

NJ-1040X

2025

New Jersey
Amended Resident Income Tax Return

7x

For Tax Year January 1, 2025 – December 31, 2025, Or Other Tax Year Beginning _____, 2025, Ending _____, 2026

Check box if you also filed a federal amended return ☐

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
STATUSPart-year residents, provide months/days you were a
New Jersey resident during 2025:From 25 To 25
MONTH DAY YEAR MONTH DAY YEAR

Filing Status

Exemptions

As Originally
Reported

Amended

- | | On
Original
Return | On
Amended
Return |
|---|--------------------------|--------------------------|
| 1. <input type="checkbox"/> Single | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <input type="checkbox"/> Married/CU Couple,
filing joint return | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <input type="checkbox"/> Married/CU Partner,
filing separate return | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <input type="checkbox"/> Head of Household | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <input type="checkbox"/> Qualifying Widow(er)/
Surviving CU Partner | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|------|--|--|
| 6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/
CU Partner <input type="checkbox"/> Domestic
Partner | 6. | | |
| 7. Age 65 or over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner | 7. | | |
| 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner | 8. | | |
| 9. Veteran Exemption <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner | 9. | | |
| 10. Number of your qualified dependent children | 10. | | |
| 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"/>

Digital Assets

Did you (or your spouse/CU partner) receive (as a reward, award, or payment for property or services); or sell, exchange, or otherwise dispose of a digital asset in 2025 (or a financial interest in a digital asset)? (See instructions.)

Yes ☐ No ☐GUBERNATORIAL
ELECTIONS FUND

Do you want to designate \$1 of your taxes for this fund?

Yes ☐

If joint return, does your spouse/CU partner want to designate \$1?

Yes ☐**Note:** If you check the "yes" box(es), it will not increase your tax or reduce your refund.

SIGN HERE

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.

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) ☐Drivers License # _____
(Voluntary. See instructions NJ-1040.)I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ☐

Paid Preparer's Signature _____

Federal Identification Number _____

Firm's Name _____

Firm's Federal Employer Identification Number _____

Pay amount on line 70 in
full. Write Social Security
number(s) on check or money
order and make payable to:State of New Jersey – TGI
Division of Taxation
Revenue Processing Center
PO Box 664
Trenton, NJ, 08646-0664You can also make a payment
on our website:
nj.gov/taxation

Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____



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.					
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.					
25. Net gambling winnings	25.					
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. 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	37a.					
37b. NJCLASS Deduction	37b.					
37c. NJ Higher Education Tuition Deduction	37c.					



Name(s) and Social Security Number

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	Both Columns Must Be Fully Completed					
	As Originally Reported			Amended (See Instructions)		
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 instr. NJ-1040).....	40a.					
40b. Indicate your residency status during 2025 (check only one box)..... <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/> 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.					
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 <input type="checkbox"/>	52.					
53a. Check the box if anyone in your tax household did not have health insurance on the date the original return was filed. (Enclose NJ-EZ Enroll form)(See instructions NJ-1040) <input type="checkbox"/>						
53b. If you indicated at line 53a that someone in your tax household did not have health insurance, check the box to allow Get Covered New Jersey to assist with obtaining coverage. (See instructions NJ-1040) <input type="checkbox"/>						
53c. Shared Responsibility Payment Check box if Schedule NJ-HCC is enclosed..... <input type="checkbox"/>	53c.					
54. Total Tax Due (Add lines 50 through 53c).....	54.					
55. Total NJ 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 2024 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.					



Name(s) and Social Security Number

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	Both Columns Must Be Fully Completed					
	As Originally Reported			Amended (See Instructions)		
62. Wounded Warrior Caregivers Credit (See instructions NJ-1040) .	62.					
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 (See instructions NJ-1040)	65.					
66. Amount paid with original return, assessments, and/or with request for extension of time 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 line 54 and enter the amount you owe	70.					
71. If line 69 is more than line 54, you have an overpayment. Subtract line 54 from line 69 and enter the overpayment	71.					
72. Amount of line 71 to be (A) REFUNDED	72a.					
(B) CREDITED to your 2026 tax	72b.					
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 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)						