NJ-1040X **2019**



New Jersey Amended Resident Income Tax Return

	7x For Tax Year January 1, 2019 – December 31, 2019, Or Other Tax Year Beginning, 2019, En							9, Ending	ing, 2020						
	Your Social Security Number Las			ast Name, First Name, and Initial (Joint filers enter first name and initial of each -Enter spouse/CU partner last name only if different)											
			1 1												
	Spou	ıse's/CU	Partner's Social Security Number	Home Address (Number	ne Address (Number and Street, incl. apt. # or rural route)							Change of address			
			1 1												
S	Coun	nty/Muni	cipality Code	City, Town, Post Office							State		ZIP Code		
STATUS															
LS C	<u> </u>	DECID	SENOV D							19			19		
ANI		RESID Atus	New Jersey residents		ovide months/days you were a 110m 10						MONTH	DAY YEAR			
TION			FILING STATUS		EXEMPTIONS						As Originally Reported	Amended			
TAXPAYER IDENTIFICATION AND	Original Amended			6. Regular 🍒	r ☑ Yourself ☐ Spouse/ ☐ Domestic CU Partner Partner 6.										
EN		Return Return Single		7. Age 65 or	7. Age 65 or over							7.			
₽	1.											8.			
YER	2.	☐ Married/CU Couple,		9. Veteran Ex	' ' ' '						9.				
ΧPΑ			filing joint return								10.				
₽	3.		☐ Married/CU Partner, filing separate return									11.			
				12. Dependen		•		see inst	tr. NJ-	-1040)		12			
	4.		☐ Head of Household	13a. Add lines		Ü	900 (0			,		13a			
	5.		☐ Qualifying Widow(er)/ 13h Add lines								13b.	+		
			Surviving CU Partne	er								13c.	+		
H	 													eck box if	
		14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year									pendent does not				
╽ݐ	z	<u>z</u>							hav	e health insurance					
z	읟		a												
	¥∣										_				
	종		b												
	NFORMATION		С												
	_														
			d												
6	IIRF	PNAT	Do you want to design	gnate \$1 of your taxes	for this for	und?			Yes	Note:	If you ch	neck the '	the "Yes" box(es), it will not increase		
GUBERNATORIAL Do you want to designate \$1 or your taxes for this fund? ELECTIONS FUND If joint return, does your spouse/CU Partner want to designate \$1? Yes Note: If you check the "Yes" box(es), it will not increase your refund.									iii not increase						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules															
	and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any														
HERE	knowledge.														
										Pay amount on I full. Write Social					
	;	Your Sig	nature	Date	Date Spouse's/CU Partner's Signature (if filing jointly,BOTH must sign)						number(s) on check or money order and make payable to:				
	If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040) ☐								order and make	payable to.					
	In strong steps of death outlineate for deceased tappayer, offers box (oee institutions 190-1940)							State of New S Division of Ta							
SIGN	Drivers License #								┚╶	Revenue Processing Center					
5	(٧٥	(Voluntary. See instructions NJ-1040.)							PO Box 664 Trenton, NJ, 0	8646-0664					
	\vdash			cuss my return and er	my return and enclosures with my preparer (below) Federal Identification Number						You can also pay by e-check				
	Pai	id Prepa	rer's Signature								or credit card.				
	E:-	m'e ner-			Federal Employer Identification Number										
	-"	m's nam	C		reueral E	pioyer Id	enuncatio	ווע ווע Numbe	5 1						
	l visio	'n	2 3			5	6			7				Ω	





