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STATE OF NEW JERSEY

# New Jersey Resident Return

# NJ-1040

## This Booklet Contains:

- Form NJ-1040 Resident Return
- Form NJ-1040-HW Property Tax Credit/  
Wounded Warrior Caregivers Credit Application
- Form NJ-1040-V Payment Voucher
- Form NJ-2450 Claim for Excess Unemployment/  
Disability/Family Leave Insurance Contributions
- Form NJ-630 Application for Extension
- Form ST-18 Use Tax Return
- NJ-EZ Enroll Form

**Did you make online, catalog, or out-of-State purchases?**  
You may owe New Jersey Use Tax. See page 35.

**2024**  
**NJ-1040**

# File Electronically

Before you fill out a paper form, consider these reasons why you should file electronically using NJ E-File or New Jersey Online Filing:

- Fastest and most secure way to complete your return
- Easy and accurate
- Direct deposit available

## NJ E-File

You can file your Form NJ-1040 for 2024 using NJ E-File, whether you are a full-year resident or a part-year resident. Use tax software you purchase, go to an online tax preparation website, or have a tax preparer file your return. (You can file both federal and State Income Tax returns.)

INSERT



## New Jersey Online Filing

Use the free New Jersey Online Filing Service to file your 2024 NJ-1040 return. It's simple and easy to follow the instructions, complete your NJ tax return, and file it online. Any resident (or part-year resident) can use it to file their 2024 NJ-1040 for free.



**State of New Jersey**  
DEPARTMENT OF THE TREASURY  
DIVISION OF TAXATION

Dear Taxpayer,

We are pleased to introduce this year's NJ-1040 return and instructions, which are enclosed for your convenience.

We want you to know that we carefully listen to you and value your feedback when questions arise. For that reason, we have modified the 1040 instructions for the 2024 tax year to clarify taxable income vs. nontaxable income. As a direct result of your feedback, the instructions now specify that the following are nontaxable:

- Difficulty of Care payments. If you are a caregiver who receives these payments under a State Medicaid program, you do not have to report them as part of your gross income; and
- Any amount received under the Individual Taxpayer Identification Number (ITIN) Direct Assistance Program. This program provides a one-time financial benefit to income-eligible New Jersey residents who file income taxes using an ITIN.

Taxpayers can save time this year by using our simple and convenient online e-filing service, which allows most New Jerseyans to file a tax return for free. You can start the return now and finish it on another day without losing any information, and easily upload copies of W-2s and other documents. Get started by visiting our website at [nj.gov/treasury/taxation](http://nj.gov/treasury/taxation).

Governor Phil Murphy has announced that New Jersey residents will be able to use a free filing system – IRS Direct File – to submit their federal returns for Filing Season 2025. This program will empower residents to file with ease and without having to pay the fees associated with many tax software companies. More than 1.3 million New Jerseyans will be eligible to use the free online filing tool.

Our website offers a range of self-service options for individual taxpayers to easily file State tax returns, check the status of a refund, and make payments online. The website also features comprehensive resources – including frequently asked questions and detailed tax guides – to help you navigate the filing process.

As always, feel free to contact us if you have any questions. I wish you and your family all the best in the New Year.

Sincerely,

A handwritten signature in black ink, appearing to read "Marita R. Sciarrotta".

Marita R. Sciarrotta  
Acting Director  
Division of Taxation

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## Do You Have to File a New Jersey Income Tax Return?

You are required to file a return if – your filing status is:	and your gross income from everywhere for the entire year was more than the filing threshold:
Single Married/CU partner, filing separate return	\$10,000
Married/CU couple, filing joint return Head of household Qualifying widow(er)/surviving CU partner	\$20,000

**Also file a return if –**

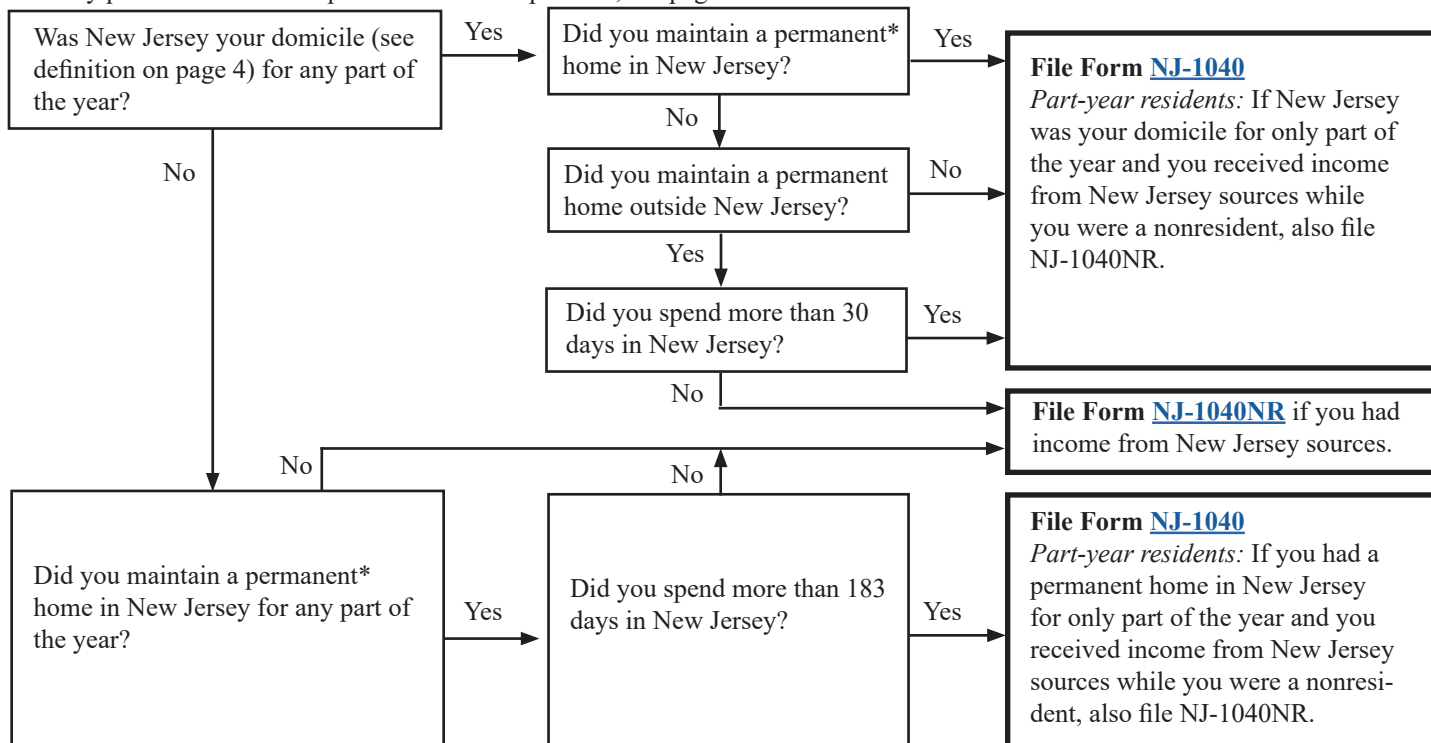
- You had New Jersey Income Tax withheld and are due a refund.
- You paid New Jersey estimated taxes for 2024 and are due a refund.
- You are eligible for a New Jersey Earned Income Tax Credit or other credit and are due a refund.

**If you are NOT required to file a return and you:**

- Are a homeowner or tenant age 65 or older or disabled, you may be eligible for a Property Tax Credit. See the instructions for Form NJ-1040-HW on page 49;
- Provided care for a disabled veteran who is related to you and lived with you, you may be eligible for a Wounded Warrior Caregivers Credit. See the instructions for Form NJ-1040-HW on page 49.

## Which Form to File

Military personnel and their spouses/civil union partners, see page 47.



\*A home is not permanent if it is maintained only for a temporary period to accomplish a particular purpose (e.g., temporary job assignment). A home used only for vacations is not a permanent home.

**New Jersey Residents Working/Living Abroad.** Use the chart above to determine if you are considered a New Jersey resident for tax purposes. New Jersey residents working or living abroad have the same filing and payment requirements as residents living in New Jersey.

**Part-Year Residents.** There is no part-year resident return. You may have to file both Form NJ-1040 to report income you received for the part of the year you were a resident and Form NJ-1040NR if you had income from New Jersey sources for the part of the year you were a nonresident.

## Things to Know Before You Begin Your 2024 NJ-1040

Check the following items to avoid mistakes that delay returns and refunds.

### When to File

In general, your New Jersey Income Tax return is due when your federal income tax return is due. If you are a calendar year filer, your 2024 New Jersey Income Tax return is due by April 15, 2025. Fiscal year filers, see page 5.

