

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

Round down all amounts less than 50 cents. Round up all amounts of 50 through 99 cents. DO NOT ENTER CENTS.

5R

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

Your Social Security Number

SSN input boxes

Spouse's Social Security Number

Spouse's SSN input boxes

County/Municipality Code (See Table page 31)

County code input boxes

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

Last Name, First Name and Initial (Joint filers enter first name and initial of each. Enter spouse last name ONLY if different)

Home Address (Number and Street, including apartment number or rural route)

City, Town, Post Office

State

Zip Code

FILING STATUS (Fill in only one)

- 1. Single
2. Married, filing joint return
3. Married, filing separate return - must file Form NJ-1040
4. Head of household
5. Qualifying widow(er)

EXEMPTIONS

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

Exemptions: 12c. Line 12a x \$1,000 =

12d. Line 12b x \$1,500 =

12e. Total Exemption Amount Add Lines 12c. and 12d. Enter result here and on Line 17.

13. Wages, Salaries, Tips, etc. (Enclose W-2) 13

14a. Taxable Interest Income 14a

14b. Tax-Exempt Interest Income 14b Do NOT include on Line 14a

15. Dividends 15

16. NJ Gross Income (Add Lines 13, 14a, and 15) (See instructions) 16

17. Total Exemption Amount (From Line 12e) 17

18. Medical Expenses (See instructions) 18

19. Taxable Income (Line 16 minus Lines 17 and 18) 19

20. Property Tax Deduction (See instructions) 20

21. NEW JERSEY TAXABLE INCOME (Line 19 minus Line 20) 21

22. Tax (From Tax Table, page 33) 22

23. Use Tax Due on Out-of-State Purchases (If no Use Tax, enter a ZERO (0)) 23

24. Total Tax (Add Line 22 and Line 23) 24

25. NJ Income Tax Withheld (Enclose W-2) 25

26. Property Tax Credit (See instructions) 26

27. Estimated Payments/Credit from 2001 return (Fill in if Form NJ-2210 enclosed) 27

28. New Jersey Earned Income Tax Credit (Complete schedule on Page 2) 28

29. Total Payments and Credits (Add Lines 25 - 28) 29

30. AMOUNT OF TAX YOU OWE (See instructions) (Fill in if paying by e-check or credit card.) 30

31. OVERPAYMENT (See instructions) 31

32. Total Deductions From Overpayment (From Page 2, Line 8) 32

33. REFUND (Line 31 minus Line 32) 33

For Privacy Act Notification, See Instructions



EARNED 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 16, Form NJ-1040EZ 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.

1. Did you file a 2002 Federal Schedule EIC on which you listed at least one "qualifying child"? Yes No
2. Fill in oval if you had the IRS figure your Federal Earned Income Credit4.

3. Enter amount of Federal Earned Income Credit from your 2002 Federal Form 1040 or 1040A ,
 ,
 Enter 17.5% of amount on Line 3 here and on Page 1, Line 28

GUBERNATORIAL ELECTIONS FUND (If you fill in the Yes oval(s) it will not increase your tax or reduce your refund)

- 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

DEDUCTIONS FROM OVERPAYMENT

- | | | | | | |
|---|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| 1. Credit to your 2003 tax..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. N.J. Endangered Wildlife Fund..... | <input type="checkbox"/> | \$10 | <input type="checkbox"/> | \$20 | <input type="checkbox"/> |
| 3. N.J. Children's Trust Fund to Prevent Child Abuse..... | <input type="checkbox"/> | \$10 | <input type="checkbox"/> | \$20 | <input type="checkbox"/> |
| 4. N.J. Vietnam Veteran's Memorial Fund | <input type="checkbox"/> | \$10 | <input type="checkbox"/> | \$20 | <input type="checkbox"/> |
| 5. N.J. Breast Cancer Research Fund..... | <input type="checkbox"/> | \$10 | <input type="checkbox"/> | \$20 | <input type="checkbox"/> |
| 6. U.S.S. New Jersey Educational Museum Fund | <input type="checkbox"/> | \$10 | <input type="checkbox"/> | \$20 | <input type="checkbox"/> |
| 7. Other Designated Contribution (See instruction page 26)..... | <input type="checkbox"/> | \$10 | <input type="checkbox"/> | \$20 | <input type="checkbox"/> |
| 8. Total Deductions From Overpayment. (Add Lines 1 through 7) Enter here and on Page 1, Line 32 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
- ENTER AMOUNT OF CONTRIBUTION

HOMESTEAD REBATE APPLICATION

1. Enter the GROSS INCOME you reported on Line 16, Form NJ-1040EZ..... 1 ,
 ,
2. Enter your New Jersey address on December 31, 2002, if different from address on Page 1.
 Street Address _____ Municipality _____
3. Fill in your residency status during 2002 HOMEOWNER TENANT
4. If you indicated "Homeowner" on Line 3, enter the block and lot number of the residence for which the rebate is claimed.
 Block
 Lot Qualifier
5. If homeowner, enter the total 2002 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2002..... 5 ,
 ,
6. If tenant, enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 2002..... 6 ,
 ,

Division Use 1 2 3 4 5 6 7

Under 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)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) If you do not need forms mailed to you next year, fill in

Paid Preparer's Signature Federal Identification Number
 Firm's Name Federal Employer Identification Number

Pay amount on Line 30 in full. Write social security number on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

Mail your check or money order with your NJ-1040EZ-V payment voucher and your return to:

NJ Division of Taxation
 Revenue Processing Center
 PO Box 641
 Trenton, NJ 08646-0641

IF REFUND:
 NJ Division of Taxation
 Revenue Processing Center
 PO Box 640
 Trenton, NJ 08646-0640

You may also pay by e-check or credit card. For more information go to: www.state.nj.us/treasury/taxation