



Name(s) as shown on Form NJ-1040NR		Your Social Security Number	
<p>29. Gross Income (From page 1, Line 28)</p> <p>30. Total Exemption Amount (See Instruction page 25)</p> <p>31. Medical Expenses (See Worksheet and Instructions page 25)</p> <p>32. Alimony and separate maintenance payments</p> <p>33. Qualified Conservation Contribution</p> <p>34. Health Enterprise Zone Deduction</p> <p>35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)</p> <p>36. Total Exemptions and Deductions (Add Lines 30, 31, 32, 33, 34, and 35)</p> <p>37. TAXABLE INCOME (Subtract Line 36 from Line 29, Column A)</p> <p>38. Tax on amount on Line 37 (From Tax Table page 34)</p> <p>39. Income Percentage $\frac{\text{B. (Line 29)}}{\text{A. (Line 29)}} = \text{ } \%$</p> <p>40. NEW JERSEY TAX (Multiply amount from Line 38 \times $\text{ } \%$ from Line 39)</p> <p>41. Sheltered Workshop Tax Credit (Enclose Form GIT-317. See Instruction page 27)</p> <p>42. Balance of Tax After Credit (Subtract Line 41 from Line 40)</p> <p>43. Penalty for Underpayment of Estimated Tax. Check box <input type="checkbox"/> if Form NJ-2210 is enclosed.</p> <p>44. Total Tax and Penalty (Add Line 42 and Line 43)</p> <p>45. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)</p> <p>46. New Jersey Estimated Tax Payments/Credit from 2014 tax return</p> <p>47. Tax paid on your behalf by Partnership(s)</p> <p>48. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450. See Instr.)</p> <p>49. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instr.)</p> <p>50. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450. See Instr.)</p> <p>51. Total Payments/Credits (Add Lines 45 through 50) ENTER TOTAL →</p> <p>52. If Line 51 is LESS THAN Line 44, enter AMOUNT YOU OWE (Enter check amount on Page 1)</p> <p>53. If Line 51 is MORE THAN Line 44, enter OVERPAYMENT</p> <p>54. Deductions from Overpayment on Line 53 which you elect to credit to:</p> <p>(A) Your 2016 Tax</p> <p>(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other</p> <p>(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other</p> <p>(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other</p> <p>(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other</p> <p>(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other</p> <p>(G) Designated Contribution <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other</p>	29		
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← Also enter on Line 46:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

NOTE:
AN ENTRY ON LINE 54A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND

SIGN HERE	Under penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.		<p>Pay amount on Line 52 in full. Write social security number(s) on check or money order and make payable to:</p> <p>STATE OF NEW JERSEY-TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244</p> <p>You may also pay by e-check or credit card.</p>	
	Your Signature _____	Date _____		Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____
	If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 9) <input type="checkbox"/>			
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>			
	Paid Preparer's Signature _____ Federal Identification Number _____			
	Firm's name _____ Federal Employer Identification Number _____			