NJ-1040X 1994

STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN

7X For Tax Year Jan.-Dec. 31, 1994 Or Other Tax Year Beginning _____, 1994, Ending _____, 19 _____

TAXPAYER IDENTIFICATION AND STATUS

Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each—Enter spouse last name ONLY if different)	
Spouse's Social Security Number	Home address (Number and Street, including apartment number or rural route)	
County/Municipality Code	City, Town, Post Office	State / Zip Code

FILING STATUS			EXEMPTIONS			As Originally Reported	Amended
ON ORIGINAL RETURN	ON AMENDED RETURN		6. Regular	☒ Yourself ☐ Spouse	6		
			7. Age 65 or Over	☐ Yourself ☐ Spouse	7		
			8. Blind or Disabled	☐ Yourself ☐ Spouse	8		
1. ☐	☐	Single	9. Number of your qualified dependent children ...		9		
2. ☐	☐	Married, filing joint return	10. Number of other dependents		10		
3. ☐	☐	Married, filing separate return	11. Dependents attending colleges		11		
4. ☐	☐	Head of Household	12. Totals (For Line 12a—Add Lines 6, 7, 8 and 11)		12a		
5. ☐	☐	Qualifying Widow(er)	(For Line 12b—Add Line 9 and Line 10)		12b		

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ (MONTH DAY YEAR) To _____ (MONTH DAY YEAR)

GUBERNATORIAL ELECTIONS FUND Checking below will not increase your tax or reduce your refund.

Check here → ☐ If you did not previously want to have $1 go to the fund but now want it to do so.

Check here → ☐ If joint return and if spouse did not previously want to have $1 to go to the fund but now wants it to do so.

		As Originally Reported	Amended (See Instructions)
14. Wages, salaries, tips and other employee compensation	14.		
15a. Taxable Interest Income	15a.		
15b. Tax exempt interest income. DO NOT include on Line 15a	15b.		
16. Dividends	16.		
17. Net profits from business	17.		
18. Net gains or income from disposition of property	18.		
19. Pensions, Annuities and IRA Withdrawals a. Taxable Amount Received	19a.		
b. Less New Jersey Pension Exclusion ..	19b.		
c. Subtract Line 19b from Line 19a	19c.		
20. Distributive Share of Partnership Income	20.		
21. Net pro rata share of S Corporation Income	21.		
22. Net gain or income from rents, royalties, patents & copyrights .	22.		
23. Net Gambling Winnings	23.		
24. Alimony and separate maintenance payments received	24.		
25. Other	25.		
26. Total Other Income (Add Lines 22 through 25)	26.		
27a. Total Income (Add Lines 14, 15a, 16, 17, 18 19c, 20, 21 and 26)	27a.		
27b. OTHER Retirement Income Exclusion	27b.		
27c. New Jersey Gross Income (Subtract Line 27b from Line 27a) ...	27c.		
28. Exemptions (See instructions)	28.		
29. Medical Expenses	29.		
30. Alimony & separate maintenance payments	30.		
31. Total Exemptions and Deductions (Add Lines 28, 29 and 30) ...	31.		
32. NEW JERSEY TAXABLE INCOME (Subtract Line 31 from Line 27c)	32.		
33. TAX: (see instructions)	33.		
34. Credit For Income Taxes Paid To Other Jurisdictions	34.		
35. Balance of Tax (Subtract Line 34 from Line 33)	35.		
36. Use Tax Due on Out-of-State Purchases (see instr. NJ 1040)	36.		
37. Total Tax (Add Line 35 and Line 36)	37.		

	As Originally Reported		Amended (See Instructions)	
38. Total Tax (From Line 37, Page 1)	38.			
39. Total New Jersey Income Tax Withheld	39.			
40. New Jersey Estimated Tax Payments/Credit from 1993 tax return	40.			
41. EXCESS N.J. WD/HC Withheld (see instructions NJ 1040)	41.			
42. EXCESS N.J. Disability Insurance Withheld (see instructions NJ 1040)	42.			
43. Amount Paid with original return, assessments and/or with request for extension to file	43.			
44. Total payments (Add Lines 39 through 43)	44.			
45. Refund previously issued from Original Return	45.			
46. Net payments (Subtract Line 45 from Line 44)	46.			
47. If payments (Line 46) are LESS THAN tax (Line 38) **enter AMOUNT OF TAX YOU OWE**			47.	
48. If payments (Line 46) are MORE THAN tax (Line 38) **enter OVERPAYMENT**			48.	
49. Amount of Line 48 to be (A) REFUNDED			49A.	
(B) CREDITED to your 1995 tax	49B.			

Enter below, name, social security number and address as shown on original return (if same as indicated on page 1, write "Same"). If changing from separate to joint return, enter names, social security numbers and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

Explanation of Changes to Income, Deductions, and Credits

Enter the line reference for which you are reporting a change and give the reason for each change.

If amending Line 34, complete the calculations below:

(Income from Other Jurisdictions) _____ X _____ = _____

(Income from New Jersey sources) (New Jersey Tax Line 33, Page 1)

SIGN HERE

Under the penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (If filing jointly, BOTH must sign.) _____

Paid Preparer's Signature _____ Federal Employer Identification Number _____

Firm's Name _____

Pay amount on line 47 in full. Write social security number on check or money order and make payable to: State of New Jersey-TGI
Mail your return to: Division of Taxation, Lakewood Processing Center, 895 Towbin Rd., Suite A, Lakewood, N.J. 08701
If REFUND: Division of Taxation, Income Tax—CN-555, Trenton, NJ 08647-0555

Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____