### Postmark Date

All New Jersey Income Tax returns postmarked on or before the due date of the return are considered filed on time. Tax returns postmarked after the due date are considered filed late. If the postmark date on your return is after the due date, the filing date for that return is the date we received your return, not the postmark date.

### Extension of Time to File

**There is no extension of time to pay your tax due – only to file.** Penalties and interest will be charged if you pay your tax after April 15, 2025. (Military personnel and civilians providing support to the Armed Forces, see page 47.)

You can receive a six-month extension of time to file if you **pay at least 80% of your tax liability** (line 45) through withholdings, estimated payments, or other payments by the original due date, and

- You enclose a copy of your federal Application for Automatic Extension, if filed by paper, and fill in the oval on the front of your NJ-1040; or
- You file Form NJ-630, Application for Extension of Time to File New Jersey Gross Income Tax Return, by April 15, 2025. You can file an extension application online until 11:59 p.m., April 15, 2025, at [nj.gov/taxation](https://nj.gov/taxation) or use the NJ-630 provided at the front of this booklet.

If you do not meet the requirements for an extension, or you do not file your return by the extended due date, we will deny your extension request and charge penalties and interest from the original due date of the return. (See “Penalties and Interest” on page 47.) You will not receive an approved copy of your extension request. We will notify you only if we deny your request, but not until after you actually file your return.

### Filling Out the Form Properly

- Use only a 2024 return for the 2024 Tax Year.
- Use only blue or black ink.
- Enter last name first on the return. This is different from the federal return.

- Use “State Wages” from box 16 of your W-2, not federal wages (box 1).
- Do not use dollar signs or dashes.
- Do not report a loss on Form NJ-1040 (see page 7).
- If a line does not apply to you, leave it blank. There is an exception for Use Tax, line 51. See page 35.
- To request a refund, you must enter an amount on line 80.

### Rounding

Instead of making dollars-and-cents entries on your return, you can round and use whole dollar amounts. If you round, do so for all lines, and enter “00” after the decimal for cents.

Round amounts of 50 cents or more up to the next whole dollar. For example, \$26.78 becomes \$27.00.

Round amounts of less than 50 cents down to the next whole dollar. For example, \$13.45 becomes \$13.00.

Round the total, not the amounts used to calculate the total. For example, the sum of \$13.45 and \$46.24 is \$59.69, which becomes \$60.00.

### Terms to Know

**Domicile.** A domicile is the place you consider your permanent home – the place where you intend to return after a period of absence (e.g., vacation, business assignment, educational leave). You have only one domicile, although you may have more than one place to live. Your domicile does not change until you move to a new location with the intent to establish your permanent home there and to abandon your New Jersey domicile. Moving to a new location, even for a long time, does not change your domicile if you intend to return to New Jersey. Your home, whether inside or outside New Jersey, is not permanent if you maintain it only for a temporary period to accomplish a particular purpose (e.g., temporary job assignment). For more information, see [GIT-6, Part-Year Residents and Nonresidents](#).

**Principal Residence (Main Home).** A principal residence (main home) is a home you own or rent and actually occupy as your permanent residence. It does not include a vacation home, a “second home,” or property you own and rent to someone else. The term main home may be used in place of principal residence in these instructions.

**Spouse/Civil Union Partner.** The term spouse also refers to a spouse who entered into a valid same-sex marriage in another state or foreign nation and a partner in a civil union (CU) recognized under New Jersey law.

## Line-by-Line Instructions

### Name and Address

Place the peel-off label from the front of this booklet in the name and address section at the top of the return. **Do not use the label if any of the information is incorrect.** If it has incorrect information or you do not have a label, print or type the information in the spaces provided. If you are filing jointly, include your spouse's name. Your refund and next year's form will be sent to the address you provide.

**Foreign Address.** Fill in the oval if your mailing address is outside the United States.

**Change of Address.** Fill in the oval if your address has changed since you last filed a New Jersey return or if any of the address information on your label is incorrect.

### Social Security Number

**You must enter your Social Security number** in the boxes provided on the return, one digit in each box. If you are filing jointly, enter both filers' numbers in the same order as the names.

If you (or your spouse) do not have a Social Security number, contact the Social Security Administration to apply for one. If you are not eligible for a Social Security number, contact the Internal Revenue Service to get an individual taxpayer identification number (ITIN) and enter your ITIN in the boxes provided for your Social Security number. If you (or your spouse) applied for but have not received an ITIN by the return due date, enclose a copy of your federal Form W-7.

### County/Municipality Code

Enter the four-digit code of your current residence from the table on page 52. Enter one digit in each box.

### Federal Extension Filed

Fill in the oval if you filed a federal Application for Automatic Extension.

**Enclose document** Enclose a copy of the federal extension request with your return if you filed it by paper.

For more information on extensions, see page 4.

### Part-Year Residents

If you were a New Jersey resident for only part of the year, list the month and day in the tax year your residency began and the month and day in the tax year it ended. For example, if you moved to New Jersey August 4, 2024, enter 08/04/24 to 12/31/24.

You must file a return if your income for the **entire year** (not just your period of New Jersey residency) was more than the filing threshold for your filing status (see page 3). Only report income you earned while a New Jersey resident.

You must prorate exemptions, deductions, credits, and the pension/retirement and other retirement income exclusions based on the number of months you were a New Jersey resident. For this calculation, 15 days or more is considered a month. If you received income from a New Jersey source while you were a nonresident, you must also file a New Jersey nonresident return.

For more information, see [GIT-6, Part-Year Residents and Nonresidents](#).

### Fiscal Year Filers

If you are a fiscal year filer, you must file your New Jersey Income Tax return by the 15th day of the fourth month following the close of the fiscal year.

Enter the month that your fiscal year ends in the boxes provided.

### Lines 1–5 – Filing Status

In general, you must use the same filing status as you do for federal purposes. Fill in only **one** oval.

**Single.** Your filing status is single if you were not married or a partner in a civil union on the last day of the tax year, and you do not qualify to file head of household or qualifying widow(er)/surviving CU partner.

**Married/Civil Union Couples.** If you are married and file a joint federal return, you must also file a joint New Jersey return. If you file separate federal returns, you must also file separate State returns. However, if you are a partner in a civil union, your filing status for New Jersey may not match your federal filing status.

If one spouse was a nonresident during the *entire tax year* and the other spouse was a resident during *any part of the tax year*, the resident can file a separate New Jersey return. The resident calculates income and exemptions as if a federal married, filing separate return had been filed. You have the option of filing a joint return, but in that case, your joint income would be taxed as if you both were residents.

If you are filing separately, enter your spouse's Social Security number in the boxes provided.

**Note:** You can file jointly or separately only if you were married or a partner in a civil union on the last day of the tax year.

**Head of Household.** You can use this filing status if you meet the requirements to file as head of household for federal purposes. Visit the IRS website at [irs.gov](#) for more information.



**Qualifying Widow(er)/Surviving CU Partner.** You can use this filing status if your spouse died in 2022 or 2023 and you meet the requirements to file as Qualifying Surviving Spouse for federal purposes. Visit the IRS website at [irs.gov](https://www.irs.gov) for more information.

Fill in the oval indicating the year in which your spouse died.

**Civil Unions.** Partners in a civil union must file their New Jersey Income Tax returns using the same filing statuses as spouses under New Jersey Gross Income Tax Law. If you are a partner in a civil union, your New Jersey filing status may not match your federal filing status.

For more information, see [GIT-4, Filing Status](#).

## Exemptions – Lines 6–12

Fill in the ovals that apply. For each line, enter a total in the boxes to the right and complete the calculation. The number of exemptions you are claiming must be entered in the boxes or the exemption(s) will be disallowed. The number of ovals filled in must equal the number of exemptions claimed.

### Line 6 – Regular Exemptions

You can claim a \$1,000 exemption for yourself and your spouse/CU partner (if filing a joint return) or your domestic partner.

**Note:** The domestic partnership must be registered in New Jersey by the last day of the tax year. You can only claim your domestic partner if they do not file a New Jersey return. You must enclose a copy of your Certificate of Domestic Partnership the first time you claim the exemption.

### Line 7 – Senior 65+

You can claim a \$1,000 exemption if you were 65 or older on the last day of the tax year (born in 1959 or earlier). If you are filing jointly, your spouse can take a \$1,000 exemption if they were 65 or older on the last day of the tax year. You **cannot** claim this exemption for your domestic partner or dependents.

You must enclose proof of age such as a copy of a birth certificate, driver's license, or church records the first time you claim the exemption(s).

### Line 8 – Blind or Disabled

You can claim a \$1,000 exemption if you were blind or disabled on the last day of the tax year. If you are filing jointly, your spouse can take a \$1,000 exemption if they were blind or disabled on the last day of the tax year. You **cannot** claim this exemption for your domestic partner or dependents.

