	2	-1040 -1040		STATE OF NEW JERSEY							
5R For Tax Year JanDec. 31, 2010, Or Other Tax Year Beginning, 2010, Month Ending, 20, 20, 20											
	IM	PORTANT! YOU MUST ENTER YOUR SSN (s).) if	application for Fee	leral extension i		r enter confirmation #				
				irst Name and Initia S (Number and Street, inc	ONLY if different)		h - Enter spouse/CU partner last name	information is correct. Otherwise, print or type your name and address.			
ions							ji Jor	orrect.			
See Instructions	C		own, Pos	ost Office		State)\ Zip Code	information is c type your name			
fication.		IJ RESIDENCY STATUS 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									
Act Notification.		(Fill in only one) 1.	gular	Yourself	Spouse/ CU Partner	Domest Partner		RS			
For Privacv			e 65 or C	Over CYourse	elf — Spouse/	CU Partner	7				
or Pri			d or Dis	sabled 🗢 Yourse	elf 🔵 Spouse/	CU Partner	8				
ш		return. Enter Spouse's/ CU Partner's Social Security Number in the	nber of y	your qualified deper	ndent children		9				
			nber of c	other dependents		10	П				
	Ē	4.	pendents	s attending colleges	;		11				
		5. Qualifying widow(er)/ Surviving CU Partner 12. Tota		Line 12a - Add Lines 6 Line 12b - Add Lines 9			12a 12b				
	DENTS	13. Dependent's Last Name, Dependent's Soc First Name, Middle Initial	ial Secu	curity Number	Birth Y	ear	Fill in oval if dependent d not have health insuran including NJ FamilyCar Medicaid, Medicare, priv or other (see instruction	nce re/ vate			
		a — — — —]-[- /			
	PEND	b	<u>ا-</u> ۲		1						
	H	c	≒ -i		i 🗂		\square				
			ī-٣		i 🗂						
		ERNATORIAL Do you wish to designate \$1 of you to be set			\$1?		No Note: if you fill in the Yes oval(s), it will not increase tax or reduce your refund.	e your			
a	nd to	the penalties of perjury, I declare that I have examined this income ta the best of my knowledge and belief, it is true, correct, and complete based on all information of which the preparer has any knowledge.					Pay amount on Line 55 in full. Write Social Security number(on check or money order and make payable to:	(s)			
	_						STATE OF NEW JERSEY - TO Mail your check or money ord				
	Yc	ur Signature		Date			with your NJ-1040-V payment voucher and your return to:				
	Sp	ouse's/CU Partner's Signature (if filing jointly, BOTH must sign)		NJ Division of Taxation Revenue Processing Center							
If you do not need forms mailed to you next year, fill in (See instruction page 16)											
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) IF REFUND: Paid Preparer's Signature Federal Identification Number NJ Division of Taxation											
			PO Box 555 Trenton, NJ 08647-0555								
F	irm's	Name		Federal Employer Identification Number go to:							
							www.state.nj.us/treasury/taxat	tion			
	ivisic Use	n 1 2 3 3	T	4	5 6		7				

-



NJ-1040 (2010) Page 2

Name(s) as shown on Form NJ-1040					al Se	curity	Num	ber				
14.	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			, 🗌			,			.C	
15a.	Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)	15a			,			, 🗌			.C	
	Tax-exempt interest income (See instructions)	, 16	Ц		닏						Г	
16.	Dividends				'	-		,		님	·⊨	╧┥
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17		┥	, –	Ļ		,	H		ŀ	붜
18.	Net gains or income from disposition of property (Schedule B, Line 4)	18			' 	-		,			·⊨	╧
19.	Pensions, Annuities, and IRA Withdrawals (See instruction page 24)	19			, 🕒			,			.L	
	Distributive Share of Partnership Income (See instruction page 27) (Enclose Schedule)	20			, 🗌			, 🗌			. <u>C</u>	
	Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21			, _			, _			Ľ	Ц
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22		┥	, _	Ļ		,	Ц		.Ļ	붜
23.	Net Gambling Winnings (See instruction page 27)	23		닉	,	<u> </u>		,			·님	늰
24.	Alimony and separate maintenance payments received	24			,			,			.L	
25.	Other (Enclose Schedule) (See instruction page 28)	25			,			,			.L	
26.	Total Income (Add Lines 14, 15a, and 16 through 25)	26	Ļ	┛	,	Ļ	Ц	,			Ŀ	
27a.			J, L	1	1	<u>_</u> .	4	4				
27b.	Other Retirement Income Exclusion (See worksheet and instr. page 30) 27b		,	Ļ						_	_	
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)	_		2	27c			,			.Ľ	Ц
28.	New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 30.	28	Ц		,	Ļ		,	Ц		Ļ	늰
29.	Total Exemption Amount (See instruction page 30 to calculate amount) (Part-Year Residents see instruction page 9)		- 2	29		╞		,	⊢		┝┝	뉘
30.	Medical Expenses		ļ	30				,				
31.	(See Worksheet and instruction page 31) Alimony and Separate Maintenance Payments			31				,			.L	
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				, 🗌			. <u>C</u>	
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35			, 🗋			,			.L	
36a.	Total Property Taxes Paid (See instruction page 32) 36a ,	— ,										
36b.	Fill in oval if you were a New Jersey homeowner on October 1, 2010.			_								
36c.	Property Tax Deduction (See instruction page 35)			÷	36c			, [
37.	NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37			, 🗌			, [Ē	
38.	TAX (From Tax Table, page 53)			38				, 🗌			Ē	
		_										