Name(s) and Social Security Number

BOTH COLUMNS MUST BE FULLY COMPLETED As Originally Reported Amended (See Instructions) 15. Wages, salaries, tips, and other employee compensation 16a. Taxable interest income..... 16a 16b. Tax-exempt interest income. Do not include on line 16a 16b. 17. Dividends..... 17. 18. Net profits from business..... 18. 19. Net gains or income from disposition of property 19. 20a. Pensions, Annuities, and IRA Withdrawals 20a. 20b. Excludable Pensions, Annuities, and IRA Withdrawals 20b. 21. Distributive Share of Partnership Income..... 22. Net pro rata share of S Corporation Income..... 22. 23. Net gains or income from rents, royalties, patents, and copyrights 23. 24. Net Gambling Winnings..... 24. 25. Alimony and Separate Maintenance Payments received 25. 26. Other..... 26. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 27 through 26) 28a. Retirement/Pension Exclusion..... 28a. 28b. Other Retirement Income Exclusion..... 28b. 28c. Total Exclusion Amount (Add lines 28a and 28b) 28c. 29. New Jersey Gross Income (Subtract line 28c from line 27)...... 29. 30. Total Exemption Amount (See instructions)..... 30. 31. Medical Expenses (See instructions NJ-1040) 31. 32. Alimony and Separate Maintenance Payments..... 32. Qualified Conservation Contribution..... 33. 33. 34. Health Enterprise Zone Deduction 34. Alternative Business Calculation Adjustment (See instructions 35. NJ-1040)..... 35 Total Exemptions and Deductions (Add lines 30 through 35)...... 36. 36. 37. Taxable Income (Subtract line 36 from line 29) 37. 38a. Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)..... 38a. 38b. Block 38c. County/Municipality Code Check box if you completed Worksheet G. (See instr. NJ-1040) Tenant Both 39. Property Tax Deduction (See instructions NJ-1040)..... 39. 40. New Jersey Taxable Income (Subtract line 39 from line 37)..... 40. 41. Tax on Amount on line 40 (See instructions) 41. Credit For Income Taxes Paid to Other Jurisdictions 42. Enter other jurisdiction code (See instr. NJ-1040)...... 42. 43. Balance of Tax (Subtract line 42 from line 41)..... 43. 44. Child and Dependent Care Credit (See instructions NJ-1040)...... 44. 45. Balance of Tax (Subtract line 44 from line 43)..... 45. Sheltered Workshop Tax Credit (See instructions NJ-1040)....... 46. Balance of Tax (Subtract line 46 from line 45).....



	Name(s) and Social	Security	Numbe
--	--------	--------------	----------	-------

NJ-1040X (2019) Page 3

	BOTH COLUMNS MUST BE FULLY COMPLETED								
	As	Originally Reported Am	ended (See	ded (See Instructions)					
48. Gold Star Family Counseling Credit (See instructions NJ-1040)	48.								
49. Balance of Tax After Credits (Subtract line 48 from line 47)	49.								
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	50.								
51. Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form NJ-2210 is enclosed	51.								
52. Shared Responsibility Payment Check box if Schedule HCC is enclosed	52.								
53. Total Tax Due (Add lines 49 through 52)	53.								
54. Total New Jersey Income Tax Withheld	54.								
55. Property Tax Credit (See instructions NJ-1040)	55.								
56. New Jersey Estimated Tax Payments/Credit from 2018 tax return	56.								
57. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	57.								
8. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)									
59. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	59.								
60. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	60.								
61. Wounded Warrior Caregivers Credit (See instructions NJ-1040)	61.								
62. Amount Paid with original return, assessments, and/or with request for extension to file	62.								
63. Total payments/credits (Add lines 54 through 62)	63.								
64. Refund previously issued from Original Return	64.								
65. Net Payments (Subtract line 64 from line 63)	65.								
66. If payments (line 65) are LESS THAN tax (line 53), enter AMOUNT $$	OF TA	XX YOU OWE	66.						
67. If payments (line 65) are MORE THAN tax (line 53), enter OVERPA	YMEN	IT	67.						
68. Amount of line 67 to be (A) REFUNDED		68a.							
(B) CREDITED to your 2020 tax	68b.								
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. You must enclose copies of your W-2s, 1099s, and supporting schedules.									
(X	==							
(Income from New Jersey sources)	1)	New Jersey Tax line 41)			- 1				