



**State of  
New Jersey**  
Division of Taxation

**2014 NJ-1040  
Income Tax Resident Form**

For tax year Jan. - Dec., **2014** or other tax year beginning:  Month / Year ending:   Check box if application for Federal extension is enclosed or enter confirmation #

**IMPORTANT!**  
**YOU MUST ENTER YOUR SSN(S).**  
Your Social Security Number

Spouse's/CU Partner's SS No.

County/Municipality Code (See Table p. 50)

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

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

City/Town/Post Office State Zip Code + 4

Change of Address

**NJ RESIDENCY STATUS** If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From:  To:

For Privacy Act Notification, See Instructions	<b>FILING STATUS</b>	Select only one		<b>EXEMPTIONS</b>	6. Regular <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	6	<b>ENTER NUMBERS HERE</b>	
		1. <input type="checkbox"/> Single	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner		7			
		2. <input type="checkbox"/> Married/CU couple, filing joint return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner		8			
		3. <input type="checkbox"/> Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's SS No. in the boxes above	9. Number of your qualified dependent children .....		9			
		4. <input type="checkbox"/> Head of Household	10. Number of other dependents .....		10			
	5. <input type="checkbox"/> Qualifying widow(er)/ Surviving CU Partner	11. Dependents attending colleges (See instr. page 15) .....	11					
			12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10) .....		12a	12b		
	<b>DEPENDENTS</b>	13. Dependent's Last Name, First Name, MI	Dependent's Social Security Number		Birth Year	Check box if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private, or other (see instructions)		
		a	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>		
		b	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>		
		c	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>		
		d	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>		

**GUBERNATORIAL ELECTIONS FUND** Do you wish to designate \$1 of your taxes for this fund?  Yes  No **Note:** If you check Yes, it will not increase your tax or reduce your refund.  
If joint return, does your spouse/CU partner wish to designate \$1?  Yes  No

If enclosing copy of death certificate for deceased taxpayer, check box  (See instruction page 11) If you do not need forms mailed to you next year, check box  (See instruction page 13)

Under the 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature \_\_\_\_\_ Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_

Check Amount (see Line 56)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature  (Check box  if NJ-1040-O is enclosed) Federal ID Number

Firm's Name Federal Employer ID No.

Pay amount on Line 56 in full. Write SS number(s) on check or money order and make payable to:  
STATE OF NEW JERSEY - TGI  
Mail your check or money order with your NJ-1040V payment voucher and your return to:  
Revenue Processing Center  
PO Box 111  
Trenton, NJ 08645-0111  
**IF REFUND:**  
Revenue Processing Center  
PO Box 555  
Trenton, NJ 08647-0555  
You may also pay by e-check or credit card. See instruction page 10.





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New Jersey**  
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Your Social Security Number

Name(s) as shown on Form NJ-1040

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40. TAX (From Tax Table, page 52)	40	
41. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions)	41	
42. Balance of Tax (Subtract Line 41 from Line 40)	42	
43. Sheltered Workshop Tax Credit	43	
44. Balance of Tax after Credit (Subtract Line 43 from Line 42)	44	
45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 35). If no Use Tax, enter ZERO (0.00)	45	
46. Penalty for Underpayment of Estimated Tax	46	

Check box if Form NJ-2210 is enclosed

47. <b>Total Tax and Penalty</b> (Add Lines 44, 45, and 46)	47	
48. <b>Total New Jersey Income Tax Withheld</b> (From enclosed Forms W-2 and 1099)	48	
49. Property Tax Credit (See instruction page 32)	49	
50. New Jersey Estimated Tax Payments/Credit from 2013 tax return	50	
51. New Jersey Earned Income Tax Credit (See instruction page 38)	51	

Select one Check box if you had the IRS figure your Federal Earned Income Credit

Check box if you are a CU couple claiming the NJ Earned Income Tax Credit

52. EXCESS New Jersey UI/WF/SWF Withheld (See instruction page 38) (Enclose Form NJ-2450)	52	
53. EXCESS New Jersey Disability Insurance Withheld (See instruction page 38) (Enclose Form NJ-2450)	53	
54. EXCESS New Jersey Family Leave Insurance Withheld (See instruction page 38) (Enclose Form NJ-2450)	54	
55. <b>Total Payments/Credits</b> (Add Lines 48 through 54)	55	
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE	56	

Check box if paying by e-check or credit card  **(If paying by check, remember to enter check amount on Page 1)**

If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.

57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT	57	
Deductions from Overpayment on Line 57 which you elect to credit to:		
58. Your 2015 tax	58	
59. N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other		
60. N.J. Children's Trust Fund To Prevent Child Abuse <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other		
61. N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other		
62. N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other		
63. U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other		
64. Other Designated Contribution (See instruction page 39) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other		
65. Total Deductions from Overpayment (Add Lines 58 through 64)	65	
66. <b>REFUND</b> (Amount to be sent to you. Subtract Line 65 from Line 57)	66	