



Affix preprinted label below ONLY if the information is correct.

Part-year residents, provide months/days you were a New Jersey resident during 2024:

Fiscal year filers only:

Enter month of your year end			2025
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Fill in only one.

1. Single
2. Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household
5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2022 or 2023

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular.....	<input checked="" type="radio"/> Self	<input type="radio"/> Spouse/ CU Partner	<input type="radio"/> Domestic Partner	<input type="text"/>	x \$1,000 =	<input type="text"/>
7. Senior 65+ (Born in 1959 or earlier)	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner		<input type="text"/>	x \$1,000 =	<input type="text"/>
8. Blind/Disabled.....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner		<input type="text"/>	x \$1,000 =	<input type="text"/>
9. Veteran	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner		<input type="text"/>	x \$6,000 =	<input type="text"/>
10. Qualified Dependent Children				<input type="text"/> <input type="text"/>	x \$1,500 =	<input type="text"/>
11. Other Dependents				<input type="text"/> <input type="text"/>	x \$1,500 =	<input type="text"/>
12. Dependents Attending Colleges (See instructions)				<input type="text"/> <input type="text"/>	x \$1,000 =	<input type="text"/>
13. Total Exemption Amount (Add totals from the lines at 6 through 12).....				<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

14. **Dependent Information.** Provide the following information for each dependent.

Last Name, First Name, Middle Initial	Social Security Number	Birth Year	Insurance

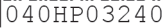
Division use

1	2					3						4	5	6							7						
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Name(s) as shown on Form NJ-1040

[illegible]



Name(s) as shown on Form NJ-1040

If you owe tax, you can still make a donation on lines 70 through 77.



Your Social Security Number

Name(s) as shown on Form NJ-1040

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68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment.....68.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
69.	Amount from line 68 you want to credit to your 2025 tax.....69.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
70.	Contribution to N.J. Endangered Wildlife Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....70.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
71.	Contribution to N.J. Children's Trust Fund To Prevent Child Abuse..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....71.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....72.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
73.	Contribution to N.J. Breast Cancer Research Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....73.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
74.	Contribution to U.S.S. New Jersey Educational Museum Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....74.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
75.	Other Designated Contribution (See instructions)..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....75.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
76.	Other Designated Contribution (See instructions)..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....76.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
77.	Other Designated Contribution (See instructions)..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other.....77.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77).....78.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
79.	Balance due (If line 67 is more than zero, add line 67 and line 78).....79. Fill in <input type="text"/> if paying by e-check or credit card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68).....80.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?
If joint return, does your spouse/CU partner want to designate \$1?
This does not reduce your refund or increase your balance due.

You
Spouse/CU PartnerYes No
Yes No **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)

Your Signature		Date	Spouse's/CU Partner's Signature (required if filing jointly)		Date
Driver's License Number (Voluntary) (See instructions) <input type="text"/>					
Fill in <input type="text"/> if death certificate is enclosed.			Fill in <input type="text"/> if you do not want a paper form next year.		
<input type="text"/> I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).					
Paid Preparer's Signature (Fill in <input type="text"/> if NJ-1040-O is enclosed)			Federal Identification Number <input type="text"/>		
Firm's Name			Firm's Federal Employer Identification Number <input type="text"/>		

Keep a copy of this return and all supporting documents for your records.**Tax Due Address**

Enclose payment along with the NJ-1040-V payment voucher and 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 or money order payable to: State of New Jersey – TGI
You can also make a payment on our website: nj.gov/taxation

Refund or No Tax Due Address

Mail to:

State of New Jersey
Division of Taxation
Revenue Processing Center – Refunds
PO Box 555
Trenton, NJ 08647-0555