

## 2024 NJ-1040 New Jersey Resident Income Tax Return

|  | 5R   |  |                    | Affix preprint    | ed label bel    | ow ONLY if the | information is co | orrect.           |  |
|--|--|--|--------------------|-------------------|-----------------|----------------|-------------------|-------------------|--|
| See Instructions   | Your Social Security Number (required)  Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Er spouse's/CU partner's last name ONLY if different spouse's/CU partner's last name ONLY if different spouse's/CU partner's last name on the control of the cont |  |                    |                   |                 |                |                   |                   |  |
| Spouse's/CU Partner's SSN (if filing jointly)  Home Address (Number and Street, including apartment number)  |  |  |                    |                   |                 |                |                   |                   |  |
| For Privacy Act Notification,  | County/Munic   | cipality Code (See Table page 52)                                      | City, Town,        | Post Office       |                 |                | State             | ZIP Code          |  |
| For P  | Fill in if   | f federal extension filed. Fill in                                     | n if the add       | ress above is a f | foreign addı    | ress. Fill in  | if your add       | ress has changed. |  |
| Part-year residents, provide months/days you were a New Jersey resident during 2024:  From: MM/DD/2 4 To: MM/DD/2 4  Fiscal year filers only:  Enter month of your year end 2025 |  |  |                    |                   |                 |                |                   |                   |  |
|  | iling State  | us   |                    |                   |                 |                |                   |                   |  |
| 1.   |  | Single   |                    |                   |                 |                |                   |                   |  |
| 2.   |  | Married/CU Couple, filing joint ref                                    | turn               |                   |                 |                |                   |                   |  |
| 3.   |  | Married/CU Partner, filing separa                                      | te return          |                   | -               |                |                   |                   |  |
| 4.   |  | Head of Household  |                    | Enter spouse's    | CU partner      | 's SSN         |                   |                   |  |
| 5.   |  | Qualifying Widow(er)/Surviving C<br>Indicate the year of your spouse's |                    | eath:             | 2022 or         | 2023           |                   |                   |  |
|  | <b>xemption</b>  | <b>IS</b><br>hat apply. You must enter a total in                      | the boxes to the   | right and comple  | te the calcı    | ulation.       |                   |                   |  |
| 6.   | Regular  | Self   | Spouse/<br>CU Part |                   | Domes<br>Partne |                | x \$1,000 =       |                   |  |
| 7.   | Senior 65+ (Bo<br>in 1959 or earl  | Self   | Spouse/6           | CU Partner        |                 |                | x \$1,000 =       |                   |  |
| 8.   | Blind/Disabled   | ISelf  | Spouse/            | CU Partner        |                 |                | x \$1,000 =       |                   |  |
| 9.   | Veteran  | Self   | Spouse/0           | CU Partner        |                 |                | x \$6,000 =       |                   |  |
| 10   | D. Qualified Dep   | pendent Children   |                    |                   |                 |                | x \$1,500 =       |                   |  |
| 11   | 1. Other Depend  | dents  |                    |                   |                 |                | x \$1,500 =       |                   |  |
| 12   | 2. Dependents /  | Attending Colleges (See instruction                                    | ns)                |                   |                 |                | x \$1,000 =       |                   |  |
| 13   | 3. Total Exempt  | tion Amount (Add totals from the lin                                   | nes at 6 through 1 | 2)                |                 | 13.            |                   |                   |  |
| 14   | 4. Dependent Ir  | nformation. Provide the following in                                   | ıformation for eac | h dependent.      |                 |                |                   | No Health         |  |
| La   | ast Name, First  | Name, Middle Initial   | Social Sec         | urity Number      |                 | _              | Birth Year        | Insurance         |  |
| _  |  |  | Щ                  |                   | Щ               | #              | ЩЦ                |                   |  |
|  |  |  |                    |                   | ШШ              |                |                   |                   |  |
|  |  |  |                    |                   |                 |                |                   |                   |  |
|  |  |  |                    |                   |                 |                |                   |                   |  |
|  |  |  |                    |                   |                 |                |                   |                   |  |
| l  | Division use   | 2 3  |                    | 4                 | 5 6             |                | 7                 |                   |  |



