NJ-1040 2002



STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

1 of 4

| 2002 5R | | | | | | | | | | | |
|--|----------------------------|--|--|-----------|-------------------------------|----------------------------------|--|-----------------------------------|--|--|--|
| | | Year JanDec. 31, 2002, Or Other Tax Year Beginning | | , 2 | 2002, Month Ending | , 20 | | | | | |
| \downarrow | IMF | ORTANT! YOU MUST ENTER YOUR SSN (s). | Fill | in | if application for Federa | al extension is enclosed or ente | r confirmation # | | | | |
| | Yo | our Social Security Number Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different) | | | | | | | | | |
| | | | | | | | | | | | |
| | Sn | ur Social Security Number Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different) ouse's Social Security Number Home Address (Number and Street, including apartment number or rural route) Unity/Municipality Code (See Table p. 51) City, Town, Post Office State Zip Code | | | | | | | | | |
| | J | ouse's Social Security Number | 11011 | ie Addre | (Number and Street, including | apartment number of fural foute) | | | III prep | | |
| | | | | | | | | | | | |
| ons | Со | unty/Municipality Code (See Table p. 51) | City, Town, Post Office State Zip Code | | | | | | | | |
| See Instructions | State 2p cour | | | | | | | | e labe orrect. | | |
| Insti | | | <u> </u> | | | | | | Plac is cc and | | |
| See | | (Fill in only one) | | , | Dec les | - // | | ENTER | -DC | | |
| | | 1. Single | | 6. | Regular | ■ Yourself | 6 | NUMBE HERE | :RS | | |
| Ficati | | 1. Single | | 7. | Age 65 or Over | > Yourself | 7 | | | | |
| For Privacy Act Notification, | S | 2. Married, filing joint return | 1,0 | | • | · | | | | | |
| Act | STATUS | 3. Married, filing separate return | IS | 8. | Blind or Disabled | Yourself Spouse | 8 | | | | |
| acy | ST | Enter Spouse's Social Security | EXEMPTIONS | 9. | Number of your qualifie | d dependent children | | 9 | 11 | | |
| Priv | 9 | | | 10 | Number of other depend | dents | | 40 | + | | |
| For | FILING | above | | 10. | Number of other depend | uerits | | 10 | | | |
| | | 4. Head of household | | 11. | Dependents attending of | olleges | 11 | | | | |
| | | 5. Qualifying widow(er) | | 12. | Totals (For Line 12a - Add | Lines 6, 7, 8, and 11) | | 401 | | | |
| | | 3. Qualifying widow(er) | | | (For Line 12b - Ad | d Lines 9 and 10) | <i>12a</i> | 12b | | | |
| H | | 13. If you were a New Jersey resident for O | NLY | | | | | <u> </u> | | | |
| | 1 ' | RESIDENCY STATUS 13. If you were a new Jersey resident for O part of the taxable year, give the period New Jersey residency: | of | From | M M / D | D / Y Y | M / D | ן אן ע | Y | | |
| H | • | GUBERNATORIAL Do you wish to design | nate \$1 | 1 of your | taxes for this fund? | Yes | No Note: | if you fill in th | ne Yes | | |
| | | ELECTIONS FUND If joint return, does | • | • | | Yes — | oval(s |) it will not in reduce your i | crease your | | |
| | | | | | | | | | | | |
| 14. Wages, salaries, tips, and other employee compensation (Enclose W-2) | | | | | | | | | | | |
| 1 | 5a. | Taxable interest income (See instructions) | | | | 15a | | ПΓ | | | |
| | ou. | taxable interest income (eee instructions) | | | | 752 | <u></u> | | | | |
| 1 | 5b. | Tax-exempt interest income (See instructions) | | 15b | | | | | | | |
| | DO NOT include on Line 15a | | | | | | | | | | |
| | 16. | Dividends | | | | | | | | | |
| | 17. | Net profits from business (Enclose copy of Federal Schedule C, Form 1040) | | | | | | | | | |
| 17 1-10 profits from business (Enclose copy of Foucial Soficulate of Form 10-70) | | | | | | | | === | == | | |
| 18. Net gains or income from disposition of property (Schedule B, Line 4) | | | | | | | , | ا السا | $oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | | |
| | 19. | Pensions, a. Taxable Amount Received | | 19a | \neg | | | | | | |
| | 17. | Annuities | | 174 | | | = | | | | |
| | | and IRA b. Less N.J. Pension Exclusion | 19b | | | | | | | | |
| | | Withdrawals | | | | | | | _ | | |
| | | c. Subtract Line 19b from Line 19a | | | | 19c | , | <u>Ш.</u> L | | | |
| | 20. | Distributive Share of Partnership Income (See instruction | | | | 20 | ПП | ΠГ | | | |
| | 20. | Distributive share of Farthership meetine (See instruction | i page | 30) | | 1 | | | === | | |
| | 21. | Net pro rata share of S Corporation Income (See instruc | tion pa | ge 30) . | | 21 | 1 11 1 | ш | - 1 - 1 | | |
| | | | | | | | === | m i | _ | | |
| | 22. | Net gain or income from rents, royalties, patents & copyr (Schedule C, Line 3) | | | | 22 | ـــــا, ـــــــــــــــــــــــــــــــ | L.L | | | |
| | 23. | | | | | | | | | | |
| | _0. | | | | | | | ∐ ⊹¦ | # | | |
| | 24. | Alimony and separate maintenance payments received . | | | | 24 | | | | | |
| | _ | | | | _ | 05 | | — F | 〒 | | |
| | 25. | Other (See instruction page 31) | | | | 25 | <u> </u> | ┸┩╎┞ | | | |
| | 26. | Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22 | 2, 23, 2 | 4, and 2! | 5) | 26 | | | | | |

