

2024 NJ-1040 New Jersey Resident Income Tax Return

Your Copy Only / Do Not Fill In and Send

5R	Affix preprinted label below ONLY if the information is co									
Your Social Spouse's/C	Your Social Security Number (required) Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)									
Spouse's/CU Parther's SSN (if filing jointly) Home Address (Number and Street, including apartment number)										
Privacy Act Notification.		State	ZIP Code							
한 Fill in if	ress. Fill in	if your add	ress has changed.							
Part-year residents, provide months/days you were a New Jersey resident during 2024: From: M M / D D / 2 4 To: M M / D D / 2 4 Filling Status										
Fill in only one.										
1. 2.	Single Married/CU Couple, filing joint return									
3.	Married/CU Partner, filing separate re	turn								
4.	Head of Household	Enter spouse's/CU partner	's SSN							
5.	Qualifying Widow(er)/Surviving CU Pa Indicate the year of your spouse's/CU		2023							
Exemption Fill in the ovals the		pox to the right and complete the calcu	ulation.							
6. Regular	Self	Spouse/ Domes CU Partner Partne		x \$1,000 =						
7. Senior 65+ (Bo in 1959 or earl		x \$1,000 =								
8. Blind/Disabled Self Spouse/CU Partner				x \$1,000 =	\$1,000 =					
9. Veteran	x \$6,000 =	=								
10. Qualified Dep	pendent Children			x \$1,500 =						
11. Other Depend	dents			x \$1,500 =						
12. Dependents	Attending Colleges (See instructions)			x \$1,000 =						
13. Total Exempt	ion Amount (Add totals from the lines a	t 6 through 12)	13.		ЩШ					
·	nformation. Provide the following inform Name, Middle Initial	ation for each dependent. Social Security Number		irth Year	No Health Insurance					
			T							
Division use	2 3	4 5 6		7						



Your Social Security Number

Name(s) as shown on Form NJ-1040

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15									
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500)				Ħ		,			ΪĒ	П
16b.	(See instructions)	6a.		<u> </u>	屵	H	<u></u> ,	泄	_		
	(See instructions) Do not include on line 16a16b.		<u> </u>	+		_	_		<u> </u>		
17.		17.		Ш,	Ш		<u> </u>	Ш	_		Ш
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.						Ц	4		Ц
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	F	∐ ,	닖			Н	4	뉴	붜
20a.	Taxable pension, annuity, and IRA distributions/withdrawals (See instructions)20	0a.	-	<u> </u>	닏	H	<u> </u>	屵	_		Ш
	Excludable pension, annuity, and IRA distributions/withdrawals (See instr) 20b. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4)			+			H		누		_
	(Enclose Schedule NJK-1 or federal Schedule K-1)		H					H	+		H
23.	Net gains or income from rents, royalties, patents, and copyrights	ZZ .		H	H	\equiv		H		ï	H
	(Schedule NJ-BUS-1, Part IV, line 4)	23.	H	H	H			H	#	╬	H
24.	Net gambling winnings (See instructions)	24.	H	片	닖			Н		╬	뭐
25.	Alimony and separate maintenance payments received	25.	<u> </u>	Щ	Щ	Щ	Щ,	Щ	_	╙	닏
26.	Other (Enclose documents) (See instructions).	26.		Щ	Ш	Ш	Ш,	Щ		Щ	Ш
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)27.			<u> </u>	Щ			Ц			Ш
	Pension/Retirement Exclusion (See instructions)] <u> </u>] <u> </u>				ᆸ			
28c.	Total Exclusion Amount (Add lines 28a and 28b)		28c								
		1						Ц			
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)		30		Ц	Ц		Щ	4	쁜	Ц
31.	Medical Expenses (See Worksheet F and instructions)		31		Щ	Щ		Щ	4	느	닏
32.	Alimony and separate maintenance payments (See instructions)		32		Ш	Ш	Ш,	Ш			Ш
33.	Qualified Conservation Contribution		33		Ш		Ш,	Щ			Ш
34.	Health Enterprise Zone Deduction		34				<u> </u>	Ш			Ш
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		35					Ц	4		Ц
36.	Organ/Bone Marrow Donation Deduction (See instructions)		36		Ų						Ш
37a.	NJBEST Deduction b. NJCLASS Deduction ,			J Higher					Ţ		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)		.38.	Ш,	Ш		4				Ш
39.	Taxable Income (Subtract line 38 from line 29)										
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)40a.										
40b.	Indicate your residency status during 2024 (fill in only one oval)	Hom	eowner			Ten	ant			Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)			41.							