Your Social Security Number

Name(s) as shown on Form NJ-1040

| Page    | 2  |          |                |              |             |       |                 |          |          |          |               |          | _             |
|---------|--|----------|----------------|--------------|-------------|-------|-----------------|----------|----------|----------|---------------|----------|---------------|
| 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)   |          |                |              |             |       |                 |          |          |          |               |          | ٦             |
| 16h     | (See instructions)   | юа.      | _              | _            | <del></del> | 7     | _               |          |          |          |               |          | _             |
| 100.    | (See instructions) Do not include on line 16a  |          | $ \mathbf{L} $ | L,           | Ļ           | ļĻ    | ᆚ               | ᆚ        | ᇿ        | Щ        |               |          |               |
| 17.     | Dividends  | 17       |                |              | ╝           |       | Ш               | Ш        |          |          | ╝             |          |               |
|         | Net profits from business (Schedule NJ-BUS-1, Part I, line 4)  |          |                |              |             |       |                 |          |          |          | ΗİГ           |          | $\overline{}$ |
|         | (Enclose federal Schedule C)   |          |                |              |             | Щ     | Щ               | Щ        | Щ        |          |               | 4        | ┙             |
| 19.     | Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | . 19.    |                |              | 4           | Ц     | Ц               | Ц        |          |          | ╬             | 4        | 4             |
| 20a.    | Taxable pension, annuity, and IRA distributions/withdrawals (See instructions)2  | 20a.     | Ш              |              | <u>,,</u>   | Щ     | Щ               | Щ        | <u> </u> | <u> </u> |               | _        | J             |
| 20h     | Excludable pension, annuity, and IRA distributions/withdrawals (See instr) 20b.  |          |                |              |             | JL    |                 |          | ┸        |          |               |          |               |
|         | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4)  |          | ,              |              | T           | ,     |                 |          | İП       |          | ٦r            |          | T             |
|         | (Enclose Schedule NJK-1 or federal Schedule K-1)   | . 21.    |                |              | <b></b> ],  | Ш     | Ш               | Ш        | ,Ш       |          | _!.           | _        | ┙             |
| 22.     | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4)                                       |          |                |              |             | П     | П               | П        |          |          | ПΓ            | ПГ       | П             |
|         | (Enclose Schedule NJ-K-1 or federal Schedule K-1)  | . 22.    |                |              |             |       |                 | ш        |          |          |               |          | _             |
| 23.     | Net gains or income from rents, royalties, patents, and copyrights   |          |                |              |             |       |                 |          |          |          | Ш             |          | ٦             |
|         | (Schedule NJ-BUS-1, Part IV, line 4)   | . 23.    |                |              | =           | H     | H               | H        | H        |          | #             | +        | ╡             |
| 24.     | Net gambling winnings (See instructions)   | . 24.    |                |              | ᆗ,          | Щ     | 닏               | 닏        | 닏        |          | ᆛ             | 4        | 닉             |
| 25.     | Alimony and separate maintenance payments received   | . 25.    |                |              | <u> </u>    | Ш     | Ш               | Щ        | Щ        |          |               | 4        | ╛             |
| 26.     | Other (Enclose documents) (See instructions)   | . 26.    |                |              |             | Ш     | Ш               | Ш        | <u></u>  |          | _  _          |          | ┙             |
| 27.     | Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)27.   | $\perp$  |                |              |             |       |                 | Ш        |          |          |               |          |               |
| 20-     | Denoise (Detinoment Evaluation (Continue tions)  | П        |                |              |             |       |                 |          |          |          |               |          |               |