| • | -4 | . 4 |
|---|----|-----|
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| | | NJ-1040 (2002) Page 2 |
|------|---|--|
| 27. | Total Income (From Line 26, Page 1) | 27 |
| 28. | Other Retirement Income Exclusion (See Worksheet and instr. page 31) | 28 |
| 29. | New Jersey Gross Income (Subtract Line 28 from Line 27) | 29 |
| 30a. | Exemptions: From Line 12a x \$1,000 = | |
| 30b. | From Line 12b x \$1,500 = | |
| 500. | 7 TOTT LINE 125 X \$ 1,500 = | |
| 30c. | Total Exemption Amount (Add Line 30a and Line 30b) | |
| 31. | Medical Expenses | |
| | (See Worksheet and instruction page 33) | |
| 32 | Alimony and Separate Maintenance Payments | 32 |
| 02. | Tillinony and ooparate maintenance raymones | |
| 33. | Qualified Conservation Contribution | |
| 34. | Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33) | 34 |
| 35. | Taxable Income (Subtract Line 34 from Line 29) | 35 |
| 36. | Property Tax Deduction (See instruction page 34) | |
| 37. | NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) | |
| 37. | If zero or less, MAKE NO ENTRY. | 37 |
| | II 2010 OF 1033, WHILE NO ENTRY. | |
| | | |
| 38. | TAX (From Tax Table, page 53) | 38 |
| | (· , F-3· / | |
| 20 | Credit For Income Taxes Paid to Other Jurisdictions (See instructions) | 39 |
| 37. | Credit For Income Taxes Faid to Other Surfsdictions (See Instructions) | |
| | | 40 |
| 40. | Balance of Tax (Subtract Line 39 from Line 38) | |
| | | |
| 41. | Use Tax Due on Out-of-State Purchases (See instruction page 37) | 41 , |
| | If no Use Tax, enter ZERO (0.00). | |
| 42. | Total Tax (Add Line 40 and Line 41) | 42 |
| | | |
| | | |
| 43. | Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099-R) | 43 , , , , , , , , , , , , , , , , , , |
| | | |
| 11 | Property Tax Credit (See instruction page 34) | 44 |
| 44. | Froperty Tax Credit (See Ilistruction page 34) | |
| | | 45 |
| 45. | New Jersey Estimated Tax Payments/Credit from 2001 tax return | |
| | Fill in if Form NJ-2210 is enclosed. | |
| 46. | New Jersey Earned Income Tax Credit (See schedule Page 3) | |
| | · | |
| 47 | EXCESS New Jersey UI/HC/WD Withheld (See instr. page 38) (Enclose Form NJ-2450) | 47 , . |
| | | |
| 48. | EXCESS New Jersey Disability Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450) | 48 |
| | (LIIGIO36 FOITH NJ-2430) | |
| | | 49 |
| 49. | Total Payments/Credits (Add Lines 43 through 48) | |



