



Name(s) as shown on Form NJ-1040NR		Your Social Security Number		
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE .....		57.		
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT .....		58.		
59. Deductions from Overpayment on line 58 that you elect to credit to:		<b>NOTE:</b> An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund		
(A) Your 2021 Tax .....	59A.			
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59B.			
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59C.			
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59D.			
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59E.			
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59F.			
(G) Designated Contribution <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	59G.			
60. Total Deductions From Overpayment (Add lines 59A through 59G).....		60.		
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58) .....		61.		
<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 57 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>	
	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) <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 _____		<b>You may also pay by e-check or credit card.</b>	
	Firm's name _____ Firm's Federal Employer Identification Number _____			