



Name(s) as shown on Form NJ-1040NR		Your Social Security Number			
57. Total Payments/Credits (Add lines 50 through 56) .....		57.			
58. If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe .....		58.			
59. If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment.....		59.			
60. Amount from line 59 you want to credit to your 2024 tax.....		60.			
61. Amount you want to credit to:		<b>NOTE:</b> An entry on lines 60 through 61F will reduce your tax refund			
(A) N.J. Endangered Wildlife Fund	<input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other			61A.	
(B) N.J. Children's Trust Fund	<input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other			61B.	
(C) N.J. Vietnam Veterans' Memorial Fund	<input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other			61C.	
(D) N.J. Breast Cancer Research Fund	<input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other			61D.	
(E) U.S.S. N.J. Educational Museum Fund	<input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other			61E.	
(F) Designated Contribution <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other			61F.	
62. Total Adjustments to Tax Due/Overpayment (Add lines 60 through 61F) .....		62.			
63. Balance due (If line 58 is more than zero, add line 58 and line 62) .....		63.			
64. Refund amount (If line 59 is more than zero, subtract line 62 from line 59) .....		64.			
<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 63 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>  You can also make a payment on our website: <a href="http://nj.gov/taxation">nj.gov/taxation</a>		
	_____ 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				
_____ Firm's Name		_____ Firm's Federal Employer Identification Number			