You must enclose a copy of the doctor's certificate or other medical records evidencing legal blindness or total and permanent disability the first time you claim the exemption(s).

### Line 9 – Veteran Exemptions

You can claim a \$6,000 exemption if you are a military veteran who was honorably discharged or released under honorable circumstances from active duty any time before the last day of the tax year. If you are filing jointly, your spouse can also take this exemption if they are a military veteran who meets the requirements. You cannot claim this exemption for your domestic partner or dependents.

You must provide official documentation showing that you were honorably discharged or released under honorable circumstances from active duty the first time you claim the exemption(s). Your documentation must list your character of service (discharge).

A list of acceptable documentation and ways to submit it is available on our website at [nj.gov/treasury/taxation/military/vetexemption-documentation.shtml](https://nj.gov/treasury/taxation/military/vetexemption-documentation.shtml)

### Line 10 – Qualified Dependent Children

You can claim a \$1,500 exemption for each child who qualifies as your dependent for federal tax purposes.

### Line 11 – Other Dependents

You can claim a \$1,500 exemption for each other dependent who qualifies as your dependent for federal tax purposes.

### Line 12 – Dependents Attending Colleges

You can claim an additional \$1,000 exemption for each dependent student if all the requirements below are met. You **cannot** claim this exemption for yourself, your spouse, or your domestic partner.

- Student must be claimed as a dependent on line 10 or 11.
- Student must be under age 22 on the last day of the tax year (born 2003 or later).
- Student must attend full-time. Full-time is determined by the school.
- Student must spend at least some part of each of five calendar months of the tax year at school.
- The educational institution must be an accredited college or post-secondary school, maintain a regular faculty and curriculum, and have a body of students in attendance.
- You must have paid one-half or more of the tuition and maintenance costs for the student. Financial aid received by the student is not calculated into your cost when totaling one-half of your dependent's tuition and maintenance. However, the money earned by students in college work study programs is income and is taken into account.



## Line 13 – Total Exemption Amount

Add the amounts on lines 6 through 12 and enter the total. Add the amounts from the lines, not the numbers in the boxes.

## Line 14 – Dependent Information

Enter the full name, Social Security number, and birth year for each dependent child or other dependent you claimed on line 10 or 11. Fill in the oval for each dependent who does not have health insurance coverage (including NJ Family Care/Medicaid, Medicare, private, or other health insurance) on the date you file the return.

Enter the same Social Security number, individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN) for each dependent that you entered on your federal return. If you do not provide a valid Social Security number, ITIN, or ATIN for a dependent, the exemption will be denied.

If you have more than four dependents, enter the information for your first four dependents on the lines provided. Enclose a statement listing the information for your additional dependents.

**Note:** If you qualify for the New Jersey Earned Income Tax Credit (see instructions for line 58) and you listed a “qualifying child” on your federal Schedule EIC who is not claimed as your dependent for New Jersey purposes, you must enter the child’s name, Social Security number, and birth year.

## Income Lines 15–26

Gross income means **all** income you received in the form of money, goods, property, and services unless specifically exempt by law. You must report taxable income from everywhere, whether from inside or outside the State (worldwide). Report all income on the proper lines. For example, do not enter pension income on the wage line.

**Accounting Method.** Use the same accounting method for New Jersey Income Tax that you used for federal income tax purposes. Income must be recognized and reported in the same period as it is recognized and reported for federal purposes.

**Reporting Losses.** If you have a net loss in any category of income, remember the following:

- You cannot report a loss on your NJ-1040 (e.g., in parentheses or as a negative number);
- You can net losses with gains in the same category of income. For example, you can subtract gambling losses from gambling winnings during the tax year;
- You cannot apply a net loss in one category of income against income or gains in a different category on your NJ-1040. For example, you cannot subtract gambling losses from your wages;

- If you have a net loss in any income category, make no entry on that line of your NJ-1040. Do not enter zero. Do not enter the amount of the loss in parentheses or as a negative number;
- No carryback or carryover of losses is allowed when reporting income on your NJ-1040.

**Income Taxed by Another Jurisdiction.** If you have income that is taxed both by New Jersey and another jurisdiction outside New Jersey, you may be eligible for a credit against your New Jersey tax. (See instructions for line 44.)

## Examples of Taxable Income

New Jersey taxable income includes:

- Wages and other compensation;
- Interest and dividends (including interest paid on income tax refunds);
- Earnings on nonqualified distributions from (1) qualified tuition program accounts or (2) qualified state 529A Achieving a Better Life Experience program (ABLE) accounts;
- Earnings on nonqualified distributions from NJBEST accounts, and any portion of the distributions that are attributable to contributions previously deducted on a New Jersey Income Tax return;
- Net profits from business, trade, or profession;
- Net gains or income from sale or disposition of property;
- Pensions, annuities, and IRA withdrawals;
- Net distributive share of partnership income;
- Net pro rata share of S corporation income;
- Net rental, royalty, and copyright income;
- Net gambling winnings, including New Jersey Lottery winnings from prize amounts over \$10,000;
- Alimony;
- Estate and trust income;
- Income in respect of a decedent;
- Prizes and awards, including scholarships and fellowships (unless they satisfy the conditions on page 19);
- Value of residence provided by employer;
- Fees for services rendered, including jury duty.

New Jersey taxable income also includes the following that are not subject to federal income tax:

- Interest from obligations of states and their political subdivisions, other than New Jersey and its political subdivisions;
- Income earned by a resident from foreign employment;
- Certain contributions to pensions and tax-deferred annuities;
- Employee contributions to federal Thrift Savings Funds, 403(b), 457, SEP, or any other type of retirement plan other than 401(k) Plans.

## Examples of Exempt (Nontaxable) Income

Do not include the following income when determining if you must file a return. These items should not appear anywhere on your form except for tax-exempt interest, which you report on line 16b.

- Federal Social Security
- Railroad Retirement (Tier 1 and Tier 2)
- United States military pensions and survivor's benefit payments
- Life insurance proceeds received because of a person's death
- Employee's death benefits
- Permanent and total disability, including VA benefits
- Temporary disability received from the State of New Jersey or as third-party sick pay
- Workers' Compensation
- Election worker compensation
- Gifts and inheritances
- Qualifying scholarships or fellowship grants
- New Jersey Lottery winnings from prizes in the amount of \$10,000 or less
- Unemployment Compensation received from the state (but not supplemental unemployment benefit payments)
- Family Leave Insurance (FLI) benefits
- Interest and capital gains from (1) obligations of the State of New Jersey or any of its political subdivisions; or (2) direct federal obligations exempt under law, such as U.S. Savings Bonds and Treasury Bills, Notes, and Bonds
- Distributions paid by mutual funds to the extent the distributions are attributable to interest earned on federal obligations
- Certain distributions from New Jersey qualified investment funds
- Earnings on qualified distributions from (1) qualified tuition program accounts or (2) qualified state 529A Achieving a Better Life Experience program (ABLE) accounts
- Qualified distributions from NJBEST accounts
- Employer and employee contributions to 401(k) Plans up to the federal limit (but not federal Thrift Savings Funds)
- Some benefits received from certain employer-provided cafeteria plans (but not salary reduction or premium conversion plans). See Technical Bulletin [TB-39](#).
- Benefits received from certain employer-provided commuter transportation benefit plans (but not salary reduction plans). See Technical Bulletin [TB-24\(R\)](#).
- Contributions to and distributions from Archer MSAs if they are excluded for federal income tax purposes
- Direct payments and benefits received under homeless persons assistance programs
- ANCHOR Benefits
- Homestead Benefits
- Senior Freeze (Property Tax Reimbursement) program benefits
- Income Tax refunds (New Jersey, federal, and other jurisdictions), but not interest paid on refunds
- New Jersey Earned Income Tax Credit payments
- Middle-Class Tax Rebates
- Paycheck Protection Program (PPP) loan amounts forgiven through the federal CARES Act or federal Paycheck Protection Program
- Economic Impact Payments (stimulus payments)
- Welfare
- Child support
- Amounts paid as reparations or restitution to Nazi Holocaust victims
- Assistance from a charitable organization, whether in the form of cash or property
- Cancellation of debt
- Amounts received as damages for wrongful imprisonment
- Qualified disaster relief payments excluded under IRC §139
- Payments from the September 11th Victim Compensation Fund
- Difficulty of Care payments
- Amount received from the ITIN Holders Direct Assistance program

## Line 15 – Wages, Salaries, Tips, etc.

Enter the total of State wages, salaries, tips, bonuses, commissions, etc., from **all** employment both inside and outside New Jersey. Take the amount from box 16 of your W-2 (see sample on page 9). Include all payments whether in cash, benefits, or property.

If you were employed outside New Jersey, you may need to adjust your wages to reflect New Jersey tax law. For example, if you had a Section 125 cafeteria plan that is taxable for New Jersey purposes but is not included in box 16 of your W-2, you must add that amount back into your State wages.

