

STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

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	5R For Tax Year JanDec. 31, 2011, Or Other Tax Year Beginning , 2011, Month Ending , 20																						
1.0	▼ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ▼ Fill in □ if application for Federal extension is enclosed or enter confirmation #																						
Ĺ	Yc							irst Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last ONLY if different)										st nam	9				
								0.12.		0111)									on form if all preprinted				
	Sr	Spouse's/CU Partner's Social Security Number Home Addre						ber and S	treet. i	includi	ing apa	rtment	numbei	r or r	ural ro	oute)						reprin	PELWISK BSS.
SI		The state of the s							,		9					,						if all p	d addr
For Privacy Act Notification, See Instructions	L																		n form	me an			
	Co	County/Municipality Code (See Table p. 51) City, Town, Pc						ost Office State								Z	Zip Code				label o	mation is correct. Othery your name and address	
																		Place	type your na				
	N	STATUS If you were a New Jersey res ONLY part of the taxable year period of New Jersey residen	, give			om	M	M /	D)/	Υ	Υ		То	M	N	1/	D	D	/ Y		Y
		(Fill in only one)			6. Regular Yourself Spouse/ Dome								6 NIIIM				S						
y Ac		1. Single					CO Partner Pa					artn	er	H	-		HERE						
rivac	NS	Married/CU Couple, filing joint return	SNO	の	7. Age 6	5 or	Over		Your	rself		⊃ Spo	ouse/	CU	Part	ner		Ļ	7	4			
For Pr	STATU	Teturii. Enter opouse s/00 Farthers			8. Blind o	or Di	sabled		Your	rself		Spo	ouse/	CU	Part	ner			8				
	C) C)				9. Numb	er of	your (qualifie	d de	pend	dent	childr	en								9	Т	
	LIN	Social Security Number in the boxes above	XEMPT		10. Number of other dependents													10		T			
	륜	4. — Head of household		비	1. Depen	ndent	ts atte	dina d	olled	nes ((See	instr	nage	18	1)				-	4			
		5. CQualifying widow(er)/						•							·, ····			11	4	4	_	_	
		Surviving CU Partner		ľ	2. Totals	•		2b - Add					,				1	2a		1	l2b		
	ENTS	13. Dependent's Last Name, First Name, Middle Initial		Dependent's Social Security Number Birth								h Yea	Fill in oval if dependent not have health in including NJ FamilyCicaid, Medicare, putter (see instru			nsuran Care/ l private	ce Med- or						
		a	_	Ļ	44	ᆜ	<u>-</u>	<u> </u>	<u>- L</u>	_				IJ		L	<u></u>	<u></u>	╛)	
	EPEND	b	_				<u>-L</u>		-L					Ц					╛				
		C	_				-[-[Ţ					
		d			\Box		-Г		-[П		Г			7				
G	UB	ERNATORIAL Do you wish to de	sign	nate	s \$1 of you	r taxe	es for t	his fun	1?					Υe	es		No		Note	e: if yo	u fill in t	he Yes	
El	LEC	TIONS FUND If joint return, doe	s you	our	spouse/CU	parti	ner wis	sh to de	signa	ate \$	\$1?			Υe	es		No			tax or	reduce		-
Ur ar is	Under the penalties of perjury, I declare that I have examined this income tax return, and to the best of my knowledge and belief, it is true, correct, and complete. If prepa is based on all information of which the preparer has any knowledge.								, including accompanying schedules and statements, ared by a person other than taxpayer, this declaration								V) cl p:	Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI					
7	Your Signature								Date Mail your check or money your NJ-1040-V payment vyour return to:														
7	Spouse's/CU Partner's Signature (if filling jointly, BOTH must sign) Date NJ Division of Taxation Revenue Processing Center																						
If you do not need forms mailed to you next year, fill in (See instruction page 16)																							
		orize the Division of Taxation to discuss my ref	urn	an	d enclosu	res \				`			⊂	$\overline{}$			If	REFU NJ		of Tax	xation		
Paid Preparer's Signature								Federal Identification Number								1	NJ Division of Taxation Revenue Processing Cent PO Box 555						
Fi	rm's	Name					Fede	al Emp	over	Ider	ntifica	tion N	umbe	r			<u> </u>	Trenton, NJ 08647-0555 You may also pay by e-check					
Firm's Name								Si 21110	.5,01	idel	Linoa			T			9 0	or credit card. See instruction page 13.					١
	(REV 9-11)																						
	visior Use	1 2 3	П		П	П	٦٢			5	71	6		T			Т	7	,			Т	٦



