

STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN

For Tax Year Jan.- Dec. 31, 2016, Or Other Tax Year Beginning _____, 2016, Ending _____, 20____

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) 		
Spouse's/CU Partner's Social Security Number 	Home address (Number and Street, incl. apt. # or rural route) 		Change of Address ☐
County/Municipality Code 	City, Town, Post Office 	State 	Zip Code

FILING STATUS		EXEMPTIONS		As Originally Reported	Amended
ON ORIGINAL RETURN	ON AMENDED RETURN				
1. ☐	☐ Single	6. Regular ☒ Yourself ☐ Spouse/CU Partner ☐ Domestic Partner	6.		
2. ☐	☐ Married/CU Couple, filing joint return	7. Age 65 or Over ☐ Yourself ☐ Spouse/CU Partner	7.		
3. ☐	☐ Married/CU Partner, filing separate return	8. Blind or Disabled ☐ Yourself ☐ Spouse/CU Partner	8.		
4. ☐	☐ Head of household	9. Number of your qualified dependent children	9.		
5. ☐	☐ Qualifying widow(er)/Surviving CU Partner	10. Number of other dependents	10.		
		11. Dependents attending colleges (See instr. NJ-1040)	11.		
		12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)	12a.		
		(For Line 12b - Add Line 9 and Line 10)	12b.		

13.	Dependent's Last Name, First Name, Middle Initial	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	_____	_____/_____/_____	_____	☐
b	_____	_____/_____/_____	_____	☐
c	_____	_____/_____/_____	_____	☐
d	_____	_____/_____/_____	_____	☐

GUBERNATORIAL ELECTIONS FUND Checking below will not increase your tax or reduce your refund.

Check here → ☐ If you did not previously want to have \$1 go to the fund but now want it to do so.

Check here → ☐ If joint return and if spouse/CU partner did not previously want to have \$1 go to the fund but now wants it to do so.

Your signature _____ Date _____ Spouse's/CU Partner's signature (If filing jointly, BOTH must sign.) _____
 If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040) ☐
 Driver's License Number _____
 (Voluntary. See instructions NJ-1040.)

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

Paid Preparer's Signature	Federal Identification Number
---------------------------	-------------------------------

Firm's Name	Federal Employer Identification Number
-------------	--

Division
Use 1 2 3 4 5 6 7

Pay amount on Line 59 in full.
Write Social Security Number(s)
on check or money order and
make payable to:
STATE OF NEW JERSEY-TGI

Mail your return to:
Division of Taxation
Revenue Processing Center
PO Box 664
Trenton, NJ 08646-0664

You may also pay by e-check or credit card.

TAXPAYER IDENTIFICATION AND STATUS

DEPENDENT INFORMATION

SIGN HERE

		BOTH COLUMNS MUST BE FULLY COMPLETED			
		As Originally Reported		Amended (See Instructions)	
14.	Wages, salaries, tips, and other employee compensation	14.			
15a.	Taxable Interest Income	15a.			
15b.	Tax-exempt interest income. DO NOT include on Line 15a	15b.			
16.	Dividends	16.			
17.	Net profits from business	17.			
18.	Net gains or income from disposition of property	18.			
19a.	Pensions, Annuities, and IRA Withdrawals	19a.			
19b.	Excludable Pensions, Annuities, and IRA Withdrawals	19b.			
20.	Distributive Share of Partnership Income	20.			
21.	Net pro rata share of S Corporation Income	21.			
22.	Net gains or income from rents, royalties, patents & copyrights	22.			
23.	Net Gambling Winnings	23.			
24.	Alimony and separate maintenance payments received	24.			
25.	Other	25.			
26.	Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25) .	26.			
27a.	Pension Exclusion	27a.			
27b.	Other Retirement Income Exclusion	27b.			
27c.	Total Exclusion Amount (Add Lines 27a and 27b)	27c.			
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28.			
29.	Exemptions (See instructions)	29.			
30.	Medical Expenses (See instructions NJ-1040)	30.			
31.	Alimony and separate maintenance payments	31.			
32.	Qualified Conservation Contribution	32.			
33.	Health Enterprise Zone Deduction	33.			
34.	Alternative Business Calculation Adjustment (See instructions NJ-1040)	34.			
35.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)	35.			
36.	Taxable Income (Subtract Line 35 from Line 28)	36.			
37a.	Total Property Taxes (18% of Rent) Paid (See instructions NJ-1040) . .	37a.			
37b.	Block Lot Qualifier				
37c.	County/Municipality Code Check box if you completed Worksheet G-1 ☐ (See instructions NJ-1040)				
38.	Property Tax Deduction (See instructions NJ-1040)	38.			
39.	NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36) . . .	39.			
40.	TAX (See instructions)	40.			
41.	Credit For Income Taxes Paid To Other Jurisdictions	41.			
Enter other jurisdiction code (See instructions NJ-1040)					

	BOTH COLUMNS MUST BE FULLY COMPLETED			
	As Originally Reported		Amended (See Instructions)	
42. Balance of Tax (Subtract Line 41 from Line 40)	42.			
43. Sheltered Workshop Tax Credit (See instructions NJ-1040)	43.			
44. Balance of Tax After Credit (Subtract Line 43 from Line 42)	44.			
45. Use Tax Due on Out-of-State Purchases (See instructions NJ-1040)	45.			
46. Penalty for Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form 2210 is enclosed. ☐	46.			
47. Total Tax and Penalty (Add Lines 44, 45, and 46)	47.			
48. Total New Jersey Income Tax Withheld	48.			
49. Property Tax Credit (See instructions NJ-1040)	49.			
50. New Jersey Estimated Tax Payments/Credit from 2015 tax return	50.			
51. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	51.			
52. EXCESS New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	52.			
53. EXCESS New Jersey Disability Insurance Withheld (See instructions NJ-1040)	53.			
54. EXCESS New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	54.			
55. Amount Paid with original return, assessments, and/or with request for extension to file	55.			
56. Total payments/credits (Add Lines 48 through 55)	56.			
57. Refund previously issued from Original Return	57.			
58. Net Payments (Subtract Line 57 from Line 56)	58.			
59. If payments (Line 58) are LESS THAN tax (Line 47), enter AMOUNT OF TAX YOU OWE.	59.			
60. If payments (Line 58) are MORE THAN tax (Line 47), enter OVERPAYMENT	60.			
61. Amount of Line 60 to be (A) REFUNDED	61A.			
(B) CREDITED to your 2017 tax	61B.			

Enter name, Social Security Number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security Numbers, and addresses used on original returns. (**Note:** You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change.

If amending Line 41, complete calculations below:

(Income from Other Jurisdictions) _____ X _____ = _____
 (Income from New Jersey sources) _____ (New Jersey Tax Line 40)