



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

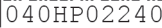
Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

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	No Health Insurance
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>

1 2 3 4 5 6 7



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) (See instructions)	16a.		
16b.	Tax-exempt interest income (Enclose schedule) (See instructions) Do not include on line 16a	16b.		
17.	Dividends	17.		
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		
20a.	Taxable pension, annuity, and IRA distributions/withdrawals (See instructions)	20a.		
20b.	Excludable pension, annuity, and IRA distributions/withdrawals (See instr)	20b.		
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		
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)	22.		
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		
24.	Net gambling winnings (See instructions)	24.		
25.	Alimony and separate maintenance payments received	25.		
26.	Other (Enclose documents) (See instructions)	26.		
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.		
28a.	Pension/Retirement Exclusion (See instructions)	28a.		
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 20–21)	28b.		
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.		
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.		
31.	Medical Expenses (See Worksheet F and instructions)	31.		
32.	Alimony and separate maintenance payments (See instructions)	32.		
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.		
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
37a.	NJBEST Deduction	b. NJCLASS Deduction	c. NJ Higher Ed. Tuition Ded.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.		
39.	Taxable Income (Subtract line 38 from line 29)	39.		
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)	Homeowner	Tenant	Both
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		



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