



Name(s) as shown on Form NJ-1040NR Your		Social Security Number			
29.	Gross Income (From page 1, Line 28)	29		29	
30.	Total Exemption Amount (See Instruction page 25)	30			
31.	Medical Expenses (See Worksheet and Instructions page 25)	31			
32.	Alimony and separate maintenance payments	32			
33.	Qualified Conservation Contribution	33			
34.	Health Enterprise Zone Deduction	34			
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35			
36.	Total Exemptions and Deductions (Add Lines 30, 31, 32, 33, 34, and 35)	36			
37.	TAXABLE INCOME (Subtract Line 36 from Line 29, Column A)	37			
38.	Tax on amount on Line 37 (From Tax Table page 34)	38			
	Income Percentage B. (Line 29) =%				
	A. (Line 29)				
40.	NEW JERSEY TAX (Multiply amount from Line 38x% from Line 38x	rom Line 39		40	
	Sheltered Workshop Tax Credit (Enclose Form GIT-317. See Instruction page 27)		-	41	
42.	Balance of Tax After Credit (Subtract Line 41 from Line 40)			42	
43.	Penalty for Underpayment of Estimated Tax. Check box ☐ if Form NJ-2210 is enclo	osed		43	
44.	Total Tax and Penalty (Add Line 42 and Line 43)			44	
45.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	45			
46.	New Jersey Estimated Tax Payments/Credit from 2013 tax return	46		← Also enter on Line 46:	
	Tax paid on your behalf by Partnership(s)	47		Payments made in	
48.		48	_	connection with sale of NJ real property	
	EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instr.)	49		Payments by S	
		50		corporation for	
50.	· · · · · · · · · · · · · · · · · · ·			nonresident shareholde)r
51.					\dashv
	If Line 51 is LESS THAN Line 44, enter AMOUNT YOU OWE (Enter check amount of		L	52 53	\dashv
	If Line 51 is MORE THAN Line 44, enter OVERPAYMENT			55	\dashv
54.	Deductions from Overpayment on Line 53 which you elect to credit to: (A) Your 2015 Tax	54A			
	(A) Your 2013 Tax (B) N.J. Endangered Wildlife Fund □ \$10, □ \$20, □ Other	··· 54B		NOTE:	
	(C) N.J. Children's Trust Fund □ \$10, □ \$20, □ Other ENTER	54C		AN ENTRY ON LINE	
	(D) N.J. Vietnam Veterans' Memorial Fund □ \$10, □ \$20, □ Other AMOUNT	54D		54A, B, C, D, E, F, OR G	
	(E) N.J. Breast Cancer Research Fund ☐ \$10, ☐ \$20, ☐ Other OF	54E		WILL REDUCE YOUR TA	١X
	(F) U.S.S. N.J. Educational Museum Fund ☐ \$10, ☐ \$20, ☐ Other CONTRIBUTION	N 54F		REFUND	
	(G) Designated Contribution ☐ \$10, ☐ \$20, ☐ Other	54G			
55.	Total Deductions From Overpayment (Add Lines 54A, B, C, D, E, F, and G)	. ENTER TOTA		55	
	REFUND (Amount to be sent to you. Subtract Line 55 from Line 53)			56	\neg
-	The one (Amount to be control you. Cubitate Entered Horn Entered)				\dashv
l					
Н	Under penalties of perjury, I declare that I have examined this return, including accompanying sch	nedules and statement	ts and		\dashv
	to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person oth	Pay amount on Line 52 in ful	II.		
	is based on all information of which the preparer has any knowledge.	Write social security number	r(s)		
W W	Your Signature Date Spouse's/CU Partner's Signature	on check or money order and make payable to:	a		
SIGN HERE	Tour organization Partitler's Signature	(11 ming jointly, both mu	iot aigit)	STATE OF NEW JERSEY-TO	GI
Įξ	If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 9)		Division of Taxation		
ū			Revenue Processing Center PO Box 244		
_	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)) 🔲	1	FO BOX 244	
တ	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) 🗆		Trenton, NJ 08646-0244	
S		Identification Number		Trenton, NJ 08646-0244 You may also pay by e-check	k or
S	Paid Preparer's Signature Federal	Identification Number	 er	Trenton, NJ 08646-0244	k or
	Paid Preparer's Signature Federal		er	Trenton, NJ 08646-0244 You may also pay by e-check	k or