040HP01210

2021 NJ-1040
New Jersey Resident Income Tax Return

5R

Affix preprinted label below ONLY if the information is correct.

For Privacy Act Notification, See Instructions

Your Social Security Number (required)	Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)		
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartment number)		
County/Municipality Code (See Table page 50)	City, Town, Post Office	State	ZIP Code

Fill in ☐ if federal extension filed. Fill in ☐ if the address above is a foreign address. Fill in ☐ if your address has changed.

Part-year residents, provide months/days you were a New Jersey resident during 2021:

From: M M / D D / 2 1 To: M M / D D / 2 1

Fiscal year filers only:
Enter month of your year end ☐☐ 2022

Filing Status

Fill in only one.

1. ☐ Single
2. ☐ Married/CU Couple, filing joint return
3. ☐ Married/CU Partner, filing separate return
4. ☐ Head of Household
5. ☐ Qualifying Widow(er)/Surviving CU Partner
   Indicate the year of your spouse's/CU partner's death: ☐ 2019 or ☐ 2020

Enter spouse's/CU partner's SSN

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	● Self	☐ Spouse/CU Partner	☐ Domestic Partner	☐	x $1,000 =
7. Senior 65+ (Born in 1956 or earlier)	☐ Self	☐ Spouse/CU Partner		☐	x $1,000 =
8. Blind/Disabled	☐ Self	☐ Spouse/CU Partner		☐	x $1,000 =
9. Veteran	☐ Self	☐ Spouse/CU Partner		☐	x $6,000 =
10. Qualified Dependent Children				☐☐	x $1,500 =
11. Other Dependents				☐☐	x $1,500 =
12. Dependents Attending Colleges (See instructions)				☐☐	x $1,000 =

13. Total Exemption Amount (Add totals from the lines at 6 through 12) ..... 13. ☐☐,☐☐☐.☐☐

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
			☐
			☐
			☐
			☐

Division use 1 2 ☐☐☐☐ 3 ☐☐☐☐ ☐ 4 5 6 ☐☐☐☐ 7 ☐☐☐☐

040HP02210

Your Social Security Number

Name(s) as shown on Form NJ-1040

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) ..... 15.
16a. Taxable interest income (Enclose federal Schedule B if over $1,500) (See instructions) ..... 16a.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a ..... 16b.
17. Dividends ..... 17.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) ..... 18.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) ..... 19.
20a. Taxable pension, annuity, and IRA distributions/withdrawals (See instructions) ..... 20a.
20b. Excludable pension, annuity, and IRA distributions/withdrawals ..... 20b.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) ..... 21.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) ..... 22.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) ..... 23.
24. Net gambling winnings (See instructions) ..... 24.
25. Alimony and separate maintenance payments received ..... 25.
26. Other (Enclose documents) (See instructions) ..... 26.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) ..... 27.
28a. Pension/Retirement Exclusion (See instructions) ..... 28a.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) ..... 28b.
28c. Total Exclusion Amount (Add lines 28a and 28b) ..... 28c.
29. **New Jersey Gross Income** (Subtract line 28c from line 27) (See instructions) ..... 29.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) ..... 30.
31. Medical Expenses (See Worksheet F and instructions) ..... 31.
32. Alimony and separate maintenance payments (See instructions) ..... 32.
33. Qualified Conservation Contribution ..... 33.
34. Health Enterprise Zone Deduction ..... 34.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) ..... 35.
36. Organ/Bone Marrow Donation Deduction (See instructions) ..... 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 instructions page 24) ... 39a.
39b. Block Lot Qualifier
39c. County/Municipality Code Fill in if you completed Worksheet G.
39d. Indicate your residency status during 2021 (fill in only one oval) ..... Homeowner Tenant Both

Your Social Security Number

Name(s) as shown on Form NJ-1040

40. Property Tax Deduction (From Worksheet H) (See instructions) ..... 40.

41. **New Jersey Taxable Income** (Subtract line 40 from line 38) ..... 41.

42. Tax on amount on line 41 (Tax Table page 52) ..... 42.

43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) ..... Enter Code ☐☐ 43.