|         | Pension/Retirement Exclusion (See instructions)  | H        |                |              | ,           | -     | -               | 늗        |          |          |               |          |               |
| 200.    | instructions pages 20–21)  |          |                |              |             |       |                 | ╙        |          |          |               |          |               |
|         |  |          |                |              | ,           |       |                 |          |          |          | ПΓ            |          | П             |
|         | Total Exclusion Amount (Add lines 28a and 28b)   | <u>.</u> |                | 28c.         |             | Ш     |                 | Ш        | Ш        |          | _!L           | _        | ┙             |
| 29.     | New Jersey Gross Income (Subtract line 28c from line 27)   |          |                |              |             |       | П               |          |          |          | ПΓ            |          | ٦             |
|         | (See instructions)   |          |                |              | <b></b> ,   | H     | H               | H        | H        |          | =#            | +        | ╡             |
| 30.     | Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   |          |                | 30.          |             | Н     | H               | H        |          |          | ╬             | +        | ╡             |
| 31.     | Medical Expenses (See Worksheet F and instructions)  |          |                | 31.          |             | Н     | 닖               | 님        | 믬        |          | ╬             | 4        | ╡             |
| 32.     | Alimony and separate maintenance payments (See instructions)   |          |                | 32.          |             |       | 닏               | 닏        |          |          | ╬             | 4        | ᆗ             |
| 33.     | Qualified Conservation Contribution  |          |                | 33.          |             | Щ     | 닏               | 닏        | Щ        |          | 4             | 4        | ᆜ             |
| 34.     | Health Enterprise Zone Deduction   |          |                | 34.          |             | Щ     | Ц               | Щ        | Щ        |          | 4             | 4        | _             |
| 35.     | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   |          |                | 35.          |             | Ш     | Ц               | Щ        | Щ        |          | _  _          |          | _             |
| 36.     | Organ/Bone Marrow Donation Deduction (See instructions)  |          |                | 36           |             |       |                 |          |          |          |               |          | _]            |
|         | ,  |          |                |              | Hiaba       | . [ ] | =               | $\equiv$ |          | _        | 76            |          | Ξ             |
| sra.    | NJBEST Deduction Deduction Deduction Deduction Deduction   | _        |                | c. NJ<br>Tui | tion De     |       | Щ               | <u> </u> | Щ        |          | 빛             | <u> </u> | ┙             |
| 38.     | Total Exemptions and Deductions (Add lines 30 through 37c)   |          | 38.            |              | <u> </u>    | Ц     | Ц               | Щ        | Щ        |          |               | _        | _             |
| 39.     | Taxable Income (Subtract line 38 from line 29)   |          | Щ              |              | <u> </u>    | Щ     | Ц               |          | <u> </u> |          | _[[           |          |               |
| 40a.    | Total Property Taxes (18% of Rent) Paid (See instructions page 25)40a.   |          | <u> </u>       |              |             |       |                 |          |          |          |               |          |               |
| 40b.    | Indicate your residency status during 2024 (fill in only one oval)   | Hom      | neowi          | ner          |             |       | <b>&gt;</b> Ter | ant      |          |          | <b>&gt;</b> B | oth      |               |
|         |  |          |                |              |             |       |                 |          |          |          | ПГ            |          | ٦             |
| 41.<br> | Property Tax Deduction (From Worksheet H) (See instructions)   |          |                |              | 41.         |       | Ш               | Ш        |          |          |               |          | _             |
|         |  |          |                |              |             |       |                 |          |          |          |               |          |               |



