

2024 NJ-1040 New Jersey Resident Income Tax Return

	5R	Affix preprinted label below ONLY if the information is correct.								
Your Social Security Number (required) Last Name, First Name, Initial (Joint Filers enter first name and middle initial of espouse's/CU partner's last name ONLY if Spouse's/CU Partner's SSN (if filing jointly) Home Address (Number and Street, including apartment number)										
Spouse's/CU Partner's SSN (if filing jointly) Home Address (Number and Street, including apartment number)										
Privacy Act Notification,	County/Munic	State	ZIP Code							
	Fill in if federal extension filed. Fill in if the address above is a foreign address. Fill in if your address has changed									
L					•	aress has changed.				
	rt-year resider om: M M	ts, provide months/days you were a N	New Jersey resident during 2024:	Fiscal year file Enter month of	_	2025				
	ling State in only one.	us								
1.		Single								
2.		Married/CU Couple, filing joint return			7					
3.		Married/CU Partner, filing separate re	eturn Enter spouse's/CU partner	's SSN	_					
4.		Head of Household	·	5 5 5 1 4						
5.		Qualifying Widow(er)/Surviving CU F Indicate the year of your spouse's/Cl		2023						
	xemption in the ovals th		boxes to the right and complete the calcu	ılation.						
6. F	Regular	Self	Spouse/ Domes CU Partner Partner		x \$1,000 =					
	Senior 65+ (Bo in 1959 or earl	Self	Spouse/CU Partner	Ш.	x \$1,000 =					
8. E	Blind/Disabled	Self	Spouse/CU Partner	<u></u> _	x \$1,000 =					
9. \	Veteran	Self	Spouse/CU Partner		x \$6,000 =					
10.	. Qualified Dep	endent 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	at 6 through 12)	13.						
		formation. Provide the following inform			tutte Me en	No Health				
Las	st Name, First	Name, Middle Initial	Social Security Number		irth Year	Insurance				
Τ										
					+++	$H \stackrel{\circ}{\sim}$				
_				#	+++	$H \stackrel{\circ}{=}$				
-										
[Division 1	2 3	4 5 6		7					



Your Social Security Number

Name(s) as shown on Form NJ-1040

rage											
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15								7	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500)			П	,	П	П		T	〒	$\overline{\Box}$
16h	(See instructions)	16a.		누	, L	₩	屵	₩	_		
100.	(See instructions) Do not include on line 16a			<u> </u>	<u>JL</u>		L		Ш		
17.	Dividends	17		П						7	Ш
	Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	17.		H	,					〒	\equiv
	(Enclose federal Schedule C)	18.	Щ	닏	,	Щ	Щ	<u>Щ</u>	4	╣┝	ᆚ
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	H	Ц	<u> </u>		닏	Ц	+	╬	뭐
20a.	Taxable pension, annuity, and IRA distributions/withdrawals (See instructions)2	20a.		니	<u> </u>	 	 		4		Ш
	Excludable pension, annuity, and IRA distributions/withdrawals (See instr) 20b. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4)		<u> </u>	┢	<u> </u>		뇸		<u> </u>	7	_
	(Enclose Schedule NJK-1 or federal Schedule K-1)	21.		Ш	,		Ш	\square		╝	Ш
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	22.		$\overline{\Box}$,		\overline{H}		Ŧ	〒	$\overline{}$
	(Schedule NJ-BUS-1, Part IV, line 4)	23.		Н	,	Щ	닏		4	╣┝	닏
24.	Net gambling winnings (See instructions)	24.		Щ	<u>, </u>	Щ	Щ	Щ	4	ᆚᆫ	Щ
25.	Alimony and separate maintenance payments received	25.	Щ	Ц	,	Ш	Щ	Щ	4	┵	Щ
26.	Other (Enclose documents) (See instructions)	26.	Щ	Щ	<u>, </u>	Ш	Ц	Щ	4	┵	Щ
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)27.	ᅷ	<u> </u>	Ļ	<u> </u>	Ļ	<u> </u>	Щ			Ш
28a.	. Pension/Retirement Exclusion (See instructions)			<u>JL</u>							
28b.	. Other Retirement Income Exclusion (See Worksheet D and			1							
	instructions pages 20–21)			- ,	H	H	片			7	
	Total Exclusion Amount (Add lines 28a and 28b)		28c		_	Ш	Ш		_	╝╚	Ш
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)										
									T	īF	$\overline{1}$
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)		30	-	H	H	H		+	╬	一
31.	Medical Expenses (See Worksheet F and instructions)		31		H	Н	H		-	╬	+
32.	Alimony and separate maintenance payments (See instructions)		32		H		H		+	╬	₩
33.	Qualified Conservation Contribution		33	-	H		Н	Щ	4	╬	붜
34.	Health Enterprise Zone Deduction		34		Ļ		닏		4	╬	붜
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		35	-	Ļ	Щ	Щ	Щ	4	╬	뷔
36.	Organ/Bone Marrow Donation Deduction (See instructions)		36				Ш				
37a.	NJBEST b. NJCLASS		_	J Highe	er Ed.					1	
	Deduction Deduction Deduction		Tu	iition D	ed.	H		H	+	╬═	₩
38.	Total Exemptions and Deductions (Add lines 30 through 37c)		38.	Н	<u>, </u>		Н		+	╬	붜
39.	Taxable Income (Subtract line 38 from line 29)	<u> </u>	╬		<u></u>		Щ	<u> </u>	+	ᆛL	Ш
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)40a.				<u> </u>	Ш			<u></u> _	1	
40b.	Indicate your residency status during 2024 (fill in only one oval)	Home	owner			T er	nant			Both	1
41.	Property Tax Deduction (From Worksheet H) (See instructions)			41							
	. ,										



