ZONE DEDUCTION

34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 10)

35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH34)

36. TAXABLE INCOME (SUBTRACT LINE35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE29)

