



Name(s) as shown on Form NJ-1040NR Your Social Security Number

30. Gross Income (From page 1, Line 29)..... 30
31. Total Exemption Amount (See Instructions)..... 31
32. Medical Expenses (See Worksheet and Instructions)..... 32
33. Alimony and separate maintenance payments..... 33
34. Qualified Conservation Contribution..... 34
35. Health Enterprise Zone Deduction ..... 35
36. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) . 36
37. Total Exemptions and Deductions (Add Lines 31 through 36) ..... 37
38. TAXABLE INCOME (Subtract Line 37 from Line 30, Column A) ..... 38
39. Tax on amount on Line 38 (From Tax Table page 34) ..... 39
40. Income Percentage B. (Line 30) = \_\_\_\_\_%
A. (Line 30)
41. NEW JERSEY TAX (Multiply amount from Line 39 \_\_\_\_\_ x \_\_\_\_\_% from Line 40) 41
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)..... 42
43. Balance of Tax (Subtract Line 42 from Line 41) ..... 43
44. Gold Star Family Counseling Credit (See Instructions)..... 44
45. Balance of Tax After Credits (Subtract Line 44 from Line 43)..... 45
46. Penalty for Underpayment of Estimated Tax. Check box [ ] if Form NJ-2210 is enclosed..... 46
47. Total Tax and Penalty (Add Line 45 and Line 46) ..... 47
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) 48
49. New Jersey Estimated Tax Payments/Credit from 2017 return ..... 49
50. Tax paid on your behalf by Partnership(s) ..... 50
51. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) ..... 51
52. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450) ..... 52
53. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) 53
54. Total Payments/Credits (Add Lines 48 through 53) ..... 54
55. If Line 54 is LESS THAN Line 47, enter AMOUNT YOU OWE..... 55
56. If Line 54 is MORE THAN Line 47, enter OVERPAYMENT..... 56
57. Deductions from Overpayment on Line 56 that you elect to credit to:
(A) Your 2019 Tax ..... 57A
(B) N.J. Endangered Wildlife Fund [ ] \$10, [ ] \$20, [ ] Other 57B
(C) N.J. Children's Trust Fund [ ] \$10, [ ] \$20, [ ] Other 57C
(D) N.J. Vietnam Veterans' Memorial Fund [ ] \$10, [ ] \$20, [ ] Other 57D
(E) N.J. Breast Cancer Research Fund [ ] \$10, [ ] \$20, [ ] Other 57E
(F) U.S.S. N.J. Educational Museum Fund [ ] \$10, [ ] \$20, [ ] Other 57F
(G) Designated Contribution [ ] [ ] [ ] \$10, [ ] \$20, [ ] Other 57G
58. Total Deductions From Overpayment (Add Lines 57A through 57G) ..... 58
59. REFUND (Amount to be sent to you. Subtract Line 58 from Line 56)..... 59

Also enter on line 49:
• Payments made in connection with sale of NJ real property
• Payments by S corporation for nonresident shareholder

NOTE:
AN ENTRY ON LINE 57A, 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.
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 instructions page 10) [ ]
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) [ ]
Paid Preparer's Signature Federal Identification Number
Firm's name Federal Employer Identification Number

Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to :
State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ, 08646-0244
You may also pay by e-check or credit card.