NJ-1040
1997

STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN

For Tax Year Jan.-Dec. 31, 1997 Or Other Tax Year Beginning _____, 1997, Month Ending ☐☐, 19 _____

5R Fill in ☐ if application for Federal extension is enclosed. Fill in if your address has changed. ☐

For Privacy Act Notification, See Instructions

Your Social Security Number ☐☐☐-☐☐-☐☐☐☐

Spouse's Social Security Number ☐☐☐-☐☐-☐☐☐☐

County/Municipality Code (See Table p. 41) ☐☐☐☐

Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)

Home Address (Number and Street, including apartment number or rural route)

City, Town, Post Office State Zip Code

Place label on form you file. Make all necessary changes on label.

FILING STATUS

(Fill in only one)

1. ☐ Single
2. ☐ Married, filing joint return
3. ☐ Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above
4. ☐ Head of Household
5. ☐ Qualifying Widow(er)

EXEMPTIONS

ENTER NUMBERS HERE

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) (For Line 12b - Add Lines 9 and 10) ..... 12a ☐☐ 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 MM/DD/YY To MM/DD/YY

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 fill in the Yes oval(s) it will not increase your tax or reduce your refund.

14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	☐☐☐,☐☐☐,☐☐☐.☐☐
15a.	Taxable interest income	15a	☐☐☐,☐☐☐,☐☐☐.☐☐
15b.	Tax exempt interest income .....15b DO NOT include on Line 15a		☐☐☐.☐☐☐ ☐☐☐ ☐☐
16.	Dividends	16	☐☐☐,☐☐☐,☐☐☐.☐☐
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	☐☐☐,☐☐☐,☐☐☐.☐☐
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	☐☐☐,☐☐☐,☐☐☐.☐☐
19.	Pensions, Annuities and IRA Withdrawals a. Taxable Amount Received 19a		☐☐☐,☐☐☐ ☐☐☐ ☐☐
	b. Less N.J. Pension Exclusion	19b	☐☐☐,☐☐☐ ☐☐☐ ☐☐
	c. Subtract Line 19b from Line 19a 19c		☐☐☐,☐☐☐,☐☐☐.☐☐
20.	Distributive Share of Partnership Income (See instruction page 25) 20		☐☐☐,☐☐☐,☐☐☐.☐☐
21.	Net pro rata share of S Corporation Income (See instruction page 25) 21		☐☐☐,☐☐☐,☐☐☐.☐☐
22.	Net gain or income from rents, royalties, patents & copyrights .....22 (Schedule C, Line 3)		☐☐☐,☐☐☐,☐☐☐.☐☐
23.	Net Gambling Winnings 23		☐☐☐,☐☐☐,☐☐☐.☐☐
24.	Alimony and separate maintenance payments received 24		☐☐☐,☐☐☐,☐☐☐.☐☐
25.	Other (See instruction page 25) 25		☐☐☐,☐☐☐,☐☐☐.☐☐
26.	Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25) ...26		☐☐☐,☐☐☐,☐☐☐.☐☐

27. Total Income (From Line 26, Page 1) 27

28. Other Retirement Income Exclusion (See Worksheet and Instr. page 26) 28

29. **New Jersey Gross Income** (Subtract Line 28 from Line 27) 29
If $7,500 or less see instruction page 27.

30a. Exemptions: From Line 12a _____ x $1,000 = _____

30b. From Line 12b _____ x $1,500 = _____

30c. Total Exemption Amount (Add Line 30a and Line 30b) 30c
Part Year Residents see instruction page 12.

31. Medical Expenses (See Worksheet and instruction page 27) 31

32. Alimony and Separate Maintenance Payments 32

33. Total Exemptions and Deductions (Add Lines 30c, 31 and 32) 33

34. Taxable Income (Subtract Line 33 from Line 29) 34
If zero or less, MAKE NO ENTRY.

35. Property Tax Deduction (See instruction page 27) 35

36. **NEW JERSEY TAXABLE INCOME** (Subtract Line 35 from Line 34) 36
If zero or less, MAKE NO ENTRY.

37. TAX (From Tax Tables, page 43) 37

38. Credit For Income Taxes Paid to Other Jurisdictions (See instructions) 38

39. Balance of Tax (Subtract Line 38 from Line 37) 39

40. Use Tax Due on Out-of-State Purchases (See instruction page 30) 40
If no Use Tax, enter ZERO.

41. Total Tax (Add Line 39 and Line 40) 41

42. **Total New Jersey Income Tax Withheld** (Enclose Forms W-2 and 1099-R) 42

43. Property Tax Credit (See instruction page 30) 43

44. New Jersey Estimated Tax Payments/Credit from 1996 tax return 44
Fill in ☐ if Form NJ-2210 is enclosed.

45. EXCESS New Jersey WD/UI/HC Withheld (See instr. page 31) (Enclose Form NJ-2450) 45

46. EXCESS New Jersey Disability Insurance Withheld (See instr. page 31) 46
(Enclose Form NJ-2450)

47. **Total Payments/Credits** (Add Lines 42 through 46) 47

48. If payments (Line 47) are LESS THAN tax (Line 41) enter AMOUNT OF TAX YOU OWE ..48

If you owe tax, you may make a donation by entering an amount on Lines 52, 53, 54, 55 and/or 56 and adding this to your check amount.