Name(s) as shown on Form NJ-1040

Your Social Security Number

| Page | e 3  |     |  |   |        |                |   |   |          |   |
|------|--|-----|--|---|--------|----------------|---|---|----------|---|
|      |  |     |  |   |        |                |   |   |          |   |
| 42.  | New Jersey Taxable Income (Subtract line 41 from line 39)  | ┿   |  | H | 믬      | $\blacksquare$ |   | 4 | H        |   |
| 43.  | Tax on amount on line 42 (Tax Table page 54)   | _   | <b>I</b> , <b>L</b>                          |   | Ш      | Щ              |   |   | Ш        |   |
| 44.  | Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)   | L   |  |   |        |                |   |   |          |   |
| 45.  | Balance of Tax (Subtract line 44 from line 43)   | _   | <u> </u>                                     | Щ | Ц      |                | Щ | 4 | Ц        |   |
| 46.  | Sheltered Workshop Tax Credit  | 46. | 느  | Щ | Ц      | Щ              |   | 4 | Ц        |   |
| 47.  | Gold Star Family Counseling Credit (See instructions)  | 47. | 느  | Щ | Ц      | 닖              | Ц | 4 | Ц        |   |
| 48.  | Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 48. | 느  | Щ | Щ      |                | Щ | 4 | Ц        |   |
|      | Total Credits (Add lines 46 through 48)  | 49. |  |   |        |                |   |   |          |   |
| 51.  | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00  | 51. |  |   |        |                |   |   |          |   |
| 52.  | Interest on Underpayment of Estimated Tax  | 52. | L  | Ш | Щ      |                |   |   | Ш        |   |
| 53a. | 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(See instructions) |     |  |   |        |                |   |   |          |   |
| 53c. | Shared Responsibility Payment (See instructions)   | 3c. | L  | Ш | Ш      | Ш              |   |   | Ш        |   |
| 54.  | Total Tax Due (Add lines 50 through 53c)54.  |     |  |   |        |                |   |   |          |   |
| 55.  | Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099)(Part-year residents, see instr.)   |     |  |   |        |                |   |   |          |   |
| 56.  | Property Tax Credit (See instructions page 25)   |     |  |   | 56.    |                |   |   |          |   |
|      | New Jersey Estimated Tax Payments/Credit from 2023 tax return  |     |  |   |        |                |   |   |          |   |
|      | New Jersey Earned Income Tax Credit (See instructions)   |     | ,<br>58                                      |   |        |                |   |   |          |   |
| 00.  | Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit   |     |  | • | —<br>— |                |   |   | $\equiv$ |   |
| 59.  | Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)   |     | 59   |   | 닖      | 님              |   | = | 닏        |   |
| 60.  | Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)  |     | 60   | - | 닖      | 닖              |   | 0 | 0        | 0 |
| 61.  | Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instruction  | ns) | 61   | - | 닏      | 닏              |   | 4 | Ц        |   |
| 62.  | Wounded Warrior Caregivers Credit (See instructions)   |     | 62   |   | Щ      | 닖              | Щ | 4 | Ц        |   |
| 63.  | Pass-Through Business Alternative Income Tax Credit (See instructions)63.  | _   | ,  |   | Щ      | 닖              | Ц | 4 | Ц        |   |
| 64.  | Child and Dependent Care Credit (See instructions)   |     | 64.  |   | Ш,     | Ш              |   |   | Ш        |   |
| 65.  | # of dependents age 5 or younger on 12/31/24   |     | 65.  |   |        |                |   |   |          |   |
| 66.  | Total Withholdings, Credits, and Payments (Add lines 55 through 65)  |     | <u>                                     </u> |   | Щ      | Щ              |   |   | Ш        |   |
| 67.  | If line 66 is less than line 54, you have tax due.   |     |  |   |        |                |   |   |          |   |
|      | Subtract line 66 from line 54 and enter the amount you owe   |     | <b>I</b> , <b>L</b>                          |   |        | ш              |   |   | ш        |   |
|      | If you owe tax, you can still make a donation on lines 70 through 77.  |     |  |   |        |                |   |   |          |   |