**Retirement Plans.** Under New Jersey law, contributions to retirement plans (other than 401(k) Plans) are included in State wages on the W-2 in the year the wages are earned. This may cause your State wages (box 16) to be higher than your federal wages (box 1).

**Meals and/or Lodging.** You can exclude meals and/or lodging reported as wages on your W-2 if:

1. The meals and/or lodging were provided on the business premises of your employer; and

- 2. The meals and/or lodging were provided for the convenience of your employer; and

For lodging only:

- 3. You were required to accept the lodging as a condition of your employment.

If you exclude the value of meals and/or lodging from your wages, you **must** enclose a signed statement explaining how you met these conditions. If you do not enclose the statement, your wages will be changed back to the full amount shown on your W-2.

New Jersey State Police officers **cannot** exclude food and maintenance payments received as part of their union contract. These payments do not meet the criteria on page 8.

**Employee Business Expenses.** Employee business expenses are **not** deductible for New Jersey tax purposes. However, you can exclude reimbursements for employee business expenses reported as wages on your W-2 if:

- 1. The reimbursements are for job-related expenses;
- 2. You are required to and do account for these expenses to your employer; and
- 3. You are reimbursed by your employer in the exact amount of the allowable expenses.

If you received excludable reimbursements for employee business expenses that were included in wages on your W-2, enclose a statement explaining the amount you are excluding and your reasons. Also, enclose a copy of your federal Form 2106.

**Federal Statutory Employees.** If you are considered a “statutory employee” for federal tax purposes, you cannot deduct your business expenses unless you are self-employed or an independent contractor under New Jersey law. The federal label of “statutory employee” has no meaning for New Jersey tax purposes. Business expenses can only be deducted from the business income of a self-employed individual. See the instructions for Schedule NJ-BUS-1, Part I (Net Profits From Business) on page 16.

**Moving Expenses.** Moving expenses are **not** deductible for New Jersey Income Tax purposes.

You can, however, exclude reimbursements for the following moving expenses if you met the federal requirements to claim moving expenses that were in effect on December 31, 2017, **and** the expenses were included in wages on your W-2:

- 1. The cost of moving your household goods and personal effects from the old home to the new home.
- 2. The actual expenses you incurred for traveling, meals, and lodging when moving yourself and your family from your old home to your new home.

Reimbursements for any other moving expense cannot be excluded from income.

If you received excludable reimbursements for moving expenses that were included in wages on your W-2, enclose a statement explaining the amount you are excluding and your reasons.

### Sample W-2 (This form is for illustration only and is not reproducible.)

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
d Control Number			5 Medicare wages and tips		6 Medicare tax withheld	
e Employee's name and address (Last name, first name, middle initial, street address, city, state, ZIP code)			7 Social security tips		8 Allocated tips	
f Employee's address and ZIP code			9 Other compensation		10 Dependent care benefits	
15 State Employer's state ID number NJ 234-567-890/000			16 State wages, tips, etc. 142,900.00		17 State income tax 6,977.00	
18 Local wages, tips, etc.			19 Local income tax		20 Locality name	
FLI P.P. #			(Private Plan No.)		145.26 - FLI	
Form <b>W-2</b> Wage and Tax Statement			<b>2024</b>		Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	

**Compensation for Injuries or Sickness.** Certain amounts received for personal injuries or sickness are not subject to tax. You can exclude such amounts included as wages on your W-2 if:

1. The payments were compensation for wage loss that resulted from absence due to your injury or sickness; and
2. The payments were due and payable under an enforceable contractual obligation under the plan; and
3. The payments were not related to sick leave wage continuation, which is largely discretionary and payments are made regardless of the reason for absence from work.

If such payments are included in wages on your W-2, enclose Form [NJ-2440](#).

**Enclose document** ▶ You must enclose all W-2s with your tax return. **Do not** attach them to your return.

If you paid taxes to another jurisdiction on wages entered on this line, see the instructions for line 44.

**Part-Year Residents.** Include from each W-2 only the “State wages, tips, etc.” (box 16) that you earned while you were a New Jersey resident. If your W-2 includes only wages you earned while you were a resident, use the amount from box 16. If your employer did not separate your resident and nonresident wages on the W-2, you must apportion the amount in box 16 according to the time you lived in New Jersey. Include only the actual amount you earned while you were a resident. You may be asked to provide a copy of the tax return filed with the other jurisdiction(s) for the period you were a nonresident of New Jersey.

## Line 16a – Taxable Interest Income

Enter all of your taxable interest from sources both inside and outside New Jersey.

Common sources of taxable interest:

- Banks;
- Savings and loan associations;
- Credit unions;
- Savings accounts;
- Checking accounts;
- Bonds and notes;
- Certificate of deposit;
- Life insurance dividends;
- Earnings on nonqualified distributions from qualified tuition program accounts including NJBEST (New Jersey Better Educational Savings Trust program) accounts;
- Earnings on nonqualified distributions from qualified state 529A ABLE (Achieving a Better Life Experience) accounts;

- Distributions from Coverdell education savings accounts (ESAs), but only the earnings portion;
- Ginnie Maes, Fannie Maes, Freddie Macs;
- Repurchase agreements;
- Obligations of states and their political subdivisions, other than New Jersey;
- Grantor trusts;
- Any other interest not specifically exempt.

**Do not include** on this line:

- Interest that was earned and paid to a sole proprietorship, a partnership, or an S corporation. Report on Schedule NJ-BUS-1. **Note:** If you received a Form 1099 from a partnership or an S corporation for interest paid or deemed to have been paid to you, you must include that interest on line 16a;
- Interest that was earned and paid to an estate or trust (other than a grantor trust). Report on line 26.

**Forfeiture Penalty for Early Withdrawal.** If you incur a penalty by withdrawing a time deposit early, you can subtract the amount of the penalty from your interest income.

**Enclose document** ▶ If line 16a is more than \$1,500, enclose a copy of Schedule B, federal Form 1040.

**Part-Year Residents.** Include only the interest you received while you were a resident of New Jersey.

## Line 16b – Tax-Exempt Interest Income

Enter all of your tax-exempt interest, including the exempt portion of a distribution from a New Jersey qualified investment fund. **Do not** include interest earned on your IRA(s) on this line. If you made a withdrawal from your IRA, see the instructions for lines 20a and 20b.

For more information on tax-exempt interest income and New Jersey qualified investment funds, see [GIT-5](#), *Nontaxable Investment Income*.

**Enclose document** ▶ If line 16b is more than \$10,000, you must enclose a listing of the amount received from each source. If the total of lines 16a and 16b is different from the federal interest total, enclose a statement explaining the difference.

**Part-Year Residents.** Include only the interest you received while you were a resident of New Jersey.

## Line 17 – Dividends

Enter the dividends you received from investments (e.g., from stocks, mutual funds) or other income-producing activities that

do not constitute a trade or business. The total taxable dividends received, regardless of where earned, must be reported.

Taxpayers, including partners in a partnership and shareholders of an S corporation, report global intangible low-taxed income (GILTI) as dividend income when the income is actually distributed from earnings and profits. See “IRC §951A: Reporting and Payment/Pass-through Entities” at [nj.gov/treasury/taxation/TCJA.shtml](https://nj.gov/treasury/taxation/TCJA.shtml) for more information.

**Do not include** on this line:

- Dividends that were earned and paid to a sole proprietorship, a partnership, or an S corporation. Report on Schedule NJ-BUS-1. For more information on reporting partnership or S corporation income, see [GIT-9P, Partnership Income](#), or [GIT-9S, Income From S Corporations](#);
- Dividends that were earned and paid to an estate or trust (other than a grantor trust). Report on line 26.

**Capital Gains Distributions.** Do not report capital gains distributions you received from mutual funds or other regulated investment companies on this line. Report this income on line 2, Schedule NJ-DOP.

**Tax-Free Distributions.** A distribution that is a return of your investment or capital and does not come from earnings or profits is a nontaxable capital or tax-free distribution. These distributions reduce the basis of the stock or investment and are not taxable until your investment is fully recovered.

**Insurance Premiums.** Dividends you received from insurance companies are not taxable unless the amount you received is

more than the premiums paid. Any interest from accumulated insurance dividends is taxable, and you must report it on line 16a.

**Part-Year Residents.** Include only the dividends you received while you were a resident of New Jersey.

## Line 18 – Net Profits From Business

Complete Part I of Schedule [NJ-BUS-1](#) and enter on line 18 the amount from line 4 of Part I. If the amount on line 4 is a loss, make no entry on line 18. See instructions on page 16.

**Enclose document** Enclose Schedule NJ-BUS-1 and a copy of the federal Schedule C (or C-EZ or F) for each business with your return.