NJ-1040 (2002) Page 3

| Name(s) as shown on Form NJ-1040 | | | You | Your Social Security Number | | | | | | | | |
|---|---|-----------------------|----------------|-----------------------------|------------------------|-------------------------|--|--|---|--------|--|--|
| 50. | If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX Y | YOU OWE | 50 | , [| |], [| |].[| | j | | |
| | If you owe tax, you may make a donation by entering an amount on Lines 53 | 3, 54, 55, 56, 57 and | d/or 58 and | adding tl | nis to your pa | yment amo | ount. | | | _ | | |
| 51. | If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT | | 51 | , | | ┛, ∟ | | ا.ل | | ┙ | | |
| 52. | Deductions from Overpayment on Line 51 which you elect to credit to: Your 2003 tax | 52 |] ,[| |], □ | |][| | | | | |
| 53. | N.J. Endangered Wildlife Fund | | | | | 53 | П |][| | | | |
| 54. | N.J. Children's Trust Fund To Prevent Child Abuse | Other | | ENT. | | 54 | |].[| | \Box | | |
| 55. | N.J. Vietnam Veterans' Memorial Fund | Other | | OI | = | 55 | Ц |].[| <u>_</u> | ╛ | | |
| 56. | N.J. Breast Cancer Research Fund | Other | (| CONTRIE | BUTION | 56 | Н | ŢĻ | # | 4 | | |
| 57. | U.S.S. New Jersey Educational Museum Fund \$10 \$20 | Other | | 0 | _ | 57 | ₩ | J.L 7 r | <u> </u> | ╡ | | |
| 58. | Other Designated Contribution | _ | 59 | | \ | 58 | + |] . L | | ╡ | | |
| 59. | Total Deductions from Overpayment (Add Lines 52 through 58) | | | = '} | - | ╡′╞ | ++ | - - - - | = | ╡ | | |
| 60. | REFUND (Amount to be sent to you, Line 51 LESS Line 59) | | 60 | | | ┛, ∟ | щ | ا. اـ | | | | |
| E | ARNED INCOME TAX CREDIT SCHEDULE | | | | | | | | | | | |
| You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2002, your gross income on Line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions. | | | | | | | | | | | | |
| ľ | Did you file a 2002 Federal Schedule EIC, on which you listed at least on | ne "qualifying child" | ? | | | 👝 🗲 | - Yes | | ← No |) | | |
| | 2. Fill in oval if you had the IRS figure your Federal Earned Income Credit | | | | | Г | Πг | \top | | 1 | | |
| | Enter the amount of Federal Earned Income Credit from your 2002 Federal Form 1040 or 1040A | | | | | | | # | + | 41 | | |
| | 4. Enter 17.5% of amount on Line 3 here and on Page 2, Line 46 | | | | | | | <u>_</u> | | ╝ | | |
| | tyision Use 1 2 3 | 4 | 5 6 | | П | 7 | П | Ι | |] | | |
| Under the penalties of perjury, I declare that I have examined this income tax return and homestead rebate application, 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. | | | | | | | | | payable to | c | | |
| | | ur Signature Date | | | | | | | STATE OF NEW JERSEY - TGI Mail your check or money order with your | | | |
| ш | Your Signature | | | | return to: NJ Divis | NJ Division of Taxation | | | | | | |
| HERE | Spouse's Signature (if filing jointly, BOTH must sign) Date | | | | | | Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111 | | | | | |
| GNF | If you do not need forms mailed to you next year, fill in (See instruction page 20) | | | | | | | IF REFUND: NJ Division of Taxation Paragraph Proceeding Contents | | | | |
| SIG | I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) | | | | | | Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555 You may also pay by e-check or | | | | | |
| | | | | | | | | ormation /taxation | | | | |
| | | Fodoral Employee 1-1 | ontification N | umber | | | | _ | | | | |
| | | Federal Employer Id | енинсаиоп N | umber | | | | | | | | |