CONTINUE TO PAGE 3



NJ-1040 (2010) Page 3

Na	me(s) as shown on	Form NJ-1040			Your Soc	cial Security N	Number	1		
H										-
39.		3, page 2)			39		,			
40.		Taxes Paid to Other Jurisdiction			40		,			
41.	Balance of Tax (Su	ubtract Line 40 from Line 39)			41	,	,			
42.	Sheltered Worksho	op Tax Credit			42	,	,			
43.	Balance of Tax after	er Credit (Subtract Line 42 from I	_ine 41)		43	,	\Box , \Box			
44.		out-of-State Purchases (See instruer ZERO (0.00).	44	, 🗌], 🗖					
45.		payment of Estimated Tax NJ-2210 is enclosed.	45	,	,					
46.	Total Tax and Per	nalty (Add Lines 43, 44, and 45)	46	,						
47.	Total New Jersey	Income Tax Withheld (From er	closed Forms W-2	and 1099)	47	,	\Box,\Box			
48.	Property Tax Cred	it (See instruction page 35)					48			
49.	New Jersey Estim	ated Tax Payments/Credit from 2	009 tax return		49	,	\Box , \Box			
50.	Fill in Fill i	d Income Tax Credit (See instruct n oval if you had the IRS figure y n oval if you are a CU couple cla	our Federal Earne	d Income Credi	it 🗢	50	_,□			
51.	EXCESS New Jers	ey UI/WF/SWF Withheld (See inst	r. page 40) (Enclose F	Form NJ-2450)		51				
52.	EXCESS New Jer (Enclose Form NJ	sey Disability Insurance Withheld -2450)	l (See instr. page 4	.0)		52	_,			
53.		sey Family Leave Insurance With	nheld (see instr. pa	ge 40) Enclose	Form NJ-2450)	53	,			
54.	Total Payments/C	redits (Add Lines 47 through 53	54	,						
55.	Fill in 🔵 if payin	THAN Line 46, enter AMOUNT Y g by e-check or credit card. may make a donation by enterir			61, 62 and/or 63 a					
56.		THAN Line 46, enter OVERPAY verpayment on Line 56 which yo				,	_,			
57.	Your 2011 tax				57	,	,			
58.		N.J. Endangered Wildlife Fund	h \$10 h \$20	h Other			58		Г	Π
59.	STOP CHILD ABUSE	N.J. Children's Trust Fund To Prevent Child Abuse	h \$10 h \$20	h Other	ENTER AMOUNT		59	T	Γ	Π
60.		N.J. Vietnam Veterans' Memorial Fund	h \$10 h \$20	h Other	OF		60			Π
61.	X	N.J. Breast Cancer Research Fund		h Other	CONTRIBUTIO	N	61			
62.		U.S.S. New Jersey	h \$10 h \$20				62	╡	F	H
60	Other Designate 1	Educational Museum Fund	h \$10 h \$20	h Other			63	╡┤	F	H
63.	See instruction page	•	h \$10 h \$20	h Other			03	┿┥	-	님
64.	Total Deductions fr	om Overpayment (Add Lines 57	through 63)				,└┹	┿┥	. <u> </u>	⊢
65.	REFUND (Amount	to be sent to you. Subtract Line 64	1 from Line 56)		65	,	,			