## Line 19 – Net Gains or Income From Disposition of Property

Complete Schedule [NJ-DOP](#) and enter the amount from line 4. If the amount on line 4 is a loss, make no entry on line 19.

**Do not include** on Schedule NJ-DOP:

- Gains/losses from the disposition of property owned by a sole proprietorship, a partnership, or an S corporation. Report on Schedule NJ-BUS-1;
- Gains/losses from the disposition of property owned by an estate or trust (other than a grantor trust). Report on line 26.

**Enclose document** Enclose Schedule NJ-DOP with your return.

## Schedule NJ-DOP Net Gains or Income From Disposition of Property

Report your capital gains and income from the sale or exchange of property. You can deduct the expenses of the sale and your basis in the property from the sales price.

In general, when calculating your gain or loss, you will use the cost or adjusted basis that you used for federal purposes. However, in certain situations, you may use a different basis.

- *Sale of interest in a partnership, a sole proprietorship, or rental property.* You may be required to use a New Jersey adjusted basis.
- *Sale of S corporation shares.* You **must** use your New Jersey adjusted basis.

**Sale of Principal Residence (Main Home).** Capital gain is calculated the same way as for federal purposes. Any amount that is taxable for federal purposes is taxable for New Jersey purposes. Visit the IRS website at [irs.gov](https://irs.gov) for more information on reporting capital gains from the sale of a main home.

**Installment Sales.** You must report all gains from installment sales in the same year as they are reported for federal purposes. If the New Jersey basis is different from the federal basis, you must make a New Jersey installment sale calculation and report the New Jersey gain.



**Depreciation and Expense Deduction.** New Jersey and federal depreciation and expense deduction limits are different. A New Jersey depreciation adjustment may be required for assets placed in service on or after January 1, 2004. Complete the Gross Income Tax Depreciation Adjustment Worksheet [GIT-DEP](#) to calculate the adjustment.

**Complete Liquidation.** If you had an interest in a partnership, sole proprietorship, or S corporation that sold or disposed of virtually all of its assets in conjunction with the complete liquidation of the entity, you must report your portion of the gain or loss from the sale or disposition of those assets.

### Line 1: List of Transactions

List any New Jersey taxable transaction(s) as reported on your federal Schedule D, indicating the gain or loss for each transaction in column f. In listing the gain or loss on disposition of rental property, you must take into consideration the New Jersey adjustment from Worksheet GIT-DEP, Part I, line 6.

Do not include gains or losses from the sale of exempt obligations. See [GIT-5](#), *Nontaxable Investment Income*.

There is no distinction between active and passive losses for New Jersey purposes. You cannot carry back or carry forward such losses when reporting income on Form NJ-1040. You can deduct federal passive losses in full in the year incurred against any gain within the same category of income, but only in the year that it occurred.

### Line 2: Capital Gains Distributions

Enter your capital gains distributions from Form 1099-DIV(s) or similar statement(s). Do not include capital gains from a New Jersey Qualified Investment Fund that are attributable to qualified exempt obligations or gains from mutual funds to the extent attributable to federal obligations. For more information on New Jersey qualified investment funds, see [GIT-5](#), *Nontaxable Investment Income*.

### Line 3: Other Net Gains

Enter the net gains or income less net losses from disposition of property not included on lines 1 or 2 of Schedule NJ-DOP.

### Line 4: Net Gains

Enter the total of the amounts listed on line 1, column f and lines 2 and 3, netting gains with losses. Enter this amount on line 19, Form NJ-1040. If the netted amount is a loss, enter zero here and make no entry on line 19, Form NJ-1040.

**Part-Year Residents.** Include only the amounts you received while you were a resident of New Jersey.

## Line 20a – Taxable Pension, Annuity, and IRA Distributions/Withdrawals

Retirement income such as pensions, annuities, and certain IRA withdrawals is taxable in New Jersey. The New Jersey taxable amount may be different from the federal amount. Enter the taxable portion on line 20a.

Common types of taxable retirement income:

- Pensions from the private sector;
- Federal, state, and local government, and teachers' pensions;
- Keogh Plan distributions;
- 401(k) Plan distributions;
- Early retirement benefits;
- Amounts reported as pension on Schedule NJK-1, Partnership Return Form NJ-1065;
- Civil Service pensions and annuities, even if based on credit for military service. These are received from the U.S. Office of Personnel Management.

Common types of nontaxable retirement income (do not report on this return):

- Social Security benefits;
- Railroad Retirement benefits;
- Public or private disability pension benefits until the year you turn 65. Beginning with the year you turn 65, the benefits are treated as ordinary pension income;
- U.S. Military pensions and survivor's benefit payments. (Most are received from the U.S. Department of Finance and Accounting Service.)

**Part-Year Residents.** Include only the taxable amounts you received while you were a resident of New Jersey.

### Types of Retirement Plans

Retirement plans are either noncontributory or contributory.

**Noncontributory.** You made no contributions to your plan. Amounts you receive from these plans are fully taxable. Enter the amount from your 1099-R on line 20a.

**Contributory (Other Than IRAs).** You made contributions to your plan. Contributions are usually made through payroll deductions and, in general, are taxed when they are made. Contributions made to a retirement plan (other than a 401(k) Plan) prior to moving to New Jersey are considered to have been previously taxed. These plans also may include employer contributions and earnings, which have not been taxed.

Since you have already been taxed on your contributions, you must determine which portion of your distribution is taxable and which is excludable. There are two methods of calculating the taxable and excludable amounts: Three-Year Rule Method and General Rule Method. To determine which method to use, complete Worksheet A below the year you begin receiving pension and annuity payments.

**Note:** If you received a distribution from a 401(k) Plan, do not complete Worksheet A. See the section on 401(k) Plans on page 15. If you made a withdrawal from an IRA, do not complete Worksheet A or B. Instead, complete Worksheet C. See the section on IRAs on page 15.

**Three-Year Rule Method.** Use this method if you will recover all your contributions within 36 months from the date you receive your first payment from the plan, and both you and your employer contributed to the plan.

Do not report pension and annuity payments as income on line 20a until you have recovered all of your contributions. Instead, report these amounts on line 20b. Once you have recovered your contributions, the payments you receive are fully taxable and must be reported on line 20a.

**General Rule Method.** You must use this method if you will not recover your contributions within 36 months from the date you receive your first payment from the plan *or* if your employer did not contribute to the plan. Part of your pension is excludable and part is taxable every year. The excludable amount represents your contributions. Complete Worksheet B in the year you receive your first payment from the plan and keep it for your records. You will need it for calculations in future years. Recalculate the percentage on line 3 of Worksheet B only if your annual pension payments decrease.

**Worksheet A**

**Which Pension Method to Use**

1. Amount of pension you will receive during the first three years (36 months) from the date of the first payment ..... 1. \_\_\_\_\_
  2. Your contributions to the plan ..... 2. \_\_\_\_\_
  3. Subtract line 2 from line 1 ..... 3. \_\_\_\_\_
    - (a) If line 3 is "0" or more, *and* both you and your employer contributed to the plan, you can use the **Three-Year Rule Method**.
    - (b) If line 3 is less than "0," or your employer did not contribute to the plan, you must use the **General Rule Method**.
- (Keep for your records)**

**Worksheet B**

**General Rule Method**

1. Your previously taxed contributions to the plan ..... 1. \_\_\_\_\_
2. Expected return on contract\* ..... 2. \_\_\_\_\_
3. Percentage excludable (Divide line 1 by line 2) ..... 3. \_\_\_\_\_ %
4. Amount received this year ..... 4. \_\_\_\_\_
5. Amount excludable (Multiply line 4 by line 3)  
Enter here and on line 20b, Form NJ-1040 ..... 5. \_\_\_\_\_
6. Taxable amount (Subtract line 5 from line 4.  
Enter here and on line 20a, Form NJ-1040) ..... 6. \_\_\_\_\_

\*The expected return on the contract is the amount receivable. If life expectancy is a factor under your plan, you must use federal actuarial tables to calculate the expected return. The federal actuarial tables are contained in the Internal Revenue Service's Publication 939, *General Rule for Pensions and Annuities*. Contact the IRS for this publication. If life expectancy is not a factor under your plan, the expected return is found by totaling the amounts to be received.