49. If payments (Line 47) are MORE THAN tax (Line 41) enter OVERPAYMENT here and on line 50, Page 3 49

Name(s) as shown on Form NJ-1040 | Your Social Security Number

NOTE: AN ENTRY ON LINES 51, 52, 53, 54, 55 and/or 56 WILL REDUCE YOUR TAX REFUND

50. Amount of Overpayment (From Line 49, Page 2) .....50 ☐☐,☐☐☐,☐☐☐.☐☐

Deductions from Overpayment on Line 50 which you elect to credit to:

51. Your 1998 tax .....51 ☐☐,☐☐☐,☐☐☐.☐☐

52. The N.J. Endangered Wildlife Fund ..... ☐ $5 ☐ $10 ☐ Other 52 ☐☐☐☐.☐☐

53. N.J. Children's Trust Fund To Prevent Child Abuse ..... ☐ $5 ☐ $10 ☐ Other 53 ☐☐☐☐.☐☐

54. The N.J. Vietnam Veterans' Memorial Fund ..... ☐ $5 ☐ $10 ☐ Other 54 ☐☐☐☐.☐☐

55. N.J. Breast Cancer Research Fund ..... ☐ $5 ☐ $10 ☐ Other 55 ☐☐☐☐.☐☐

56. The Battleship New Jersey Educational Museum Fund ... ☐ $5 ☐ $10 ☐ Other 56 ☐☐☐☐.☐☐

ENTER AMOUNT OF CONTRIBUTION

57. Total Deductions from Overpayment (Add Lines 51 through 56) .....57 ☐☐,☐☐☐,☐☐☐.☐☐

58. REFUND (Amount to be sent to you, Line 50 LESS Line 57) .....58 ☐☐,☐☐☐,☐☐☐.☐☐

Schedule 1 - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the Property Tax Deduction or the Property Tax Credit is better for you. ***Do not*** *complete this schedule if you claim a credit for taxes paid to other jurisdictions. Complete Schedule A.*

1. **Property Tax.** Enter the property tax you paid in 1997. Renters enter 18% of rent paid in 1997. **See Instructions.** 1. _____
2. **Property Tax Deduction.** Enter 75% of Line 1 (Line 1 x .75) or $5,625, whichever is less. Also enter this amount on Line 4 below. **See Instructions.** 2. _____

	Column A	Column B
3. Taxable Income (Copy from Line 34 of your NJ-1040)	3.	3.
4. Property Tax Deduction (Copy from Line 2 of this schedule)	4.	4. - 0 -
5. Taxable Income After Property Tax Deduction (Subtract Line 4 from Line 3)	5.	5.
6. Tax you would pay on Line 5 amount (Go to Tax Tables or Tax Rate Schedules and enter amount)	6.	6.
7. Now, subtract Line 6, Column A from Line 6, Column B and enter the result here		7.

Is this amount $37.50 or more?

☐ Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Enter the amount on Line 4 of this worksheet on Line 35 of Form NJ-1040. Make no entry on Line 43 of Form NJ-1040 and complete the balance of the return.

☐ No. You receive a greater tax benefit by taking the Property Tax Credit. Enter $37.50 on Line 43 of Form NJ-1040. Make no entry on Line 35 of Form NJ-1040 and complete the balance of the return. **See Instructions.**

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

SIGN HERE

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Property Tax Rebate Application, 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 knoweldge.

$ _____
Your Signature Date

$ _____
Spouse's Signature (if filing jointly, BOTH must sign) Date

If you do not need forms mailed to you next year, fill in (See instruction page 17) ..... ☐

Paid Preparer's Signature | Federal Identification Number

Firm's Name | Federal Employer Identification Number

Pay amount on line 48 in full. Write Social Security number on check or money order and make payable to:
STATE OF NEW JERSEY - TGI

Mail your check or money order with your payment voucher to:
Division of Taxation,
Income Tax - PO Box 196
Trenton, NJ 08646-0196

Mail your return to:
Division of Taxation,
Income Tax - PO Box 111
Trenton, NJ 08645-0111

If REFUND:
Division of Taxation,
Income Tax - PO Box 555
Trenton, NJ 08647-0555

(REV 10-97)