NJ-1040NR **STATE OF NEW JERSEY**
1996 **INCOME TAX—NONRESIDENT RETURN**

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)	Please place label on form you file. Make all necessary changes on label.
Spouse's Social Security Number	Home Address (Number and Street, including apartment number or rural route)	
State of Residency	City, Town, Post Office / State / Zip Code	

(Check only ONE box)

1. ☐ Single
2. ☐ Married, filing joint return
3. ☐ Married, filing separate return

Name and Social Security No. of Spouse

4. ☐ Head of Household
5. ☐ Qualifying Widow(er)

EXEMPTIONS

6.	Regular	☒ Yourself	☐ Spouse	6	
7.	Age 65 or Over	☐ Yourself	☐ Spouse	7	
8.	Blind or Disabled	☐ Yourself	☐ Spouse	8	
9.	Number of your qualified dependent children				9
10.	Number of other dependents				10
11.	Dependents attending colleges			11	
12.	Totals (For Line 12a—Add Lines 6, 7, 8 and 11)			12a	
	(For Line 12b—Add Line 9 and Line 10)				12b

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

GUBERNATORIAL ELECTIONS FUND
Do you wish to designate $1 of your taxes for this fund? ☐ Yes ☐ No
If joint return, does your spouse wish to designate $1? ☐ Yes ☐ No
Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.

NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 9 of the instructions.

		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
14a.	Total Income (From Line 45, Part I)	14a	14a
14b.	Other Retirement Income Exclusion (See Worksheet and instructions)	14b	14b
14c.	Gross Income (Subtract Line 14b from Line 14a)	14c (A)	14c (B)
15a.	Exemptions: From Line 12a ____ x $1,000 = ____		
15b.	From Line 12b ____ x $1,500 = ____		
15c.	Total Exemption Amount (Add Line 15a and Line 15b)	15c	
16.	Medical Expenses (From Line 55)	16	
17.	Alimony & separate maintenance payments	17	
18.	Total Exemptions and Deductions (Add Lines 15c, 16, and 17)	18	
19.	TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A)	19	
20.	Tax on amount on Line 19 (From Tax Tables on Page 23)	20	
21.	Income Percentage (B) (Line 14c) / (A) (Line 14c) = ____ %		
22.	NEW JERSEY TAX (Multiply amount from Line 20 ____ x ____ % from Line 21)		22
23.	Total New Jersey Tax Withheld (Attach Form W-2)	23	
24.	New Jersey Estimated Tax Payments/Credit from 1995 tax return	24	
25.	EXCESS N.J. WD/UI/HC Withheld (See Instructions)	25	
26.	EXCESS N.J. Disability Insurance Withheld (See Instructions)	26	
27.	Total Payments/Credits (Add Lines 23 through 26) ENTER TOTAL		27
28.	If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE		28
29.	If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT		29

Check ☐ if Form NJ-2210 is attached.

If an amount is entered on Line 25 or Line 26 attach Form NJ-2450

30. Deductions from Overpayment on Line 29 which you elect to credit to:

(A)	Your 1997 Tax	30A	
(B)	The N.J. Endangered Wildlife Fund ☐ $5, ☐ $10 ☐ Other	30B	
(C)	N.J. Children's Trust Fund ☐ $5, ☐ $10 ☐ Other	30C	
(D)	The N.J. Vietnam Veterans' Memorial Fund ☐ $5, ☐ $10 ☐ Other	30D	
(E)	N.J. Breast Cancer Research Fund ☐ $5, ☐ $10 ☐ Other	30E	
(F)	The Battleship N.J. Memorial Fund ☐ $5, ☐ $10 ☐ Other	30F	

ENTER AMOUNT OF CONTRIBUTION

NOTE: AN ENTRY ON LINE 30A, B, C, D, E or F WILL REDUCE YOUR TAX REFUND

31.	Total Deductions From Overpayment (Add Lines 30A, B, C, D, E and F) ENTER TOTAL	31
32.	REFUND (Amount to be sent to you, Line 29 LESS 31)	32

Under 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 joint, BOTH MUST SIGN.)

Paid Preparer's Signature ____ Federal Identification Number

Firm's Name ____ Federal Employer Identification Number

Division Use 1. ____ 2. ____ 3. ____ 4. ____ 5. ____ 6. ____ 7. ____

Pay amount on Line 28 in full. Write social security number on check or money order and make payable to:
Division of Taxation

Please mail return to:
Division of Taxation
CN 244
Trenton, NJ 08646-0244

PART I	TOTAL INCOME	Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category.		(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
33.	Wages, salaries, tips, and other employee compensation		33		
34.	Interest		34		
35.	Dividends		35		
36.	Net profits from business (Attach copy of Federal Schedule C, Form 1040)		36		
37.	Net gains or income from disposition of property (From Line 49)		37		
38.	Net gains or income from rents, royalties, patents, and copyrights (From Line 52)		38		
39.	Net Gambling Winnings		39		
40.	Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion		40		
41.	Distributive Share of Partnership Income		41		
42.	Net pro rata share of S Corporation Income		42		
43.	Alimony and separate maintenance payments received		43		
44.	Other—State Nature and Source _____		44		
45.	TOTAL INCOME (Add Line 33 thru 44) (Enter here and on Line 14a, Page 1)		45		

PART II **NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

	(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale		(f) Gain or (loss) (d less e)	
46.								
47.	Capital Gains Distribution					47		
48.	Other Net Gains					48		
49.	Net Gains (Add Lines 46, 47, and 48) (Enter here and on Line 37) (If Loss, enter ZERO)					49		

PART III **NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return.

	(a) Kind of property	(b) Net Rental Income (Loss)		(c) Net Income From Royalties		(d) Net Income From Patents		(e) Net Income From Copyrights	
50.									
51.	**Totals**	**(b)**		**(c)**		**(d)**		**(e)**	
52.							52		

PART IV **MEDICAL EXPENSES** (Not compensated for by insurance or otherwise)

53.	Total Nonreimbursed Medical Expenses	53	
54.	**Enter 2% (.02) of Line 14c, Column A, Page 1**	54	
55.	Subtract Line 54 from Line 53. (Enter here and on Line 16, Page 1) If less than zero enter zero	55	

PART V **ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

56.	Amount reported on Line 33 in Column A of Part I required to be allocated	56	
57.	Total days in taxable year	57	
58.	Deduct non-working days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	58	
59.	Total days worked in taxable year (Line 57 minus Line 58)	59	
60.	Deduct days worked outside New Jersey	60	
61.	Days worked in New Jersey (Line 59 less Line 60)	61	
62.	ALLOCATION FORMULA (Line 61) / (Line 59) x (Enter amount from Line 56) = (Salary earned inside N.J.)		(Include this amount on Line 33, Col. B, Part I)

PART VI **ALLOCATION OF BUSINESS INCOME TO NEW JERSEY** (See instructions if other than Formula Basis of allocation is used.)

BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)

Enter below, the line number and amount of each item of business income reported in Column A of Part I which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ Part I $ _____ X _____ %=$ _____
From Line No. _____ Part I $ _____ X _____ %=$ _____