



Name(s) as shown on Form NJ-1040NR		Your Social Security Number	
30. Gross Income (From page 1, line 29).....	30.		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 $\frac{\text{B. (line 30)}}{\text{A. (line 30)}} = \text{_____} \%$			
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 <input type="checkbox"/> if Form NJ-2210NR 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.		Also enter on line 49: • Payments made in connection with sale of NJ real property • Payments by S corporation for nonresident shareholder
49. New Jersey Estimated Tax Payments/Credit from 2018 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:			NOTE: An entry on line 57A, B, C, D, E, F, or G will reduce your tax refund
(A) Your 2020 Tax.....	57A.		
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	57B.		
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	57C.		
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	57D.		
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	57E.		
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	57F.		
(G) Designated Contribution <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> 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.		

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.

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 9)

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.