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For Tax Year Jan.-Dec. 31, 2002, Or Other Tax Year Beginning _____, 2002, Month Ending _____, 20_____

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

Fill in if application for Federal extension is enclosed or enter confirmation # _____.

Your 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)	
Spouse's Social Security Number [][]-[][]-[][][][]		Home Address (Number and Street, including apartment number or rural route)	
County/Municipality Code (See Table p. 51) [][][][]		City, Town, Post Office	State Zip Code

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

For Privacy Act Notification, See Instructions	FILING STATUS	<i>(Fill in only one)</i>		EXEMPTIONS	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse	6		ENTER NUMBERS HERE
		1. <input type="radio"/> Single	7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse		7			
		2. <input type="radio"/> Married, filing joint return	8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse		8			
		3. <input type="radio"/> Married, filing separate return Enter Spouse's Social Security Number in the boxes provided above	9. Number of your qualified dependent children		9			
		4. <input type="radio"/> Head of household	10. Number of other dependents		10			
		5. <input type="radio"/> Qualifying widow(er)	11. Dependents attending colleges		11			
					12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)	12a	12b	

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From **MM/DD/YY** To **MM/DD/YY**

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse wish to designate \$1? Yes No

Note: if you fill in the Yes oval(s) it will not increase your tax or reduce your refund.

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14						
15a. Taxable interest income (See instructions)	15a						
15b. Tax-exempt interest income (See instructions)	15b						
DO NOT include on Line 15a							
16. Dividends	16						
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17						
18. Net gains or income from disposition of property (Schedule B, Line 4)	18						
19. Pensions, Annuities and IRA Withdrawals	19a						
a. Taxable Amount Received							
b. Less N.J. Pension Exclusion	19b						
c. Subtract Line 19b from Line 19a	19c						
20. Distributive Share of Partnership Income (See instruction page 30)	20						
21. Net pro rata share of S Corporation Income (See instruction page 30)	21						
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22						
23. Net Gambling Winnings	23						
24. Alimony and separate maintenance payments received	24						
25. Other (See instruction page 31)	25						
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26						



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)
See instruction page 32.

29 [][] , [][][] , [][][] , [][][]

30a. Exemptions: From Line 12a _____ x \$1,000 = _____

30b. From Line 12b _____ x \$1,500 = _____

30c. Total Exemption Amount (Add Line 30a and Line 30b)
Part-Year Residents see instruction page 14.

30c [][][] , [][][] , [][][] , [][][]

31. Medical Expenses.....
(See Worksheet and instruction page 33)

31 [][][] , [][][] , [][][] , [][][]

32. Alimony and Separate Maintenance Payments

32 [][][] , [][][] , [][][] , [][][]

33. Qualified Conservation Contribution

33 [][][] , [][][] , [][][] , [][][]

34. Total Exemptions and Deductions (Add Lines 30c, 31, 32, and 33)

34 [][][] , [][][] , [][][] , [][][]

35. Taxable Income (Subtract Line 34 from Line 29)
If zero or less, MAKE NO ENTRY.

35 [][][] , [][][] , [][][] , [][][]

36. Property Tax Deduction (See instruction page 34)

36 [][][] , [][][] , [][][] , [][][]

37. **NEW JERSEY TAXABLE INCOME** (Subtract Line 36 from Line 35)
If zero or less, MAKE NO ENTRY.

37 [][][] , [][][] , [][][] , [][][]

38. TAX (From Tax Table, page 53)

38 [][] , [][][] , [][][] , [][][]

39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions)

39 [][] , [][][] , [][][] , [][][]

40. Balance of Tax (Subtract Line 39 from Line 38)

40 [][] , [][][] , [][][] , [][][]

41. Use Tax Due on Out-of-State Purchases (See instruction page 37)
If no Use Tax, enter ZERO (0.00).

41 [][] , [][][] , [][][] , [][][]

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 [][] , [][][] , [][][] , [][][]

44. Property Tax Credit (See instruction page 34)

44 [][] , [][][] , [][][] , [][][]

45. New Jersey Estimated Tax Payments/Credit from 2001 tax return
Fill in if Form NJ-2210 is enclosed.

45 [][] , [][][] , [][][] , [][][]

46. New Jersey Earned Income Tax Credit (See schedule Page 3)

46 [][] , [][][] , [][][] , [][][]

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 [][] , [][][] , [][][] , [][][]

49. **Total Payments/Credits** (Add Lines 43 through 48)

49 [][] , [][][] , [][][] , [][][]

HR-1040
2002



STATE OF NEW JERSEY
HOMESTEAD REBATE APPLICATION

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

For Privacy Act Notification, See Instructions	Your 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)		
	Spouse's Social Security Number [][][] - [][][] - [][][][][]	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table p. 51) [][][][]	City, Town, Post Office	State	Zip Code

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

FILING STATUS	1. <input type="radio"/> Single	4. <input type="radio"/> Head of household	RESIDENCY STATUS	From	M	M	/	D	D	/	Y	Y
	2. <input type="radio"/> Married, filing joint return	5. <input type="radio"/> Qualifying widow(er)		6. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:	To	M	M	/	D	D	/	Y
	3. <input type="radio"/> Married, filing separate return											

7. On December 31, 2002, I (and/or my spouse) was a. ← Age 65 or older b. ← Blind or disabled c. ← Not 65 or blind or disabled
Fill in only **one** oval. See instructions on page 48.

8. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions [8][][] , [][][] , [][][] . [][]

9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and **fill in** → [9][][] , [][][] , [][][] . [][]

10. TOTAL GROSS INCOME (Add Line 8 and Line 9) [10][][] , [][][] , [][][] . [][]
STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE. FURTHER RESTRICTIONS MAY BE APPLIED.

11. Enter your **New Jersey** residence on December 31, 2002, if different than above. If you were not a resident on December 31, 2002 enter your last **New Jersey** residence.
Street Address _____ Municipality _____

12. Fill in your residency status during 2002: a. ← HOMEOWNER b. ← TENANT c. ← BOTH

13. If you indicated "Homeowner" or "Both" on Line 12, enter the block and lot number of the residence for which the rebate is claimed.

Block [][][][] [][][][]

Lot [][][][] [][][][]

Qualifier [][][][]

14a. Did you live at more than one New Jersey residence during the year? ← Yes ← No

b. Did you share ownership of a principal residence during the year with anyone other than your spouse? ← Yes ← No

c. Did any principal residence you owned during the year consist of multiple dwelling units? ← Yes ← No

d. Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year? ← Yes ← No

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 spouse) paid on your principal residence in New Jersey during 2002 [15][][] , [][][] , [][][] . [][]

IF YOU COMPLETED SCHEDULE HR-A, PART I, enter:

16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5) [16a][][] , [][][] , [][][] . [][]

16b. Number of days as an owner (Sch. HR-A, PART I, Line 4) [16b][][] Days

17. Enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 2002 [17][][] , [][][] , [][][] . [][]

IF YOU COMPLETED SCHEDULE HR-A, PART II, enter:

18a. Total Rent Paid (Sch. HR-A, PART II, Line 11) [18a][][] , [][][] , [][][] . [][]

18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10) [18b][][] Days

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.

Your Signature _____ Date _____ Spouse's Signature (If filing jointly, BOTH must sign) _____
IF YOU DO NOT NEED FORMS MAILED TO YOU NEXT YEAR, FILL IN (See instruction page 20)

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	Federal Employer Identification Number

If you are **ONLY** filing a Homestead Rebate Application, mail your application to:
 NJ Division of Taxation
 Revenue Processing Center
 PO Box 197
 Trenton, NJ 08646-0197

SIGN HERE