040HP01230

2023 NJ-1040
New Jersey Resident Income Tax Return

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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 52)

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 2023:

From: M M / D D / 2 3   To: M M / D D / 2 3

Fiscal year filers only:
Enter month of your year end [ ] 2024

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: ⬭ 2021 or ⬭ 2022

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 1958 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 [   ]

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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 (See instr) 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 20–21) .... 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.

37a. NJBEST Deduction   b. NJCLASS Deduction   c. NJ Higher Ed. Tuition Ded.

38. Total Exemptions and Deductions (Add lines 30 through 37c)...........................38.

39. Taxable Income (Subtract line 38 from line 29) .... 39.

40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) .....40a.

40b. Indicate your residency status during 2023 (fill in only one oval)............... ◯ Homeowner   ◯ Tenant   ◯ Both

41. Property Tax Deduction (From Worksheet H) (See instructions)...................................41.

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42. **New Jersey Taxable Income** (Subtract line 41 from line 39).........................42.

43. Tax on amount on line 42 (Tax Table page 54)..43.

44. Credit For Income Taxes Paid to Other Jurisdictions   Enter Code
    (Enclose Schedule NJ-COJ) (See instructions) ....   44.

45. Balance of Tax (Subtract line 44 from line 43)..45.

46. Sheltered Workshop Tax Credit...46.

47. Gold Star Family Counseling Credit (See instructions)...............................47.

48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) ....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) If no Use Tax, enter 0.00 ....51.

52. Interest on Underpayment of Estimated Tax ....52.
    Fill in ⬭ if Form NJ-2210 is enclosed

53a. Fill in oval if anyone in your tax household does not currently have health insurance.
    (Enclose NJ-EZ Enroll form)(See instructions) .... ⬭

53b. If you indicated at line 53a that someone in your tax household does not have health
    insurance, fill in oval to allow Get Covered New Jersey to help you obtain coverage .... ⬭
    (See instructions)

53c. Shared Responsibility Payment (See instructions) .... 53c.

    REQUIRED   Enclose Schedule NJ-HCC and fill in ⬭

54. **Total Tax Due** (Add lines 50 through 53c) ....54.

55. **Total NJ Income Tax Withheld**
    (Enclose Forms W-2 and 1099)(Part-year residents, see instr.) ....55.

56. Property Tax Credit (See instructions page 25)..56.

57. New Jersey Estimated Tax Payments/Credit from 2022 tax return ....57.

58. New Jersey Earned Income Tax Credit (See instructions).......................................58.
    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

59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)..........................59.

60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)...............60. | 0 | 0 | 0 |

61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)........61.

62. Wounded Warrior Caregivers Credit (See instructions) ....62.

63. Pass-Through Business Alternative Income Tax Credit (See instructions) ....63.

64. Child and Dependent Care Credit (See instructions) ....64.
    Fill in ⬭ if you are a CU couple claiming the Child and Dependent Care Credit

65. New Jersey Child Tax Credit (See instructions) ....   # of dependents age 5 or younger on 12/31/23   ....65.

66. **Total Withholdings, Credits, and Payments** (Add lines 55 through 65) ....66.

67. If line 66 is less than line 54, you have tax due.
    Subtract line 66 from line 54 and enter the amount you owe .... 67.
    If you owe tax, you can still make a donation on lines 70 through 77.

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Your Social Security Number

Name(s) as shown on Form NJ-1040

68. If the total on line 66 is more than line 54, you have an overpayment.
Subtract line 54 from line 66 and enter the overpayment..........................68.

69. Amount from line 68 you want to credit to your 2024 tax. ....69.

70. Contribution to N.J.
Endangered Wildlife Fund .... ☐ $10 ☐ $20 ☐ Other ....70.

71. Contribution to N.J. Children's Trust
Fund To Prevent Child Abuse.................... ☐ $10 ☐ $20 ☐ Other ....71.

72. Contribution to N.J. Vietnam
Veterans' Memorial Fund.......................... ☐ $10 ☐ $20 ☐ Other ....72.

73. Contribution to N.J. Breast
Cancer Research Fund .... ☐ $10 ☐ $20 ☐ Other ....73.

74. Contribution to U.S.S. New Jersey
Educational Museum Fund......................... ☐ $10 ☐ $20 ☐ Other ....74.

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

76. Other Designated Contribution
(See instructions) .... ☐ $10 ☐ $20 ☐ Other   Enter Code   76.

77. Other Designated Contribution
(See instructions) .... ☐ $10 ☐ $20 ☐ Other   Enter Code   77.

78. Total Adjustments to Tax Due/Overpayment amount
(Add lines 69 through 77)..78.

79. **Balance due** (If line 67 is more than zero, add line 67 and line 78)......................79.
Fill in ⬭ if paying by e-check or credit card

80. **Refund amount** (If line 68 is more than zero, subtract line 78 from line 68) ....80.

Gubernatorial Elections Fund

Do you want to designate $1 to the Gubernatorial Elections Fund?   ➡ You   Yes ⬭   No ⬭
If joint return, does your spouse want to designate $1?   Spouse/CU Partner   Yes ⬭   No ⬭
This does not reduce your refund or increase your balance due.

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. (N.J.S.A. 2C:28-1)

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 mail tax return 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
Mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center – Refunds
PO Box 555
Trenton, NJ 08647-0555