Name(s) as shown on Form NJ-1040

Your Social Security Number

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42.	New Jersey Taxable Income (Subtract line 41 from line 39)				<u></u>				
43.	Tax on amount on line 42 (Tax Table page 54)43.				Ш	Ш		Ш	
	Credit For Income Taxes Paid to Other Jurisdictions	-i-	-	_					
	(Enclose Schedule NJ-COJ) (See instructions)	╬	+	H	믬	H	_	씸	
45.	Balance of Tax (Subtract line 44 from line 43)	┚╠═	┿	뭐	<u> </u>	H	_	믬	
46.	Sheltered Workshop Tax Credit	F	+	Н	H	H	_	님	
47.	Gold Star Family Counseling Credit (See instructions)	F	┿	뭐	닖		4	닏	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	F	┿	뭐	닖	H	_	님	
49.	Total Credits (Add lines 46 through 48)			Ш	,	Ш		Ш	
	Balance of Tax After Credits	76							
	(Subtract line 49 from line 45) If zero or less, make no entry				,				
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00								
52.	Interest on Underpayment of Estimated Tax				,—				
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)	\bigcirc							
	OL 15 1111 B 1/O 1 1 11)			П	П			П	
53C.	Shared Responsibility Payment (See instructions)				, ——				
	REQUIRED Enclose Schedule NJ-HCC and fill in	-							
54.	Total Tax Due (Add lines 50 through 53c)54.		┸	Ш	igsqcup	Ш		Ш	
	Total NJ Income Tax Withheld	٦M							
	(Enclose Forms W-2 and 1099)(Part-year residents, see instr.)	,	_	Ш	, 4	Щ		Щ	
56	Property Tax Credit (See instructions page 25)			56				ш	
50.	Property Tax Credit (See instructions page 25)	7		30		\equiv		H	
57.	New Jersey Estimated Tax Payments/Credit from 2023 tax return57.		_	님	님	H	_	H	
58.	New Jersey Earned Income Tax Credit (See instructions)	5	8.	ш	,Ш	ш		ш	
	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								
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	5	9.	뭐	닖	닏		닖	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	6	0.	닖	\blacksquare	Щ	0	0	0
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	6	1.	닖	닏	Ц	_	Щ	
62.	Wounded Warrior Caregivers Credit (See instructions)	6	2.	Щ	<u> </u>	Щ		Щ	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)63.	_	_	Щ	<u>Щ</u>	빌	_	Ц	
64	Child and Dependent Care Credit (See instructions)	6/	1	Ш					
J-7.	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				,				
	# of dependents age 5 or								
65.	New Jersey Child Tax Credit (See instructions) younger on 12/31/24	65	5.	쒸	Ή	H	\dashv	H	
	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	_ا,ل_		Ш	,Ш	Ш	Ш.	Ш	
67.	If line 66 is less than line 54, you have tax due.	76	7						
	Subtract line 66 from line 54 and enter the amount you owe	_ ,			, L		<u> </u>		
	If you owe tax, you can still make a donation on lines 70 through 77.								

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_		Nar	ne(s) as shown c	on Form N	IJ-1040						
Pag		. —									
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.			Ш					
60	Amount from line 68 you want to credit to your 2025 tax		60				$\Pi\Pi$				
	Contribution to N.J.				,						
71.	Endangered Wildlife Fund						H		=	H	Н
72.	Fund To Prevent Child Abuse \$10 \$20 Contribution to N.J. Vietnam						H		=	H	Н
73	Veterans' Memorial Fund	Oth	er			72.	H		=		Н
	Cancer Research Fund	Oth	er			73.	Ш	Ш		Ш	Ш
74.	Contribution to U.S.S. New Jersey Educational Museum Fund	Oth	er			74.					
75.	Other Designated Contribution	-		Enter C	ode		П				
76	(See instructions)	⊥ Oth	er	Enter C	ode	75.	=				
70.	(See instructions) \$10 \$20	Oth	er	Enter C	`ada	76.	Ш			Ш	
77.	Other Designated Contribution (See instructions)		or	Linter C	Jode	77.					
78.	Total Adjustments to Tax Due/Overpayment amount			П		11.	ī		Ħ		
	(Add lines 69 through 77)		78.	H		+	╬═╣		_	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.						_	ш	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from	line 6	3)80.								
	Subernatorial Elections Fund		-,		,		,				
D 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 Spo		Partner		es es	3	No No	\leq	3
Und best	gnature er penalties of perjury, I declare that I have examined this Income To of my knowledge and belief, it is true, correct, and complete. If prep mation of which the preparer has any knowledge. (N.J.S.A. 2C:28-1	oared l									
You	Signature Date	S	oouse's/CU Pa	rtner's S	ignature	(required i	if filing j	ointly)		Da	ate
L	Driver's License Number (Voluntary) (See instructions)										
Fill		Fill				aper form	next ye	ear.			
	I authorize the Division of Taxation to discuss my return and en	closur	es with my pre	parer (be	elow).						
Pai	d Preparer's Signature (Fill in if NJ-1040-O is enclosed)		Federal	Identifica	ation Nun	nber		-			
								_			
Firn	n's Name		Firm's F	ederal E	imployer	Identificat	ion Nun	nber			
	Keep a copy of this return and all su	pport	ing document	s for yo	ur record	ls.					
	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: State of Division Revenue PO Box	New Jerse of Taxatio Processi	ey n ng Center	Due Addi – Refunds	ess				