**(Keep for your records)**



**Worksheet C  
IRA Withdrawals**

**Part I – Calculating Taxable and Excludable Amounts**

- 1. **Value of IRA on 12/31/24.**  
Include contributions made for the tax year from 1/1/25 – 4/15/25..... 1. \_\_\_\_\_
- 2. **Total distributions from IRA during the tax year.** Do not include tax-free rollovers..... 2. \_\_\_\_\_
- 3. **Total Value of IRA.** Add lines 1 and 2.....3. \_\_\_\_\_
- Unrecovered Contributions:**  
Complete **either** line 4a or 4b. Then continue with line 5.
- 4a. **First year of withdrawal from IRA:**  
Enter the total of IRA contributions that were previously taxed..... 4a. \_\_\_\_\_
- 4b. **After first year of withdrawal from IRA:**  
Complete Part II. Enter amount of unrecovered contributions from line 15. .... 4b. \_\_\_\_\_
- 5. **Accumulated earnings in IRA on 12/31/24.**  
Subtract either line 4a or 4b from line 3. .... 5. \_\_\_\_\_
- 6. Divide line 5 by line 3. (Enter the result as a decimal.) ..... 6. \_\_\_\_\_
- 7. **Taxable portion of this year’s withdrawal.** Multiply line 2 by decimal amount on line 6. Enter here and on line 20a, Form NJ-1040. .... 7. \_\_\_\_\_
- 8. **Excludable portion of this year’s withdrawal.** Subtract line 7 from line 2. Enter here and on line 20b, Form NJ-1040..... 8. \_\_\_\_\_

**Part II – Unrecovered Contributions (For Second and Later Years)**

See Part III if you **did not** complete Worksheet C in prior years.

- 9. **Last year’s unrecovered contributions.** From line 4 of last year’s Worksheet C ..... 9. \_\_\_\_\_
- 10. **Amount withdrawn last year.** From line 2 of last year’s Worksheet C ..... 10. \_\_\_\_\_
- 11. **Taxable portion of last year’s withdrawal.** From line 7 of last year’s Worksheet C..... 11. \_\_\_\_\_
- 12. **Contributions recovered last year.** Subtract line 11 from line 10. .... 12. \_\_\_\_\_
- 13. **This year’s unrecovered contributions.** Subtract line 12 from line 9..... 13. \_\_\_\_\_
- 14. **Contributions to IRA during current tax year.** Do not include tax-free rollovers..... 14. \_\_\_\_\_
- 15. **Total unrecovered contributions.** Add lines 13 and 14. Enter here and **on line 4b**..... 15. \_\_\_\_\_

**Part III – Unrecovered Contributions (For Second and Later Years)**

Complete this section **only** if you **did not** complete Worksheet C in prior years.

Calculate the amount of unrecovered contributions as follows:

- 16. Total amount of **withdrawals** made from the IRA in previous years. .... 16. \_\_\_\_\_
- 17. Total of previous year withdrawal(s) already reported as income on prior New Jersey tax returns. .... 17. \_\_\_\_\_
- 18. Contributions already recovered. Subtract line 17 from line 16 ..... 18. \_\_\_\_\_
- 19. **Unrecovered contributions.** Subtract line 18 from the total amount of contributions made to the IRA. Enter here and **on line 4b**. .... 19. \_\_\_\_\_

**(Keep for your records)**

## Lump-Sum Distributions and Rollovers

When you receive a lump-sum distribution of the entire balance from a qualified employee pension, annuity, profit-sharing, or other plan, any amount that exceeds your previously taxed contributions must be included in your income in the year received. New Jersey has no provision for income averaging of lump-sum distributions. Report the taxable amount on line 20a and the excludable amount on line 20b.

If you roll over a lump-sum distribution from an IRA or a qualified employee pension or annuity plan into an IRA or other eligible plan, do not report the rollover on line 20a or 20b if it qualifies for deferral for federal tax purposes. The amount rolled over (minus previously taxed contributions) will be taxable when it is withdrawn.

## 401(k) Plans

1. Contributions made on or after January 1, 1984, were not taxed when they were made. If all of your contributions were made on or after that date, your distributions are fully taxable unless your contributions exceed the federal limit. If your contributions exceed the federal limit, you must calculate the taxable and excludable portions of your distributions using one of the methods described under contributory plans.
2. Contributions made before January 1, 1984, were taxed when they were made. If you made contributions before that date, you must calculate the taxable and excludable portions of your distributions using one of the methods described under contributory plans.

For more information on pension and annuity income, see [GIT-1 & 2, Retirement Income](#).

## IRAs

Your IRA consists of contributions, earnings, and certain amounts rolled over from pension plans. In general, your contributions were taxed when they were made and are not taxable when you make a withdrawal. All the earnings and any amounts rolled over tax-free are taxable when withdrawn.

Use Worksheet C to calculate the taxable and excludable portions of your IRA withdrawal. If you made withdrawals from multiple IRAs, you can use a separate worksheet for each or combine all IRAs on one worksheet.

**Lump-Sum Withdrawal.** If you withdraw the total amount from an IRA, all the earnings and any amounts rolled over tax-free are taxable. You must report these amounts in the year you make the withdrawal.

**Periodic Withdrawals.** If you make withdrawals over a period of years, the part of the annual distribution that represents earnings is taxable. The amount taxable for New Jersey purposes may be different from the amount you report on your federal return.

For more information on IRA withdrawals, see [GIT-1 & 2, Retirement Income](#).

## Roth IRAs

Your contributions to a Roth IRA were taxed by New Jersey when they were made. Distributions from a Roth IRA that meet the requirements of a qualified distribution are excludable. Do not include qualified distributions on Form NJ-1040. If you received a nonqualified distribution, you must report the earnings on line 20a, and report the excludable portion on line 20b. A distribution that is considered nonqualified for federal purposes is also considered nonqualified for New Jersey purposes.

If you converted an existing IRA to a rollover Roth IRA during Tax Year 2024, any amount from the existing IRA that would be taxable if withdrawn must be included on line 20a.

For more information on Roth IRAs, see Technical Bulletin [TB-44](#).

## Line 20b – Excludable Pension, Annuity, and IRA Distributions/Withdrawals

Enter the excludable portion of any distribution you received from a contributory pension, annuity, or IRA. This is the portion of the total distribution that was not reported on line 20a. This amount represents your previously taxed contributions.

**Three-Year Rule Method.** Include the full amount received until you have recovered all of your contributions.

**General Rule Method.** Include the amount from Worksheet B, line 5.

**IRA withdrawal.** Include the amount from Worksheet C, line 8. If you converted an existing IRA to a rollover Roth IRA, report the excludable portion on this line.

**Lump-Sum Distribution.** If you received a lump-sum distribution from a pension, annuity, or IRA, report the excludable portion on this line.

For more information, see [GIT-1 & 2, Retirement Income](#).

**Part-Year Residents.** Include only the amounts you received while you were a resident of New Jersey.

## Line 21 – Distributive Share of Partnership Income

Complete Part II of Schedule [NJ-BUS-1](#) and enter on line 21 the amount from line 4 of Part II. If the amount on line 4 is a loss, make no entry on line 21. See instructions on page 17.



Enclose Schedule NJ-BUS-1 and a copy of Schedule NJK-1, Form NJ-1065, for each partnership with your return. If you did not

receive a Schedule NJK-1, enclose a copy of the federal Schedule K-1.

S corporation with your return. If you did not receive a Schedule NJ-K-1, enclose a copy of the federal Schedule K-1.

## Line 22 – Net Pro Rata Share of S Corporation Income

Complete Part III of Schedule [NJ-BUS-1](#) and enter on line 22 the amount from line 4 of Part III. If the amount on line 4 is a loss, make no entry on line 22. See instructions on page 17.

**Enclose document** Enclose Schedule NJ-BUS-1 and a copy of Schedule NJ-K-1, Form CBT-100S, for each

## Line 23 – Net Gains or Income From Rents, Royalties, Patents, and Copyrights

Complete Part IV of Schedule [NJ-BUS-1](#) and enter on line 23 the amount from line 4 of Part IV. If the net amount is a loss, make no entry on line 23. See instructions on page 18.

**Enclose document** Enclose Schedule NJ-BUS-1 with your return.

# Schedule NJ-BUS-1 Business Income Summary Schedule

## Part I – Net Profits From Business

Report the net profits or loss from your business, trade, or profession.

Make the following adjustments to your federal Schedule C (or C-EZ or F):

1. Add any amount you deducted for taxes based on income;
2. Subtract interest you reported on federal Schedule C (or C-EZ or F) that is exempt for New Jersey purposes but taxable for federal purposes;
3. Add interest not reported on federal Schedule C (or C-EZ or F) from states or political subdivisions outside New Jersey that is exempt for federal purposes;
4. Deduct meal and entertainment expenses that constitute ordinary expenses incurred in the conduct of a trade or business but that were not allowed on the federal return;
5. Deduct your qualified contributions to a self-employed 401(k) Plan. Contributions that exceeded the federal limits are not deductible for New Jersey purposes;
6. Add interest and dividends derived in the conduct of a trade or business;
7. Add or subtract income or losses derived in the conduct of a trade or business from rentals, royalties, patents, or copyrights;
8. Add or subtract gains or losses from the sale, exchange, or other disposition of the trade or business's property;
9. Add or subtract the net adjustment from the Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP, Part I, line 7;
10. Cannabis licensees: Deduct expenses that would have been eligible to be claimed as a deduction for federal purposes but were disallowed because cannabis is a controlled substance under federal law.