STATE OF NEW JERSEY HOMESTEAD REBATE APPLICATION

| \downarrow | IMPORTANT! YOU MUST ENTER YOUR SSN (s). | | | • | | | | | | | | |
|-----------------|--|------------------------------------|--|-----------------|--|--|--|--|--|--|--|--|
| | Your Social Security Number | Last Name, First | st Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different) | <u>a</u> | | | | | | | | |
| | | | nforma | | | | | | | | | |
| tions | | | | | | | | | | | | |
| Instructions | Spouse's Social Security Number | Home Address (No | (Number and Street, including apartment number or rural route) | 5 | | | | | | | | |
| See In: | | | St Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different) [Number and Street, including apartment number or rural route) [The purpose of the property of the proper | irwise, p | | | | | | | | |
| _ | County/Municipality Code (See Table p. 51) | City, Town, Post C | t Office State Zip Code | i. Uine ess. | | | | | | | | |
| Notification | | | | | | | | | | | | |
| | S 1. Single 4. Head | RESIDENCY STATUS - AA AA I D D I V | 7 | | | | | | | | | |
| For Privacy Act | LS 2 Married filing joint return 5 Qualify | | 6. If you were a New Jersey resident | | | | | | | | | |
| r Pri | NO. 1 | ying widow(ci) | for ONLY part of the taxable year, | 7 | | | | | | | | |
| Fc | 른 3. | | of New Jersey residency: | | | | | | | | | |
| 7. | | -Age 65 or older | er b. — ← Blind or disabled c. — ←Not 65 or blind or disabled | | | | | | | | | |
| 8 | Fill in only <i>one</i> oval. See instructions on page 48. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 | | | | | | | | | | | |
| Ü | or see instructions | | 8 , , , , , , , , , , , , , , , , | | | | | | | | | |
| 9 | If your filing status is MARRIED, FILING SEPARATE RETURN and your spouse MAINTAIN THE SAME PRINCIPAL RESIDEN | | | | | | | | | | | |
| | the gross income reported on your spouse's return (Line 29, | IOL CITICI | | | | | | | | | | |
| 10 | Form NJ-1040) and <i>fill in</i> | | 10 | | | | | | | | | |
| 10 | TOTAL GROSS INCOME (Add Line 8 and Line 9) STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT | | | | | | | | | | | |
| 11 | . Enter your <i>New Jersey</i> residence on December 31, 2002, if different th | | were not a resident on December 31, 2002 enter your last <i>New Jersey</i> residence. | | | | | | | | | |
| 12 | Street Address | ← HOMEOWNE | Municipality NER b. | _ | | | | | | | | |
| | . If you indicated "Homeowner" or "Both" on Line 12, | 14a. Did vou | u live at more than one New Jersev | | | | | | | | | |
| | enter the block and lot number of the residence for which the rebate is claimed. | | | | | | | | | | | |
| | b. Did you share ownership of a principal residence during the year with anyone other than your spouse? | | | | | | | | | | | |
| | during the year with anyone other than your spouse? | | | | | | | | | | | |
| | Lot | | | No | | | | | | | | |
| | d. Did anyone, other than your spouse, occupy and | | | | | | | | | | | |
| | Share rent with you for an apartment or other rental dwelling during the year? | | | | | | | | | | | |
| | If you answered "Yes" to any of the above, you MUST complete Schedule HR-A. | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ~ | 15. Enter the total 2002 property taxes you (and your spous on your principal residence in New Jersey during 2002 | | | | | | | | | | | |
| WE | IF YOU COMPLETED SCHEDULE HR-A, PART I, enter: | | | | | | | | | | | |
| EOV | 16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5) . | | | | | | | | | | | |
| HOMEOWNER | 16b. Number of days as an owner (Sch. HR-A, PART I, Line | | | | | | | | | | | |
| <u> </u> | · | | 50/3 | | | | | | | | | |
| | Enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 2002 | | 17 , , , , , , , , , , , , , , , , , , , | | | | | | | | | |
| Z | IF YOU COMPLETED SCHEDULE HR-A, PART II, enter: | | | | | | | | | | | |
| TENANT | 18a. Total Rent Paid (Sch. HR-A, PART II, Line 11) | | | | | | | | | | | |
| _ | 18b. Number of days as a tenant (Sch. HR-A, PART II, Line 1 | 10) | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Under the penalties of perjury, I declare that I have examined this income tax return and homestead rebate application, 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. | | | | | | | | | | | |
| ļ | Application, mail your application to: | | | | | | | | | | | |
| HERE | Your Signature Date Spouse's Signature (If filling jointly, BOTH must sign) NJ Division of Taxation | | | | | | | | | | | |
| | If you do not need forms mailed to you next year, fill in (See instruction page 20) Revenue Processing Center | | | | | | | | | | | |
| <u>S</u> | I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) | | | | | | | | | | | |
| S | Paid Preparer's Signature | | Federal Identification Number | | | | | | | | | |
| | Firm's Name Federal Employer Identification Number | | | | | | | | | | | |
| | I | | | | | | | | | | | |