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Nam	e(s) as shown on Form NJ-1040		Your Social Security Number												
14. Wages salaries tips and other employee compensation (Enclose W.2)															
	Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s). See instructions	14			, [۱,			Ш	<u> </u>		7
15a.	Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)	15a			,[,				[
15b.	Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	$\underline{\mathbb{D}}$,],]						
16.	Dividends	16	L		, [_			,				Ļ.	<u> </u>	ļ
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	L		, [,				<u>.</u>	4	╛
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18	L	Ļ	, [,			Ц	<u>.</u>	╪	ļ
	Pensions, Annuities, and IRA Withdrawals (See instruction page 24) Distributive Share of Partnership Income (See instruction page 27) (Enclose Schedule)	19 20			,				,				_ _ _ _ _		ן כ
21.	Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21],[],]
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22			,[,				.[Ī
23.	Net Gambling Winnings (See instruction page 27)	23			, [,				_[1]
24.	Alimony and separate maintenance payments received	24			,				,				<u>.</u>		╛
25.	Other (Enclose Schedule) (See instruction page 28)	25			,[,].]
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26			,[,				.[]
27a.	Pension Exclusion (See instruction page 28)	Ц],	\Box			ַוַוּנַ	Ц]					
27b.	Other Retirement Income Exclusion (See worksheet and instr. page 29) 27b		,	_			<u> </u>	ᆜ	_						
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)				270	С			,				.[]
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28			,[,				_[]
29.	See instruction page 29. Total Exemption Amount (See instruction page 31 to calculate amount)			29					,				<u> </u>		Ţ
30.	(Part-Year Residents see instruction page 9) Medical Expenses			30					,			Щ	<u>.</u> L		_
31.	(See Worksheet and instruction page 31) Alimony and Separate Maintenance Payments			31					۱,				.L		Ţ
32.	Qualified Conservation Contribution			32],].]
33.	Health Enterprise Zone Deduction			33					,				_[]
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, and 33)			34	Į				۱,				<u> </u>		_
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	L		,[귀],			Ш	.L		_
36a.	Total Property Taxes Paid (See instruction page 32) 36a	 _,				1.1									
36b.	Fill in oval if you were a New Jersey homeowner on October 1, 2011			ı					1 1			_	Г	_	7
	Property Tax Deduction (See instruction page 35)				360	C			[, -			닏	Ļ	+	_
3/.	NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37			, [۱,				<u>.</u>		_
38.	TAX (From Tax Table, page 53)			38],						



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Na	me(s) as shown on	Form NJ-1040			Your Social	Security Numb	per				
\vdash											
39.	TAX (From Line 38	, page 2)			39	ШШ	,	Щ.			
40.		Taxes Paid to Other Jurisdictions tion code (See instructions)			40		,				
4.4	•	,			41						
41.	Balance of Tax (Su	btract Line 40 from Line 39)			,		' ———	#			
42.	Sheltered Worksho	p Tax Credit			42	шш	,	ш.			
43.	Balance of Tax after	er Credit (Subtract Line 42 from L	ine 41)		43		,				
44.		ut-of-State Purchases (See instrur ZERO (0.00)	44 ,		,						
45.		ayment of Estimated Tax			45		,				
46.	Total Tax and Pen	alty (Add Lines 43, 44, and 45)			46	ЩЩ	,	Щ.			
47.	Total New Jersey	Income Tax Withheld (From en	closed Forms W-2	and 1099)	47	$\Box\Box$,				
48.	Property Tax Credi	t (See instruction page 35)				4	18				
49.	New Jersey Estima	ated Tax Payments/Credit from 20	010 tax return		49 ,		,				
50.	50										
51.	EXCESS New Jers	ey UI/WF/SWF Withheld (See instr	. page 41) (Enclose F	orm NJ-2450)		51	,	.Ш			
52.	EXCESS New Jers (Enclose Form NJ-	sey Disability Insurance Withheld 2450)		52	,						
53.		sey Family Leave Insurance With 2450)				53	,	. \Box			
54.	Total Payments/C	redits (Add Lines 47 through 53)	·		54		,				
55.		ΓΗΑΝ Line 46, enter AMOUNT Y g by e-check or credit card.	OU OWE		55		,				
	If you owe tax, you	may make a donation by enterin	g an amount on Lir	nes 58, 59, 60,	61, 62 and/or 63 and	adding this to	your payment ar	nount.			
56.		THAN Line 46, enter OVERPAY			56	ЩЩ	,	.Ш			
57.		verpayment on Line 56 which you			57		,	Щ.			
58.	7	N.J. Endangered Wildlife Fund	□ \$10 □ \$20	☐ Other		[58				
59.	STOP CHILD ABUSE	N.J. Children's Trust Fund To Prevent Child Abuse	□ \$10 □ \$20	☐ Other	ENTER	[59				
60.		N.J. Vietnam Veterans' Memorial Fund	□ \$10 □ \$20	☐ Other	AMOUNT OF	[60				
61.	X	N.J. Breast Cancer Research Fund	☐ \$10 ☐ \$20	☐ Other	CONTRIBUTION	[61				
62.		U.S.S. New Jersey				Ī	62	$\overline{\Box}$			
00		Educational Museum Fund	□ \$10 □ \$20	☐ Other	Г	— i	63	Ħ			
63.	Other Designated C See instruction pag	Contributione 42	□ \$10 □ \$20	☐ Other	64			#			
64.	Total Deductions fro	om Overpayment (Add Lines 57 t	hrough 63)		64		, <u> </u>	##			
65.	REFUND (Amount t	o be sent to you. Subtract Line 64	from Line 56)		65		,	لــــــــا.			