

**NJ-1040NR  
2012**



**STATE OF NEW JERSEY  
INCOME TAX - NONRESIDENT RETURN**

For Taxable Year January 1, 2012 - December 31, 2012

Or Other Taxable Year Beginning \_\_\_\_\_, 2012

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

5-N

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

<b>FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS</b>	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)				

**NJ RESIDENCY STATUS** If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From \_\_\_\_\_ To \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

<b>FOR PRIVACY ACT NOTIFICATION SEE INSTRUCTIONS</b>	<b>Filing Status</b> (Check only ONE box)		<b>EXEMPTIONS</b>	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	6		
	1. <input type="checkbox"/> Single	2. <input type="checkbox"/> Married/CU Couple, filing joint return		7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	7		
	3. <input type="checkbox"/> Married/CU Partner, filing separate return	Name and SSN of Spouse/CU Partner _____	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	8			
	4. <input type="checkbox"/> Head of household		9. Number of your qualified dependent children			9	
	5. <input type="checkbox"/> Qualifying widow(er)/Surviving CU Partner		10. Number of other dependents			10	
			11. Dependents attending colleges (See Instr. page 13)	11			
			12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Line 9 and Line 10)	12a		12b	

<b>DEPENDENT INFORMATION</b>	13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
	a _____	_____/_____/_____	_____
	b _____	_____/_____/_____	_____
	c _____	_____/_____/_____	_____
	d _____	_____/_____/_____	_____

<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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Note:</b> 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 (Schedule NJ-BUS-1, Part I, Line 4)	17		17	
18. Net gains or income from disposition of property (From Line 60)	18		18	
19. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, Line 4)	19		19	
20. Net gambling winnings (See Instruction page 18)	20		20	
21. Pensions, Annuities, and IRA Withdrawals	21			
22. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, Line 4)	22		22	
23. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, Line 4)	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 23)	27a			
27b. Other Retirement Income Exclusion (See Worksheet and Instructions page 24)	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	





**SCHEDULE  
NJ-BUS-1**  
(Form NJ-1040NR)

**NEW JERSEY GROSS INCOME TAX  
BUSINESS INCOME SUMMARY SCHEDULE**

**2012**

Name(s) as shown on Form NJ-1040NR	Your Social Security Number
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**PART I NET PROFITS FROM BUSINESS** List the net profit (loss) from business(es). See instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17, Column A. If loss, enter ZERO on Line 17, Column A.) . . . . .		4.

**PART II NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 19, Column A. If loss, enter ZERO on Line 19, Column A.) . . . . .			4.

**PART III DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, Column A. If loss, enter ZERO on Line 22, Column A.) . . . . .		4.

**PART IV NET PRO RATA SHARE OF S CORPORATION INCOME** List the pro rata share of income (loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, Column A. If loss, enter ZERO on Line 23, Column A.) . . . . .		4.

**SCHEDULE  
NJ-BUS-2**  
(Form NJ-1040NR)

**NEW JERSEY GROSS INCOME TAX  
ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT**

**2012**

Name(s) as shown on Form NJ-1040NR				Your Social Security Number		
<b>PART I INCOME (LOSS)</b>		<b>Column A</b>		<b>Column B</b>		
		<b>Reportable Regular Business Income</b>		<b>Alternative Business Income/(Loss)</b>		
1.	Net Profits From Business	1a.		1b.		
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.		2b.		
3.	Distributive Share of Partnership Income	3a.		3b.		
4.	Net Pro Rata Share of S Corporation Income	4a.		4b.		
5.	Totals	5a.		5b.		
<b>PART II ADJUSTMENT CALCULATION</b>						
6.	Total Regular Business Income	6.				
7.	Total Alternative Business Income/(Loss). (If loss, enter zero)	7.				
8.	Business Increment (Line 6 minus Line 7)	8.				
9.	Adjustment Percentage	9.			0.10	
10.	Alternative Business Calculation Adjustment (Line 8 x 0.10)	10.				
<b>PART III LOSS CARRYFORWARD TO TAX YEAR 2013</b>						
11.	Loss Carryforward to Tax Year 2013	11.	(			)

**Instructions**

- Line 1a. Enter the amount from Line 17, Column A, of Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from Line 19, Column A, of Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from Line 22, Column A, of Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from Line 23, Column A, of Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5a. Enter the total of Lines 1a through 4a.
- Line 5b. Enter the total of Lines 1b through 4b, netting gains with losses.
- Line 6. Enter the amount from Line 5a of this schedule.
- Line 7. Enter the amount from Line 5b of this schedule. If loss, enter zero here.
- Line 8. Subtract Line 7 from Line 6. If the result is zero, also enter zero on Line 10 and on Line 35 of Form NJ-1040NR, and continue with Line 11.
- Line 9. The adjustment percentage for tax year 2012 is 10% (0.10).
- Line 10. Multiply the amount on Line 8 by 10% (0.10). Enter here and Line 35 of Form NJ-1040NR.
- Line 11. If the amount on 5b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.