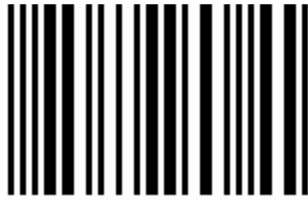


NJ-1040NR  
2011



STATE OF NEW JERSEY  
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2011 - December 31, 2011

Or Other Taxable Year Beginning \_\_\_\_\_, 2011

Ending \_\_\_\_\_, 20\_\_

5-N

Check box  if application for Federal extension is attached or enter confirmation number \_\_\_\_\_

FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS	Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)			Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.	
	Spouse's/CU Partner's Social Security Number	Home Address (Number and Street, including apartment number or rural route)				
	↑ You <b>must</b> enter your SSN(s) above ↑	City, Town, Post Office	State	Zip Code		
	State of Residency (outside NJ)					
<p><b>NJ RESIDENCY STATUS</b> If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ To _____</p> <p style="text-align: center;">MONTH DAY YEAR MONTH DAY YEAR</p>						
<p><b>Filing Status</b> (Check only ONE box)</p> <p>1. <input type="checkbox"/> Single</p> <p>2. <input type="checkbox"/> Married/CU Couple, filing joint return</p> <p>3. <input type="checkbox"/> Married/CU Partner, filing separate return</p> <p style="text-align: center;">Name and SSN of Spouse/CU Partner _____</p> <p>4. <input type="checkbox"/> Head of household</p> <p>5. <input type="checkbox"/> Qualifying widow(er)/Surviving CU Partner</p>		EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	6		
			7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	7		
			8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	8		
			9. Number of your qualified dependent children		9	
		10. Number of other dependents		10		
		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 Line 9 and Line 10)	12a	12b		
DEPENDENT INFORMATION	13. Dependent's Last Name, First Name, Middle Initial		Dependent's Social Security Number		Birth Year	
	a	_____	_____ / _____ / _____	_____		
	b	_____	_____ / _____ / _____	_____		
	c	_____	_____ / _____ / _____	_____		
d	_____	_____ / _____ / _____	_____			
<p><b>GUBERNATORIAL ELECTIONS FUND</b> → Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1?</p>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
			(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)		(Column B) AMOUNT FROM NEW JERSEY SOURCES	
14. Wages, salaries, tips, and other employee compensation			14		14	
15. Interest			15		15	
16. Dividends			16		16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)			17		17	
18. Net gains or income from disposition of property (From Line 59)			18		18	
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 62)			19		19	
20. Net gambling winnings (See Instruction page 21)			20		20	
21. Pensions, Annuities, and IRA Withdrawals			21			
22. Distributive Share of Partnership Income			22		22	
23. Net pro rata share of S Corporation Income			23		23	
24. Alimony and separate maintenance payments received			24		24	
25. Other - State Nature and Source _____			25		25	
26. TOTAL INCOME (Add Lines 14 through 25)			26		26	
27a. Pension Exclusion (See Instruction page 26)			27a			
27b. Other Retirement Income Exclusion (See Worksheet and Instructions page 26)			27b		27b	
27c. Total Exclusion Amount (Add Line 27a and Line 27b)			27c		27c	
28. Gross Income (Subtract Line 27c from Line 26)			28		28	



