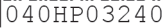






Name(s) as shown on Form NJ-1040

<p>15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) .....</p> <p>16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) .....</p> <p>16b. Tax-exempt interest income (Enclose schedule) (See instructions) Do not include on line 16a.....</p> <p>17. Dividends.....</p> <p>18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C).....</p> <p>19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) .....</p> <p>20a. Taxable pension, annuity, and IRA distributions/withdrawals (See instructions) .....</p> <p>20b. Excludable pension, annuity, and IRA distributions/withdrawals (See instr) 20b.</p> <p>21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) .....</p> <p>22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) .....</p> <p>23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) .....</p> <p>24. Net gambling winnings (See instructions) .....</p> <p>25. Alimony and separate maintenance payments received.....</p> <p>26. Other (Enclose documents) (See instructions).....</p> <p>27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) .....</p> <p>28a. Pension/Retirement Exclusion (See instructions) .....</p> <p>28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 20–21) .....</p> <p>28c. Total Exclusion Amount (Add lines 28a and 28b) .....</p> <p>29. <b>New Jersey Gross Income</b> (Subtract line 28c from line 27) (See instructions) .....</p> <p>30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) .....</p> <p>31. Medical Expenses (See Worksheet F and instructions).....</p> <p>32. Alimony and separate maintenance payments (See instructions) .....</p> <p>33. Qualified Conservation Contribution.....</p> <p>34. Health Enterprise Zone Deduction .....</p> <p>35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) .....</p> <p>36. Organ/Bone Marrow Donation Deduction (See instructions) .....</p> <p>37a. <b>NJBEST</b> Deduction ..... b. <b>NJCLASS</b> Deduction ..... c. <b>NJ Higher Ed.</b> Tuition Ded. ....</p> <p>38. Total Exemptions and Deductions (Add lines 30 through 37c).....</p> <p>39. Taxable Income (Subtract line 38 from line 29).....</p> <p>40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) .....</p> <p>40b. Indicate your residency status during 2024 (fill in only one oval)..... Homeowner Tenant Both</p> <p>41. Property Tax Deduction (From Worksheet H) (See instructions).....</p>	<p>15. ....</p> <p>16a. ....</p> <p>16b. ....</p> <p>17. ....</p> <p>18. ....</p> <p>19. ....</p> <p>20a. ....</p> <p>20b. ....</p> <p>21. ....</p> <p>22. ....</p> <p>23. ....</p> <p>24. ....</p> <p>25. ....</p> <p>26. ....</p> <p>27. ....</p> <p>28a. ....</p> <p>28b. ....</p> <p>28c. ....</p> <p>29. ....</p> <p>30. ....</p> <p>31. ....</p> <p>32. ....</p> <p>33. ....</p> <p>34. ....</p> <p>35. ....</p> <p>36. ....</p> <p>37a. .... b. .... c. ....</p> <p>38. ....</p> <p>39. ....</p> <p>40a. ....</p> <p>40b. ....</p> <p>41. ....</p>
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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

Page 4

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.	<b>Balance due</b> (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.	<b>Refund amount</b> (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](http://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