



New Jersey  
Amended Resident Income Tax Return

7x

For Tax Year January 1, 2021 – December 31, 2021, Or Other Tax Year Beginning \_\_\_\_\_, 2021, Ending \_\_\_\_\_, 2022

TAXPAYER IDENTIFICATION AND STATUS	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 <input type="checkbox"/> Foreign address <input type="checkbox"/>
	County/Municipality Code	City, Town, Post Office	State	ZIP Code

**NJ RESIDENCY STATUS** Part-year residents, provide months/days you were a New Jersey resident during 2021: From   21   To   21    
MONTH DAY YEAR MONTH DAY YEAR

Filing Status		Exemptions	As Originally Reported	Amended
On Original Return	On Amended Return	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/ CU Partner <input type="checkbox"/> Domestic Partner	6.	
1. <input type="checkbox"/>	<input type="checkbox"/> Single	7. Age 65 or over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	7.	
2. <input type="checkbox"/>	<input type="checkbox"/> Married/CU Couple, filing joint return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	8.	
3. <input type="checkbox"/>	<input type="checkbox"/> Married/CU Partner, filing separate return	9. Veteran Exemption <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	9.	
4. <input type="checkbox"/>	<input type="checkbox"/> Head of Household	10. Number of your qualified dependent children	10.	
5. <input type="checkbox"/>	<input type="checkbox"/> Qualifying Widow(er)/ Surviving CU Partner	11. Number of other dependents	11.	
		12. Dependents attending colleges (See instr. NJ-1040)	12.	
		13a. Add lines 6, 7, 8, and 12.	13a.	
		13b. Add lines 10 and 11.	13b.	
		13c. Enter amount from line 9.	13c.	

DEPENDENT INFORMATION	14.	Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Check box if dependent does not have health insurance
	a	_____	____ / ____ / ____	_____	<input type="checkbox"/>
	b	_____	____ / ____ / ____	_____	<input type="checkbox"/>
	c	_____	____ / ____ / ____	_____	<input type="checkbox"/>
	d	_____	____ / ____ / ____	_____	<input type="checkbox"/>

<b>GUBERNATORIAL ELECTIONS FUND</b>	Do you want to designate \$1 of your taxes for this fund?	<input type="checkbox"/> Yes	<b>Note:</b> If you check the "yes" box(es), it will not increase your tax or reduce your refund.
	If joint return, does your spouse/CU Partner want to designate \$1?	<input type="checkbox"/> Yes	

<b>SIGN HERE</b>	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 knowledge.		<b>Pay amount on line 69 in full. Write Social Security number(s) on check or money order and make payable to:</b>  <b>State of New Jersey – TGI Division of Taxation Revenue Processing Center PO Box 664 Trenton, NJ, 08646-0664</b>  <b>You can also make a payment on our website: nj.gov/taxation</b>	
	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) <input type="checkbox"/>			
	Drivers License # ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>			
Paid Preparer's Signature		Federal Identification Number		
Firm's name		Firm's Federal Employer Identification Number		



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. Taxable pension, annuity, and IRA distributions/withdrawals .....	20a.			
20b. Excludable pension, annuity, and IRA distributions/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. Pension/Retirement Exclusion.....	28a.			
28b. Other Retirement Income Exclusion.....	28b.			
28c. Total Exclusion Amount (Add lines 28a and 28b) .....	28c.			
29. <b>New Jersey Gross Income</b> (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 2021 (fill in only one oval) .....  Homeowner  Tenant  Both

40. Property Tax Deduction (See instructions NJ-1040).....	40.			
41. <b>New Jersey Taxable Income</b> (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. Sheltered Workshop Tax Credit (See instructions NJ-1040) .....	45.			
46. Gold Star Family Counseling Credit (See instructions NJ-1040) ..	46.			



Name(s) and Social Security Number

	Both Columns Must Be Fully Completed			
	As Originally Reported		Amended (See Instructions)	
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040) .....	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 NJ-1040) .....	50.			
51. Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form NJ-2210 is enclosed <input type="checkbox"/>	51.			
52. Shared Responsibility Payment Check box if Schedule HCC is enclosed <input type="checkbox"/>	52.			
53. Total Tax Due (Add lines 49 through 52) .....	53.			
54. <b>Total New Jersey Income Tax Withheld</b> (See instructions for required enclosures) .....	54.			
55. Property Tax Credit (See instructions NJ-1040) .....	55.			
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.			
57. New Jersey Earned Income Tax Credit (See instructions NJ-1040) .....	57.			
58. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040) .....	58.			
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. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040) .....	62.			
63. Child and Dependent Care 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 54 through 64) .....	65.			
66. Refund previously issued from original return .....	66.			
67. Net payments (Subtract line 66 from line 65) .....	67.			
68. If line 67 is less than line 53, you have tax due. Subtract line 67 from line 53 and enter the amount you owe.....	68.			
69. If line 67 is more than line 53, you have an overpayment. Subtract line 53 from line 67 and enter the overpayment	69.			
70. Amount of line 69 to be (A) REFUNDED .....	70a.			
(B) CREDITED to your 2022 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)