



New Jersey Amended Resident Income Tax Return

	7x	For Tax Year Janu	ary 1, 2022	2 – December 31, 2022	2, Or O	ther Tax Year E	Beginnin	g		, 2022, E	Ending	., 2	023	
TAXPAYER IDENTIFICATION AND STATUS	Your	Your Social Security Number Last Name, First Name, and Initial (Joint filers enter first name and initial of each – Enter spouse/CU partner								partner la	st name only if differe	nt)		
		1 1												
	Spor	use's/CU Partner's Social Security Numb	me Address (Number and Str	e Address (Number and Street, incl. apt. # or rural route)							Change of address			
											Foreign address			
	County/Municipality Code City,			ty, Town, Post Office State							ZIP Code			
			rovide months/days yo								22			
	51	· · · · · · · · · · · · · · · · · · ·	New Jersey resident								ONTH	DAY YEAR As Originally		
	Filing Status					Exemp	tions					Reported	Amended	
	On On 6. Regular			6. Regular 🛛 Yo	Yourself Spouse/ Domestic 6.						6			
		Original Amended Return Return . □ □ Single					artner		artner		-			
	1.			7. Age 65 or over Yourself Spouse/CU Partner 7.						7.				
				8. Blind or Disabled Yourself Spouse/CU Partner 8.						8.				
	2.			9. Veteran Exemption							9.			
	3.			10. Number of your qualified dependent children 10.						10.				
			Married/CU Partner, filing separate return		11. Number of other dependents 11.						11.			
						12. Dependents attending colleges (See instr. NJ-1040) 12								
	4.		Head of Household		13a. Add lines 6, 7, 8, and 12.									
	5.	Qualifying Wie Surviving CU	dow(er)/	/ 12b Add lines 10 and 11						13b.				
		Surviving CO	13c. Enter amoun	t from	line 9.					13c.				
				1								Che	eck box if	
	14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Y									th Year				
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		 				10		Yes						
			Note: If you check the							e "yes" box(es), it will not increase				
Ľ														
	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.										Pay amount on line 70 in			
										_ '	full. Write Social Security number(s) on check or money			
ш	Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)								sign)	order and make	payable to:			
SIGN HERE	If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040)										State of New Jersey – TGI			
										Division of Taxation Revenue Processing Center PO Box 664				
	Drivers License #													
	(Voluntary. See instructions NJ-1040.) I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) □											Trenton, NJ, 08646-0664		
		aid Preparer's Signature		s my return and enclosures with my preparer (below)						You can also make a payment on our website:				
									on our website: nj.gov/taxation					
	Fi	irm's name	Firr	Firm's Federal Employer Identification Number							4			
	visio	on a construction of the c		I					7					
2	Use	on 1 2 3		4	{	56			_ /				. ठ <u></u>	



Name(s) and Social Security Number

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	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.					1			
16b. Tax-exempt interest income. Do not include on line 16a			ĺ						
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									
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.								
1. Distributive Share of Partnership Income									
22. Net pro rata share of S Corporation Income	22.								
 Net gains or income from rents, royalties, patents, and copyrights 									
Net gambling winnings									
25. Alimony and separate maintenance payments received	25.								
26. Other	26.					1			
27. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 through 26)	27.								
28a. Pension/Retirement Exclusion									
28b. Other Retirement Income Exclusion									
28c. Total Exclusion Amount (Add lines 28a and 28b)						1			
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.								
37a. NJBEST Deduction									
37b. NJCLASS Deduction									
37c. NJ Higher Education Tuition Deduction									
38. Total Exemptions and Deductions (Add lines 30 through 37)	38.								
39. Taxable Income (Subtract line 38 from line 29)	39.								
40a. Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)	40a.								
40b. Indicate your residency status during 2022 (fill in only one oval)		Homeowner		O Tenant		Both			
41. Property Tax Deduction (See instructions NJ-1040)	41.								
42. New Jersey Taxable Income (Subtract line 41 from line 39)	42.								
43. Tax on amount on line 42 (See instructions)	43.								
44. Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instr. NJ-1040)	44.								
45. Balance of Tax (Subtract line 44 from line 43)	45.								
46. Sheltered Workshop Tax Credit (See instructions NJ-1040)	46.								
47. Gold Star Family Counseling Credit (See instructions NJ-1040)	47.								



Name(s) and Social Security Number

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	Both Columns Must Be Fully Completed								
	As Orig			ed (See	e Instructions)				
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	48.								
49. Total Credits (Add lines 46 through 48)	49.								
50. Balance of tax after credits (subtract line 49 from line 45) 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	52.								
53. Shared Responsibility Payment Check box if Schedule HCC is enclosed	53.								
54. Total Tax Due (Add lines 50 through 53)	54.								
55. Total NJ Income Tax Withheld (See instructions for required enclosures)	55.								
. Property Tax Credit (See instructions NJ-1040)									
57. New Jersey Estimated Tax Payments/Credit from 2021 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)									
63. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	63.								
64. Child and Dependent Care Credit (See instructions NJ-1040)	64.		-						
65. New Jersey Child Tax Credit									
66. Amount paid with original return, assessments, and/or with request for extension to file	66.								
67. Total payments/credits (Add lines 55 through 66)	67.								
68. Refund previously issued from original return	68.								
69. Net payments (Subtract line 68 from line 67)	69.								
70. If line 69 is less than line 54, you have tax due. Subtract line 69 from	70.								
71. If line 69 is more than line 54, you have an overpayment. Subtract lin	71.								
72. Amount of line 71 to be (A) REFUNDED	72a.								
(B) CREDITED to your 2023 tax									
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 44, 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 43)									