



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 26)	30		
31. Medical Expenses (See Worksheet and Instructions page 26)	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		
39. Income Percentage $\frac{\text{B. (Line 29)}}{\text{A. (Line 29)}} = \text{_____} \%$			
40. NEW JERSEY TAX (Multiply amount from Line 38 _____ x _____ % from Line 39)	40		
41. Sheltered Workshop Tax Credit (Enclose Form GIT-317. See Instruction page 28)	41		
42. Balance of Tax After Credit (Subtract Line 41 from Line 40)	42		
43. Penalty for Underpayment of Estimated Tax. Check box <input type="checkbox"/> if Form NJ-2210 is enclosed.	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 2016 tax return	46		← Also enter on Line 46: • Payments made in connection with sale of NJ real property • Payments by S corporation for nonresident shareholder
47. Tax paid on your behalf by Partnership(s)	47		
48. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450. See Instr.)	48		
49. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instr.)	49		
50. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450. See Instr.)	50		
51. Total Payments/Credits (Add Lines 45 through 50) ENTER TOTAL →	51		
52. If Line 51 is LESS THAN Line 44, enter AMOUNT YOU OWE	52		
53. If Line 51 is MORE THAN Line 44, enter OVERPAYMENT	53		
54. Deductions from Overpayment on Line 53 that you elect to credit to:			<b>NOTE:</b> <b>AN ENTRY ON LINE 54A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND</b>
(A) Your 2018 Tax	54A		
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	54B		
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	54C		
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	54D		
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	54E		
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	54F		
(G) Designated Contribution <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	54G		
55. Total Deductions From Overpayment (Add Lines 54A, B, C, D, E, F, and G) ENTER TOTAL →	55		
56. REFUND (Amount to be sent to you. Subtract Line 55 from Line 53)	56		

<b>SIGN HERE</b>	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.		<b>Pay amount on Line 52 in full. Write Social Security number(s) on check or money order and make payable to:</b> <b>STATE OF NEW JERSEY-TGI</b> <b>Division of Taxation</b> <b>Revenue Processing Center</b> <b>PO Box 244</b> <b>Trenton, NJ 08646-0244</b>  <b>You may also pay by e-check or credit card.</b>	
	_____ 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 10) <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