



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	15.			
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	21.			
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.			
27. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 through 26)	27.			
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.			
33. Qualified Conservation Contribution.....	33.			
34. Health Enterprise Zone Deduction	34.			
35. Alternative Business Calculation Adjustment (See instructions NJ-1040).....	35.			
36. Organ/Bone Marrow Donation Deduction (See instr. NJ-1040)....	36.			
37. Total Exemptions and Deductions (Add lines 30 through 36).....	37.			
38. Taxable Income (Subtract line 37 from line 29)	38.			
39a. Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)....	39a.			

39b. Block Lot Qualifier

39c. County/Municipality Code Check box if you completed Worksheet G. (See instr. NJ-1040)

39d. Indicate your residency status during 2020 (fill in only one oval) Homeowner Tenant Both

40. Property Tax Deduction (See instructions NJ-1040).....	40.			
41. New Jersey Taxable Income (Subtract line 40 from line 38).....	41.			
42. Tax on Amount on line 41 (See instructions).....	42.			
43. Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instr. NJ-1040)..... <input type="text"/> <input type="text"/>	43.			
44. Balance of Tax (Subtract line 43 from line 42).....	44.			
45. Child and Dependent Care Credit (See instructions NJ-1040).....	45.			
46. Sheltered Workshop Tax Credit (See instructions NJ-1040)	46.			
47. Gold Star Family Counseling Credit (See instructions NJ-1040) ..	47.			



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48. Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	48.				
49. Total Credits (Add lines 45 through 48)	49.				
50. Balance of tax after credits (subtract line 49 from line 44) If zero or less, make no entry	50.				
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	51.				
52. Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form NJ-2210 is enclosed <input type="checkbox"/>	52.				
53. Shared Responsibility Payment Check box if Schedule HCC is enclosed <input type="checkbox"/>	53.				
54. Total Tax Due (Add lines 50 through 53)	54.				
55. Total New Jersey Income Tax Withheld (See instructions for required enclosures)	55.				
56. Property Tax Credit (See instructions NJ-1040)	56.				
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.				
58. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	58.				
59. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	59.				
60. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	60.				
61. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	61.				
62. Wounded Warrior Caregivers Credit (See instructions NJ-1040)	62.				
63. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	63.				
64. Amount Paid with original return, assessments, and/or with request for extension to file	64.				
65. Total payments/credits (Add lines 55 through 64)	65.				
66. Refund previously issued from Original Return	66.				
67. Net Payments (Subtract line 66 from line 65)	67.				
68. If payments (line 67) are LESS THAN tax (line 54), enter AMOUNT OF TAX YOU OWE	68.				
69. If payments (line 67) are MORE THAN tax (line 54), enter OVERPAYMENT	69.				
70. Amount of line 69 to be (A) REFUNDED	70a.				
(B) CREDITED to your 2021 tax	70b.				

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.

If amending line 43, complete calculations below and include a copy of the tax return filed with the other state (if one was filed or required to be filed):
 (Income from Other Jurisdictions) _____ X _____ = _____
 (Income from New Jersey sources) _____ (New Jersey Tax line 42)