For tax year Jan. - Dec., 2016

Filing Status

Select only one

1. Single
2. Married/CU couple, filing joint return
3. Married/CU Partner, filing separate return. Enter Spouse/CU Partner’s SS No. in the boxes above
4. Head of Household
5. Qualifying widow(er)/Surviving CU Partner

Exemptions

6. Regular □ Yourself □ Spouse/CU Partner □ Domestic Partner
7. Age 65 or Over □ Yourself □ Spouse/CU Partner
8. Blind or Disabled □ Yourself □ Spouse/CU Partner
9. Number of your qualified dependent children
10. Number of other dependents
11. Dependents attending colleges (See instr. page 16)
12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)

Gubernatorial Elections Fund

Do you wish to designate $1 of your taxes for this fund? □ Yes □ No

If joint return, does your spouse/CU partner wish to designate $1? □ Yes □ No

Note: If you check Yes, it will not increase your tax or reduce your refund.

If enclosing copy of death certificate for deceased taxpayer, check box □

If you do not need forms mailed to you next year, check box □

Under the 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 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)

Date

Driver’s License Number

(Voluntary, See instruction page 14)

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

Paid Preparer’s Signature □

Federal ID Number

Federal Employer ID No.
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Instructions</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Wages, salaries, tips, and other employee compensation (Enclose W-2)</td>
<td>See instructions</td>
<td></td>
</tr>
<tr>
<td>15a</td>
<td>Taxable interest income (See instructions)</td>
<td>Enclose Federal Schedule B if over $1,500</td>
<td></td>
</tr>
<tr>
<td>15b</td>
<td>Tax-exempt interest income (See instructions)</td>
<td>Enclose Schedule</td>
<td>DO NOT include on Line 15a</td>
</tr>
<tr>
<td>16</td>
<td>Dividends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Net profits from business (Schedule NJ-BUS-1, Part I, Line 4)</td>
<td>Enclose copy of Federal Schedule C, Form 1040</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Net gains or income from disposition of property (Schedule B, Line 4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a</td>
<td>Pensions, Annuities, and IRA Withdrawals</td>
<td>See instruction page 21</td>
<td></td>
</tr>
<tr>
<td>19b</td>
<td>Excludable Pensions, Annuities, and IRA Withdrawals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4)</td>
<td>See instruction page 24</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4)</td>
<td>See instruction page 25</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Net gains or income from rents, royalties, patents &amp; copyrights</td>
<td>Schedule NJ-BUS-1, Part IV, Line 4</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Net Gambling Winnings</td>
<td>See instruction page 25</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Alimony and separate maintenance payments received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (Enclose Schedule)</td>
<td>See instruction page 25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27a</td>
<td>Pension Exclusion</td>
<td>See instruction page 26</td>
<td></td>
</tr>
<tr>
<td>27b</td>
<td>Other Retirement Income Exclusion</td>
<td>See Worksheet and instruction page 26</td>
<td></td>
</tr>
<tr>
<td>27c</td>
<td>Total Exclusion Amount (Add Line 27a and Line 27b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>New Jersey Gross Income (Subtract Line 27c from Line 26)</td>
<td>See instruction page 27</td>
<td>0.00</td>
</tr>
<tr>
<td>29</td>
<td>Total Exemption Amount</td>
<td>See instruction page 28 to calculate amount</td>
<td>Part-Year Residents see instruction page 7</td>
</tr>
<tr>
<td>30</td>
<td>Medical Expenses</td>
<td>See Worksheet and instruction page 28</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Alimony and Separate Maintenance Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Qualified Conservation Contribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Health Enterprise Zone Deduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>36</td>
<td>Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>37a</td>
<td>Total Property Taxes (18% of Rent) Paid</td>
<td>See instruction page 29</td>
<td></td>
</tr>
<tr>
<td>37b</td>
<td>Block, Lot, and Qualifier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37c</td>
<td>County/Municipality Code</td>
<td>Check box if you completed Worksheet G-1</td>
<td>See instruction page 32</td>
</tr>
<tr>
<td>38</td>
<td>Property Tax Deduction</td>
<td>From Worksheet G.</td>
<td>38</td>
</tr>
<tr>
<td>39</td>
<td>NEW JERSEY TAXABLE INCOME</td>
<td>Subtract Line 38 from Line 36. If zero or less, MAKE NO ENTRY</td>
<td>39</td>
</tr>
</tbody>
</table>
40. **TAX** (From Tax Table, page 52)

41. Credit For Income Taxes Paid to Other Jurisdictions. 
   Enter other jurisdiction code (See instructions) 
   41

42. Balance of Tax (Subtract Line 41 from Line 40) 
   42

43. Sheltered Workshop Tax Credit 
   43

44. Balance of Tax after Credit (Subtract Line 43 from Line 42) 
   44

45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases 
   (See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00) 
   45

46. Penalty for Underpayment of Estimated Tax 
   46

Check box if Form NJ-2210 is enclosed

47. **Total Tax and Penalty** (Add Lines 44, 45, and 46) 
   47

48. **New Jersey Income Tax Withheld** (From enclosed Forms W-2 and 1099) 
   48

49. Property Tax Credit (See instruction page 37) 
   49

50. New Jersey Estimated Tax Payments/Credit from 2015 tax return 
   50

51. New Jersey Earned Income Tax Credit (See instruction page 38) 
   51

Select only one

- Check box if you had the IRS figure your Federal Earned Income Credit
- Check box if you are a CU couple claiming the NJ Earned Income Tax Credit

52. EXCESS New Jersey UI/WF/SWF Withheld (See instruction page 38) 
   (Enclose Form NJ-2450) 
   52

53. EXCESS New Jersey Disability Insurance Withheld (See instruction page 38) 
   (Enclose Form NJ-2450) 
   53

54. EXCESS New Jersey Family Leave Insurance Withheld (See instruction page 38) 
   (Enclose Form NJ-2450) 
   54

55. **Total Payments/Credits** (Add Lines 48 through 54) 
   55

56. If Line 55 is LESS THAN Line 47, enter **AMOUNT YOU OWE** 
   56

Check box if paying by e-check or credit card

If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.

57. If Line 55 is MORE THAN Line 47, enter **OVERPAYMENT** 
   57

Deductions from Overpayment on Line 57 which you elect to credit to:

58. Your 2016 tax 
   58

- 59. N.J. Endangered Wildlife Fund 
   - $10 
   - $20 
   - Other 
   - 59

- 60. N.J. Children’s Trust Fund To Prevent Child Abuse 
   - $10 
   - $20 
   - Other 
   - 60

- 61. N.J. Vietnam Veterans’ Memorial Fund 
   - $10 
   - $20 
   - Other 
   - 61

- 62. N.J. Breast Cancer Research Fund 
   - $10 
   - $20 
   - Other 
   - 62

- 63. U.S.S. New Jersey Educational Museum Fund 
   - $10 
   - $20 
   - Other 
   - 63

- 64. Other Designated Contribution 
   (See instruction page 39) 
   - $10 
   - $20 
   - Other 
   - 64

65. **Total Deductions from Overpayment** (Add Lines 58 through 64) 
   65

66. **REFUND** (Amount to be sent to you. Subtract Line 65 from Line 57) 
   66