If you are a sole proprietor who provides primary care services in a qualified medical or dental practice you own that is located in or within five miles of a designated Health Enterprise Zone (HEZ), you may be able to deduct a percentage of the net income from that practice on line 34. See Technical Bulletin [TB-56](#) for eligibility requirements and instructions for calculating the HEZ deduction.

## Lines 1–3

For each business, enter the following information. If you need more space, enclose a statement with the return listing any additional businesses and the related profit or loss.

- Business name as listed on Schedule C, C-EZ, or F
- Social Security number or federal employer identification number (EIN)
- Profit or (loss) as adjusted for New Jersey purposes

**Line 4**

Add the amounts in the Profit or (Loss) column and enter the total on line 4, netting profits with losses. Enter this amount on line 18, Form NJ-1040. If the netted amount is a loss, make no entry on line 18.

**Part-Year Residents.** Include only the amounts you received while you were a resident of New Jersey.

**Part II – Distributive Share of Partnership Income**

Report your share of income or loss from partnership(s), whether or not the income was actually distributed.

**Lines 1–3**

For each partnership, enter the following information. If you need more space, enclose a statement with the return listing any additional partnerships and the related income or loss.

- Partnership name as listed on the Schedule NJK-1 (or federal Schedule K-1)
- Federal employer identification number (EIN)
- Your share of partnership income or (loss) as reported on the Schedule NJK-1 (column A of the line labeled Distributive Share of Partnership Income). If you did not receive an NJK-1, you must enclose a copy of the federal Schedule K-1 and complete Reconciliation Worksheet A in [GIT-9P](#), *Partnership Income*
- Your share of Pass-Through Business Alternative Income Tax as reported on Schedule PTE-K-1 or Schedule NJK-1 received from the partnership

**Line 4**

Add the amounts in the Share of Partnership Income or (Loss) column and enter the total on line 4, netting income with losses. Enter this amount on line 21, Form NJ-1040. If the netted amount is a loss, make no entry on line 21.

**Line 5**

Add the amounts in the Share of Pass-Through Business Alternative Income Tax column and enter the total. Include this amount on line 63, Form NJ-1040.

For more information, see [GIT-9P](#), *Partnership Income*.

**Part-Year Residents.** Prorate your distributive share of partnership income based on the number of days in the partnership's fiscal year that you were a resident.

**Part III – Net Pro Rata Share of S Corporation Income**

Report the amount of your net pro rata share of S corporation income or loss, whether or not the income was actually distributed. Do not include global intangible low-taxed income (GILTI) on Schedule NJ-BUS-1. Report GILTI as dividends on line 17.

**Lines 1–3**

For each S corporation, enter the following information. If you need more space, enclose a statement with the return listing any additional S corporations and the related income or loss.

- S corporation name as listed on Schedule NJ-K-1 (or federal Schedule K-1)
- Federal employer identification number (EIN)
- Your pro rata share of S corporation income or (usable loss) as reported on the Schedule NJ-K-1. If you did not receive an NJ-K-1, you must enclose a copy of the federal Schedule K-1 and complete Reconciliation Worksheet B in [GIT-9S](#), *Income From S Corporations*
- Your share of Pass-Through Business Alternative Income Tax as reported on Schedule PTE-K-1 or Schedule NJ-K-1 received from the S corporation

**Line 4**

Add the amounts in the Pro Rata Share of S Corporation Income or (Usable Loss) column and enter the total on line 4, netting income with losses. Enter this amount on line 22, Form NJ-1040. If the netted amount is a loss, make no entry on line 22.

**Line 5**

Add the amounts in the Share of Pass-Through Business Alternative Income Tax column and enter the total. Include this amount on line 63, Form NJ-1040.

For more information, see [GIT-9S](#), *Income From S Corporations*.

**Part-Year Residents.** Prorate the pro rata share of S corporation income based on the number of days in the entity's fiscal year that you were a resident.

**Part IV – Net Gains or Income From Rents, Royalties, Patents, and Copyrights**

Report your net gains or income less net losses from rents, royalties, patents, and copyrights.

**Depreciation and Expense Deduction.** New Jersey and federal depreciation and expense deduction limits are different. You may need to make adjustments to your federal basis for assets placed in service on or after January 1, 2004. Complete the Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP to calculate the adjustment.

**Passive Losses.** There is no distinction between active and passive losses for New Jersey purposes. You cannot carry back or carry forward such losses when reporting income on Form NJ-1040. You can deduct federal passive losses in full in the year incurred against any gain within the same category of income.

**Do not include in Part IV:**

- Gains/losses from rents, royalties, patents, and copyrights from property owned by a sole proprietorship, a partnership, or an S corporation. Report in Parts I, II, and/or III of Schedule NJ-BUS-1;
- Gains/losses from rents, royalties, patents, and copyrights from property owned by an estate or trust (other than a grantor trust). Report on line 26.

**Lines 1–3**

For each source of income or loss, enter the following information. If you need more space, enclose a statement with the return listing any additional property and income or loss.

- Property name or description. For rental real estate, enter the physical address of the property
- Social Security number or federal employer identification number (EIN)
- Type of property. Enter the following number that corresponds with the type of property:
  1. Rental real estate
  2. Royalties
  3. Patents
  4. Copyrights
- Gain or (loss) from each type of property

**Line 4**

Add the amounts in the Income or (Loss) column and enter the total on line 4, netting gains with losses. Enter this amount on line 23, Form NJ-1040. If the netted amount is a loss, make no entry on line 23.

**Part-Year Residents.** Include only the amounts you received while you were a resident of New Jersey.

## Line 24 – Net Gambling Winnings

Enter your net gambling winnings. You can subtract gambling or lottery losses from your winnings that occur in the same year. If the net amount is zero or less, make no entry. If you net gambling winnings with gambling losses, include a statement to that effect.

Common types of gambling winnings include:

- All casino and track betting;
- New Jersey Lottery winnings (only individual prizes exceeding \$10,000);
- Any multistate lottery in which New Jersey participates (Mega Millions, Powerball), but only individual prizes exceeding \$10,000;
- All out-of-State lottery winnings regardless of amount;
- Bingo winnings.

If you net gambling winnings with gambling losses, you may be required to substantiate the losses used to offset your winnings. Acceptable proof of losses includes:

- Casino win/loss statements;
- Daily log or journal of wins and losses;
- Canceled checks;
- Losing racetrack pari-mutuel tickets;
- Losing lottery tickets.

For more information, see Technical Bulletin [TB-20\(R\)](#).

**Part-Year Residents.** Include only amounts you received while you were a resident of New Jersey.

## Line 25 – Alimony and Separate Maintenance Payments Received

Enter any court-ordered alimony or separate maintenance payments you received. Do not include payments received for child support.

**Part-Year Residents.** Include only those payments you received while you were a resident of New Jersey.

## Line 26 – Other Income

Include the following income on this line.

**Enclose document** ▶ See each type of income for required enclosures.

**Amounts Received as Prizes and Awards.** Any prize won in a raffle, drawing, TV show, radio show, contest, or any other event is taxable and must be reported on this line. Include any goods or services as income at fair market value.

**Income in Respect of a Decedent.** If you had the right to receive income that the deceased person would have received

had they lived and it was not included on the decedent's final return, you must report it on your own return when you receive it. Enclose a listing of the income.

**Income From Estates and Trusts.** If you are a beneficiary who received income from an estate or trust, include the Total Distribution from Schedule NJK-1, Form NJ-1041 on this line. If you did not receive an NJK-1, adjust the income listed on the federal K-1 to reflect New Jersey tax law, then net the adjusted amounts and include the total on line 26. Enclose Schedule NJK-1 (or federal Schedule K-1) with your return.

If you have income from a grantor trust that is taxable for New Jersey purposes, do not include it on this line. Report the income in the proper category (e.g., report taxable interest on line 16a). Enclose a copy of the New Jersey or federal Grantor Trust Attachment.

For more information on estates and trusts, including grantor trusts, see [GIT-12, Estates and Trusts](#).

**Scholarships and Fellowship Grants.** This type of income is taxable unless the scholarship or grant meets all of the following conditions:

1. The primary purpose of the grant is to further the recipient's education or training; and
2. The grant does not represent payments for past, present, or future services that are subject to the direction or supervision of the grantor (e.g., a fellowship given in exchange for teaching); and
3. The grant is not for the benefit of the grantor.

**Residential Rental Value or Allowance Paid by Employer.** If an employer provides you with a residence, enter either the rental value or the rental allowance paid by the employer.

The rental value or allowance is excludable and should not be reported if it meets all of the following conditions:

1. The lodging is provided on the business premises of your employer; and
2. The lodging is provided for the convenience of your employer; and
3. You are required to accept the lodging as a condition of employment.