44. Balance of Tax (Subtract line 43 from line 42) ..... 44.

45. Sheltered Workshop Tax Credit ..... 45.

46. ☐ Gold Star Family Counseling Credit (See instructions) ..... 46.

47. Credit for Employer of Organ/Bone Marrow Donor (See instructions) ..... 47.

48. Total Credits (Add lines 45 through 47) ..... 48.

49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry ..... 49.

50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00 ..... 50.

51. Interest on Underpayment of Estimated Tax ..... 51.
Fill in ☐ if Form NJ-2210 is enclosed

52. Shared Responsibility Payment (See instructions) ..... 52.
REQUIRED Enclose Schedule HCC and fill in ☐

53. **Total Tax Due** (Add lines 49 through 52) ..... 53.

54. **Total NJ Income Tax Withheld** (Enclose Forms W-2 and 1099)(Part-year, see instr.) ..54.

55. Property Tax Credit (See instructions page 23) ..... 55.

56. New Jersey Estimated Tax Payments/Credit from 2020 tax return ..... 56.

57. New Jersey Earned Income Tax Credit (See instructions) ..... 57.
Fill in ☐ if you had the IRS calculate your federal earned income credit
Fill in ☐ if you are a CU couple claiming the NJ Earned Income Tax Credit

58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) ..... 58.

59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) ..... 59.

60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) ..... 60.

61. Wounded Warrior Caregivers Credit (See instructions) ..... 61.

62. Pass-Through Business Alternative Income Tax Credit (See instructions) ..... 62.

63. Child and Dependent Care Credit (See instructions) ..... 63.
Fill in ☐ if you are a CU couple claiming the Child and Dependent Care Credit

64. **Total Withholdings, Credits, and Payments** (Add lines 54 through 63) ..... 64.

65. If line 64 is less than line 53, you have tax due.
Subtract line 64 from line 53 and enter the amount you owe ..... 65.

If you owe tax, you can still make a donation on lines 68 through 75.

66. If the total on line 64 is more than line 53, you have an overpayment.
Subtract line 53 from line 64 and enter the overpayment ..... 66.

67. Amount from line 66 you want to credit to your 2022 tax. ..... 67.

040HP04210

Your Social Security Number

Name(s) as shown on Form NJ-1040

68. Contribution to N.J. Endangered Wildlife Fund ☐ $10 ☐ $20 ☐ Other ..... 68. .

69. Contribution to N.J. Children's Trust Fund To Prevent Child Abuse ☐ $10 ☐ $20 ☐ Other ..... 69. .

70. Contribution to N.J. Vietnam Veterans' Memorial Fund ☐ $10 ☐ $20 ☐ Other ..... 70. .

71. Contribution to N.J. Breast Cancer Research Fund ☐ $10 ☐ $20 ☐ Other ..... 71. .

72. Contribution to U.S.S. New Jersey Educational Museum Fund ☐ $10 ☐ $20 ☐ Other ..... 72. .

73. Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other Enter Code ☐☐ 73. .

74. Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other Enter Code ☐☐ 74. .

75. Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other Enter Code ☐☐ 75. .

76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75) ..... 76. .

77. **Balance due** (If line 65 is more than zero, add line 65 and line 76) ..... 77. .
Fill in ◯ if paying by e-check or credit card

78. **Refund amount** (If line 66 is more than zero, subtract line 76 from line 66) ..... 78. .

Gubernatorial Elections Fund

Do you want to designate $1 to the Gubernatorial Elections Fund?
If joint return, does your spouse want to designate $1?
This does not reduce your refund or increase your balance due.

→ You Yes ☐ No ☐
Spouse/CU Partner Yes ☐ No ☐

Signature

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Driver's License Number (Voluntary) (See instructions)

Fill in ☐ if death certificate is enclosed.

Fill in ☐ if you do not want a paper form next year.

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

Paid Preparer's Signature (Fill in ☐ if NJ-1040-O is enclosed)

Federal Identification Number

Firm's Name

Firm's Federal Employer Identification Number

Keep a copy of this return and all supporting documents for your records.

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey
Division of Taxation
Revenue Processing Center – Payments
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey – TGI

You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:

State of New Jersey
Division of Taxation
Revenue Processing Center – Refunds
PO Box 555
Trenton, NJ 08647-0555