



040HP01250

2025 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 each. Enter spouse's/CU partner's last name ONLY if different.)		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartment number)		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
County/Municipality Code (See Table page 52) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City, Town, Post Office	State	ZIP Code
Fill in <input type="text"/> if federal extension filed.	Fill in <input type="text"/> if the address above is a foreign address.	Fill in <input type="text"/> if your address has changed.	

Part-year residents, provide months/days you were a New Jersey resident during 2025:

From: M M / D / 2 5 To: M M / D / 2 5

Fiscal year filers only:

Enter month of your year end 2026**Digital Assets**Did you (or your spouse/CU partner) receive (as a reward, award, or payment for property or services); or sell, exchange, or otherwise dispose of a digital asset in 2025 (or a financial interest in a digital asset)? (See instructions.) Yes No **Filing Status**

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:

 2023 or 2024 -

Enter spouse's/CU partner's SSN

Exemptions

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

6. Regular	<input type="text"/> Self	<input type="text"/> Spouse/ CU Partner	<input type="text"/> Domestic Partner	<input type="text"/> x \$1,000 = <input type="text"/>
7. Senior 65+ (Born in 1960 or earlier)	<input type="text"/> Self	<input type="text"/> Spouse/CU Partner	<input type="text"/> x \$1,000 = <input type="text"/>	
8. Blind/Disabled.....	<input type="text"/> Self	<input type="text"/> Spouse/CU Partner	<input type="text"/> x \$1,000 = <input type="text"/>	
9. Veteran	<input type="text"/> Self	<input type="text"/> Spouse/CU Partner	<input type="text"/> x \$6,000 = <input type="text"/>	
10. Qualified Dependent Children	<input type="text"/> <input type="text"/>			<input type="text"/> x \$1,500 = <input type="text"/>
11. Other Dependents	<input type="text"/> <input type="text"/>			<input type="text"/> x \$1,500 = <input type="text"/>
12. Dependents Attending Colleges (See instructions)	<input type="text"/> <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"/>			13.

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

Last Name, First Name, Middle Initial

<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"/>
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<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"/>

No Health
Insurance
Division
use

<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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040HP02250

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)
(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 b. NJCLASS c. NJ Higher Ed.
Deduction 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 2025 (fill in only one oval)
 Homeowner Tenant Both

41. Property Tax Deduction (From Worksheet H) (See instructions).....41.



040HP03250

Your Social Security Number

Page 3

Name(s) as shown on Form NJ-1040

42. New Jersey Taxable Income (Subtract line 41 from line 39).....42.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
43. Tax on amount on line 42 (Tax Table page 54).....43.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	<input type="text"/> <input type="text"/> Enter Code	44.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
45. Balance of Tax (Subtract line 44 from line 43).....45.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
46. Sheltered Workshop Tax Credit.....46.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
47. Gold Star Family Counseling Credit (See instructions).....47.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
49. Total Credits (Add lines 46 through 48).....49.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
52. Interest on Underpayment of Estimated Tax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Fill in <input type="text"/> if Form NJ-2210 is enclosed			
53a. Fill in oval if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form)(See instructions)	<input type="text"/>		
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	<input type="text"/>		
53c. Shared Responsibility Payment (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
REQUIRED Enclose Schedule NJ-HCC and fill in <input type="text"/>			
54. Total Tax Due (Add lines 50 through 53c)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099)(Part-year residents, see instr.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
56. Property Tax Credit (See instructions page 25).....56.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
57. New Jersey Estimated Tax Payments/Credit from 2024 tax return	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
58. New Jersey Earned Income Tax Credit (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Fill in <input type="text"/> if you had the IRS calculate your federal earned income credit			
Fill in <input type="text"/> 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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
62. Wounded Warrior Caregivers Credit (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
64. Child and Dependent Care Credit (See instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Fill in <input type="text"/> if you are a CU couple claiming the Child and Dependent Care Credit			
65. New Jersey Child Tax Credit (See instructions)	<input type="text"/> # of dependents age 5 or younger on 12/31/25		
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
If you owe tax, you can still make a donation on lines 70 through 77.			



040HP04250

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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"/>
69. Amount from line 68 you want to credit to your 2026 tax.....	69.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
70. Contribution to N.J.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/>
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"/>
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"/>
73. Contribution to N.J. Breast Cancer Research Fund	73.	<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"/>
75. Other Designated Contribution (See instructions)	75.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Code
76. Other Designated Contribution (See instructions)	76.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Code
77. Other Designated Contribution (See instructions)	77.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Code
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"/>
79. Balance due (If line 67 is more than zero, add line 67 and line 78)..... Fill in <input type="text"/> if paying by e-check or credit card	79.	<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"/>

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 Partner

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Firm's Name		Firm's Federal Employer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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