

DO NOT ENTER COMMAS



State of New Jersey Division of Taxation

2016 NJ-1040 Income Tax Resident Form



040CF01160

For tax year Jan. - Dec., 2016 Month / Year ending: Check box if application for Federal extension is enclosed or enter confirmation #

IMPORTANT! YOU MUST ENTER YOUR SSN(s).

Your Social Security Number Spouse's/CU Partner's SS No. County/Municipality Code

Last Name, First Name, Initial (Joint filers enter first name & initial of each - Enter spouse/CU partner last name ONLY if different)

Home address (Number and Street, including apartment number or rural route)

City, Town, Post Office State Zip Code + 4 Change of Address

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: To:

For Privacy Act Notification, See Instructions

FILING STATUS

- Select only one 1. Single 2. Married/CU couple, filing joint return 3. Married/CU Partner, 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 your qualified dependent children 10. Number of other dependents 11. Dependents attending colleges 12. Totals

ENTER NUMBERS HERE

DEPENDENTS

13. Dependent's Last Name, First Name, MI

Dependent's Social Security Number

Birth Year

Check box if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private, or other (see instructions)

Table with columns for dependent name, SSN, birth year, and health insurance status.

GUBERNATORIAL 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

Note: If you check Yes, it will not increase your tax or reduce your refund.

If enclosing copy of death certificate for deceased taxpayer, check box

If you do not need forms mailed to you next year, check box

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.

(Signature is required on paper filed returns ONLY)

Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Date

Driver's License Number

(Voluntary. See instruction page 14)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature (Check box if NJ-1040-O is enclosed)

Firm's Name

Federal ID Number

Federal Employer ID No.

Pay amount on Line 58 in full. Write SS number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI Mail your check or money order with your NJ-1040V payment voucher and your return to: NJ Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111

IF REFUND: NJ Division of Taxation Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555

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

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Your Social Security Number

Name(s) as shown on Form NJ-1040

Grid for Social Security Number

Text box for Name(s)

Table with 3 columns: Line number, Description, and Amount. Lines 14-39 covering various income and deduction categories.

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Your Social Security Number

Name(s) as shown on Form NJ-1040

Grid for Social Security Number

Line for Name(s)

40. TAX (From Tax Table, page 52)

41. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions)

Grid for jurisdiction code

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

46

Check box if Form NJ-2210 is enclosed

Check box

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 37)

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

Select only one Check box if you had the IRS figure your Federal Earned Income Credit
Check box if you are a CU couple claiming the NJ Earned Income Tax Credit

52. EXCESS New Jersey UI/WF/SWF Withheld (See instruction page 38) (Enclose Form NJ-2450)

52

53. EXCESS New Jersey Disability Insurance Withheld (See instruction page 38) (Enclose Form NJ-2450)

53

54. EXCESS New Jersey Family Leave Insurance Withheld (See instruction page 38) (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

56

Check box if paying by e-check or credit card

Check box

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 2016 tax

58

59. N.J. Endangered Wildlife Fund \$10 \$20 Other

59

60. N.J. Children's Trust Fund To Prevent Child Abuse \$10 \$20 Other

60

61. N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other

61

62. N.J. Breast Cancer Research Fund \$10 \$20 Other

62

63. U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other

63

64. Other Designated Contribution (See instruction page 39) \$10 \$20 Other

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