|                     | 040HP04240  |              |   |                             |  | ocial Secu                                   | ırity Num | ber      |        |  |
|---------------------|---|--------------|---|-----------------------------|--|--|-----------|----------|--------|--|
| Pag                 | 0.4   | Nar          | ne(s) as shown on   | Form NJ-104                 | 40   |  |           |          |        |  |
| Pag<br>68           | If the total on line 66 is more than line 54, you have an overpaymen  | nt           |   |                             |  |  | _         |          |        |  |
| 00.                 | Subtract line 54 from line 66 and enter the overpayment   |              | 68.   | ш                           |  | <u>                                     </u> | 44        | Щ        | Щ      |  |
| 69.                 | Amount from line 68 you want to credit to your 2025 tax   |              | 69.   |                             | <u>                                     </u> |  |           | Ш        | Ш      |  |
| 70.                 | Contribution to N.J.  Endangered Wildlife Fund  |              |   |                             | 7/   |  |           |          |        |  |
| 71.                 | Contribution to N.J. Children's Trust   |              |   |                             |  |  |           | 一        | Ħ      |  |
| 72                  | Fund To Prevent Child Abuse \$10 \$20 Contribution to N.J. Vietnam  | Oth          | er  |                             | 7  | 1.   | ##        | 믬        | H      |  |
|                     | Veterans' Memorial Fund   | Oth          | er  |                             | 72   | 2.   |           | Щ.       | Ш      |  |
| 73.                 | Contribution to N.J. Breast  Cancer Research Fund   | Oth          | er  |                             | 7  | 3.   |           |          |        |  |
| 74.                 | Contribution to U.S.S. New Jersey Educational Museum Fund   |              |   |                             |  |  |           |          |        |  |
| 75                  | Other Designated Contribution \$10 LJ \$20 L  | _ Otr        | er  | Enter Code                  |  | 1.   |           |          |        |  |
| 73.                 | (See instructions) \$20 \( \square\)  | Oth          | er  | шШ                          | 7  | 5.   |           | Ш,       | Ш      |  |
| 76.                 | Other Designated Contribution   |              |   | Enter Code                  |  | Г  |           |          |        |  |
|                     | (See instructions) \$10 \$20  | <b>⊥</b> Oth | er  | Enter Code                  | 70   | ð. <b>L</b>                                  |           | Ш.       | ш      |  |
| 77.                 | Other Designated Contribution (See instructions)  | Oth          | ier   |                             | 7  | 7  |           |          |        |  |
| 78.                 | Total Adjustments to Tax Due/Overpayment amount   |              |   |                             |  |  |           |          | П      |  |
|                     | (Add lines 69 through 77)   |              | 78.   |                             |  |  | +         | H        | H      |  |
| 79.                 | Balance due (If line 67 is more than zero, add line 67 and line 78). Fill in if paying by e-check or credit card  |              | 79.   |                             | ,  | <b> </b> ,                                   |           | ш        |        |  |
| 00                  |   |              | 2) 00   |                             |  |  |           |          |        |  |
|                     | Refund amount (If line 68 is more than zero, subtract line 78 from  | line 6       | 5)80.   |                             | ,  |  |           |          |        |  |
| D<br>If             | o you want to designate \$1 to the Gubernatorial Elections Fund? joint return, does your spouse/CU partner want to designate \$1? his does not reduce your refund or increase your balance due.   |              | You<br>Spou   | use/CU Part                 | tner   | Yes (  | 9         | No<br>No |        |  |
| Und<br>best<br>info | er penalties of perjury, I declare that I have examined this Income Tate of my knowledge and belief, it is true, correct, and complete. If preparation of which the preparer has any knowledge. (N.J.S.A. 2C:28-1   | ared I       |   | er than the ta              | axpayer, th                                  | nis declar                                   | ration is | base     | d on a |  |
|                     | Driver's License Number (Voluntary) (See instructions)  |              |   |                             |  |  |           |          |        |  |
| Fill                | in if death certificate is enclosed.  | Fill         | in oif you  | do not wan                  | it a paper f                                 | orm next                                     | t year.   |          |        |  |
|                     | I authorize the Division of Taxation to discuss my return and en  | closur       | • • • •   | , ,                         | ,  |  |           |          |        |  |
| Pai                 | d Preparer's Signature (Fill in  if NJ-1040-O is enclosed)  |              | Federal Id  | dentification               | Number                                       |  |           |          |        |  |
|                     |   |              |   | ш                           |  |  | ш_        |          |        |  |
| Firn                | n's Name  |              | Firm's Fe   | deral Emplo                 | oyer Identi                                  | ication N                                    | lumber    |          |        |  |
|                     | Keep a copy of this return and all su   | pport        | ing documents   | for your re                 | cords.                                       |  |           |          |        |  |
|                     | 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 |              | Mail to:<br>State of N<br>Division of<br>Revenue I<br>PO Box 58 | f Taxation<br>Processing Ce | enter – Refu                                 |  |           |          |        |  |