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42.	New Jersey Taxable Income (Subtract line 41 from line 39)	Ţ		L		<u></u>				
43.	Tax on amount on line 42 (Tax Table page 54)				Ш	<u>, </u>	Ш			
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	Ţ		I						
45.	Balance of Tax (Subtract line 44 from line 43)		<u> </u>		Ш	<u> </u>	Ш	<u> </u>	Ш	
46.	Sheltered Workshop Tax Credit	.46.	L	L		$ar{ar{\Box}}$				
47.	Gold Star Family Counseling Credit (See instructions)	47.	L	┺	Щ	<u>Щ</u>	Ц			
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	L	_	Щ	<u>Щ</u>	Ц		Щ	
	Total Credits (Add lines 46 through 48)	49.	╬	누	H	<u>, </u>	H	=	H	
51.	(Subtract line 49 from line 45) If zero or less, make no entry	51.		Ī						
52.	Interest on Underpayment of Estimated Tax	52.		L						
	Fill in if Form NJ-2210 is enclosed Fill in oval if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form)(See instructions)									
53b.	If you indicated at line 53a that someone in your tax household does not have health insurance, fill in oval to allow Get Covered New Jersey to help you obtain coverage		0							
53c.	Shared Responsibility Payment (See instructions)	53c.	L	L	Ц	<u>,</u>	Ш	<u> </u>	Ц	
	Total Tax Due (Add lines 50 through 53c)	4	<u> </u>		Ш	,	Ш	Ш.	Щ	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099)(Part-year residents, see instr.)				Ш	,Ш	Ц		Щ	
56.	Property Tax Credit (See instructions page 25)				56		Ц	Щ.	Щ	
57.	New Jersey Estimated Tax Payments/Credit from 2023 tax return57.				Ц	Щ	Ц		Щ	
58.	New Jersey Earned Income Tax Credit (See instructions)		58	3.	Ц	<u>,</u>	Ш			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59	9.	Щ	Щ	Щ	Щ.	Щ	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions).		6	0.	닏	<u> </u>	Ц	0	0	0
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instruction	ons)	6	1.	lacksquare	\coprod	Ц		Щ	
62.	Wounded Warrior Caregivers Credit (See instructions)		6	2.			Ц		Щ	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)63.	_	_				닏	4		
64.	Child and Dependent Care Credit (See instructions)		64	٠.	4		Ц			
65.	New Jersey Child Tax Credit (See instructions)		65							
	Total Withholdings, Credits, and Payments (Add lines 55 through 65)			_	Ш	닏	Щ	Ш.	Ш	
6 /.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe									
	If you owe tax, you can still make a donation on lines 70 through 77.									

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1			Nan	ne(s) as show	wn on Fori	m NJ-104	.0						
Pag													
68.	If the total on line 66 is more than line 54, you has Subtract line 54 from line 66 and enter the overp			68	3.	4	Щ	Щ	<u> </u>	Ц			
69.	Amount from line 68 you want to credit to your 2 Contribution to N.J.	025 tax		69	ə. L				<u>, </u>	Щ			
	Endangered Wildlife Fund	D \$10 D \$20	Oth	er				.70.	Ш	Ш			
	Contribution to N.J. Children's Trust Fund To Prevent Child Abuse	\$10 \$20	Oth	er				.71.	Ш				
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20	Oth	er				.72.					
73.	Contribution to N.J. Breast Cancer Research Fund	\$10 \$20	Oth	er				.73.					
74.	Contribution to U.S.S. New Jersey Educational Museum Fund												
75.	Other Designated Contribution (See instructions)				Ente	er Code		75.					
76.	Other Designated Contribution (See instructions)	\$10 🗆 \$20	Oth	er		er Code		76.					
77.	Other Designated Contribution (See instructions)	□¢10 □¢20	□ Oth	or	Ente	er Code		77.					
78.	Total Adjustments to Tax Due/Overpayment amo (Add lines 69 through 77)	ount 🔼			Ϊ			11.					
79.	Balance due (If line 67 is more than zero, add lin								,				
Fill in if paying by e-check or credit card 80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)80.													
Gubernatorial Elections Fund													
D If	o you want to designate \$1 to the Gubernatorial E joint return, does your spouse/CU partner want to his does not reduce your refund or increase your	o designate \$1?			You Spouse/0	CU Partı	ner	Yes Yes		3	No No	\leq	
Signature Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge. (N.J.S.A. 2C:28-1)										ıll			
You	Signature	Date	7	's/CU		gnat	ure (req	uired if	filing j	ointly)	_	Da	ate
L	Driver's License Number (Voluntary) (See instruc	ctions)	<u> </u>			4		Ш					
Fill	in if death certificate is enclosed. I authorize the Division of Taxation to discuss	s my return and er	Fill		f you do			er form r	ext ye	ear.			
Paid	Preparer's Signature (Fill in) if NJ-1040-0	•	lolosur		ral Ident	•							
	(A							
Firn	o's Name			Firm	's Federa	al Emplo	yer Ider	ntificatio	n/Nun	nber			
	Keep a copy of this	return and all s	upporti	ng docum	ents for	your re	cords.						
	Tax Due Address Enclose payment along with the NJ-1040-V payl mail tax return to: State of New Jersey Division of Taxation Revenue Processing Center – Payments PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check payable to: State of New Jersey – TGI You can also make a payment on our website: n	s or money order		Divis Reve PO B	Refunce of New Jion of Taxa enue Procesox 555 ton, NJ 08	ation essing Ce	enter – R		SS				