**Other.** Use this line for any other taxable income for which a place has not been provided somewhere else on the return. Income from both legal and illegal sources is subject to tax.

## Line 27 – Total Income

Add lines 15 through 26 (do not include lines 16b and 20b) and enter the total.



## Line 28a – Pension/Retirement Exclusion

You can exclude all or part of the income reported on line 20a if you meet the following qualifications:

- You (and/or your spouse if filing jointly) were age 62 or older or blind/disabled as defined by Social Security guidelines on the last day of the tax year; **and**
- Your income on line 27 is \$150,000 or less (part-year residents see below).

### Determining Your Exclusion Amount

Line A. Amount from line 20a..... \_\_\_\_\_

**Joint Filers:** If only one spouse is 62 or older or disabled, enter only the pension income of that spouse. You cannot exclude the pension income of the spouse who is younger than 62 and not disabled.

Line B. Amount for your filing status and income using the chart below ..... \_\_\_\_\_

**Part-year residents** see below.

Enter on line 28a the lesser of line A or line B.

Filing Status:	Income on line 27:		
	\$0– \$100,000	\$100,001– \$125,000	\$125,001– \$150,000
Married/CU couple, filing joint return	\$100,000	50% of line 20a	25% of line 20a
Single Head of household Qualifying widow(er)/ surviving CU partner	\$75,000	37.5% of line 20a	18.75% of line 20a
Married/CU partner, filing separate return	\$50,000	25% of line 20a	12.5% of line 20a

For more information, see [GIT-1 & 2, Retirement Income](#).

**Part-Year Residents.** Your income for the *entire* year must have been \$150,000 or less to qualify for the exclusion. If your income for the entire year is \$0–\$100,000, prorate the maximum exclusion amount from the chart above based on the number of months you were a New Jersey resident and enter on line B above when calculating your exclusion. If your income for the entire year is over \$100,000, do not prorate the exclusion amount.

## Line 28b – Other Retirement Income Exclusion

If you were 62 or older on the last day of the tax year, you may be able to use the other retirement income exclusion. If you are filing jointly and only one spouse is 62 or older, only the

income of that spouse can be excluded. You cannot exclude the income of the spouse who is younger than 62.

**Unclaimed Exclusion.** If you did not use your entire maximum exclusion on line 28a, you may be able to use the unclaimed portion. Complete Worksheet D to determine whether you have any exclusion remaining and meet the eligibility requirements and, if so, to calculate the amount to include on line 28b. Part-year residents **do not** complete Worksheet D. Instead, use Worksheet E.

**Special Exclusion.** If you (and your spouse if filing jointly) will **never** be able to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, you may qualify for the Special Exclusion. If you qualify, you can claim \$6,000 (married, filing joint; head of household; qualifying widow(er)) or \$3,000 (single; married, filing separate).

**Note: Do not** claim the Special Exclusion if you (or your spouse if filing jointly) will **ever** be eligible for Social Security or Railroad Retirement benefits.

For more information, see [GIT-1 & 2, Retirement Income](#).

**Part-Year Residents.** If you did not use your entire *prorated* maximum exclusion on line 28a, you may be able to use the unclaimed portion. Complete Worksheet E to determine whether you have any exclusion remaining and meet the eligibility requirements and, if so, to calculate the amount to include on line 28b.

## Line 28c – Total Exclusion Amount

Add lines 28a and 28b and enter the total.

## Line 29 – New Jersey Gross Income

Subtract line 28c from line 27 and enter the result. If zero or less, make no entry.

### Required to file a return

You are **required** to file a return if your income on line 29 is more than the filing threshold:

- \$20,000 Married filing jointly, Head of Household, or Qualified Widow(er);
- \$10,000 Single or married/CU partner filing separate return.

### Not required to file a return

You are **not required** to file a return if your income is at or below the filing threshold. However, you still need to file if you:

- Had New Jersey Income Tax withheld;
- Paid estimated taxes or had a credit from the prior year; or
- Are eligible for a New Jersey Earned Income Tax Credit or other credit and are due a refund.



**Worksheet D**  
**Other Retirement Income Exclusion**  
**Age Requirement: 62 or older**

Part-year residents do not complete this worksheet. (See instructions on page 20.)

Is income on line 27, NJ-1040 **MORE than \$150,000?**

- Yes. You are not eligible to use any unclaimed portion of your maximum exclusion.  
 Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).
- No. Continue with line 1.

1. Enter the amount of your maximum exclusion using the chart below ..... 1. \_\_\_\_\_
2. Enter the amount from line 28a, NJ-1040..... 2. \_\_\_\_\_
3. Subtract line 2 from line 1 ..... 3. \_\_\_\_\_

Is the amount on line 3 **MORE than \$0?**

- Yes. Continue with line 4.
- No. You do not have any unused exclusion amount. Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).

4. Enter the amount from line 15, NJ-1040 ..... 4. \_\_\_\_\_
5. Enter the amount from line 18, NJ-1040 ..... 5. \_\_\_\_\_
6. Enter the amount from line 21, NJ-1040 ..... 6. \_\_\_\_\_
7. Enter the amount from line 22, NJ-1040 ..... 7. \_\_\_\_\_
8. Add lines 4, 5, 6, and 7 ..... 8. \_\_\_\_\_

Is the amount on line 8 **MORE than \$3,000?**

- Yes. You are not eligible to use the unclaimed portion of your maximum exclusion.  
 Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).
- No. Continue with line 9.

9. Unclaimed Exclusion. Enter the amount from line 3. Also include this amount on line 28b, NJ-1040 ..... 9. \_\_\_\_\_

**Joint filers:** If only one spouse is 62 or older, only the income of that spouse can be excluded.

**Special Exclusion.** If you (and your spouse if filing jointly) will **never** be able to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, you may qualify for this exclusion. See [GIT-1 & 2, Retirement Income](#), before entering an amount on line 28b.

**Maximum Exclusion**

Filing Status:	Income on line 27:		
	\$0 – \$100,000	\$100,001 – \$125,000	\$125,001 – \$150,000
Married/CU couple, filing joint return	\$100,000	50% of line 27	25% of line 27
Single Head of household Qualifying widow(er)/surviving CU partner	\$75,000	37.5% of line 27	18.75% of line 27
Married/CU partner, filing separate return	\$50,000	25% of line 27	12.5% of line 27

**(Keep for your records)**

**Worksheet E**  
**Other Retirement Income Exclusion – Part-Year Residents**  
**Age Requirement: 62 or older**

Was your income for the *entire year* **MORE than \$150,000?**

- Yes. You are not eligible to use any unclaimed portion of your maximum exclusion.  
 Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).
- No. Continue with line 1.

1. Enter the amount of your maximum exclusion calculated using the chart below.  
 If your income was \$100,000 or less, you must prorate the maximum amount based on the number of months you were a New Jersey resident (do not prorate if your income was over \$100,000) ..... 1. \_\_\_\_\_
2. Enter the amount from line 28a, NJ-1040..... 2. \_\_\_\_\_
3. Subtract line 2 from line 1. .... 3. \_\_\_\_\_

Is the amount on line 3 **MORE than \$0?**

- Yes. Continue with line 4.
- No. You do not have any unused exclusion amount. Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).

Enter the following income for the *entire year*:

4. Wages, salaries, tips, and other employee compensation ..... 4. \_\_\_\_\_
5. Net profits from business ..... 5. \_\_\_\_\_
6. Distributive share of partnership income ..... 6. \_\_\_\_\_
7. Net pro rata share of S corporation income ..... 7. \_\_\_\_\_
8. Add lines 4, 5, 6, and 7 ..... 8. \_\_\_\_\_

Is the amount on line 8 **MORE than \$3,000?**

- Yes. You are not eligible to use the unclaimed portion of your maximum exclusion.  
 Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).
- No. Continue with line 9.

9. Unclaimed Exclusion. Enter the amount from line 3. Also include this amount on line 28b, NJ-1040 ..... 9. \_\_\_\_\_

**Joint filers:** If only one spouse is 62 or older, only the income of that spouse can be excluded.

**Special Exclusion.** If you (and your spouse if filing jointly) will **never** be able to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, you may qualify for this exclusion. See [GIT-1 & 2, Retirement Income](#), before entering an amount on line 28b.

**Maximum Exclusion**

Filing Status:	Income for the <i>Entire Year</i>		
	\$0 – \$100,000	\$100,001 – \$125,000	\$125,001 – \$150,000
Married/CU couple, filing joint return	$\frac{\text{Months NJ resident}^*}{12} \times \$100,000$	50% of line 27	25% of line 27
Single Head of household Qualifying widow(er)/surviving CU partner	$\frac{\text{Months NJ resident}^*}{12} \times \$75,000$	37.5% of line 27	18.75% of line 27
Married/CU partner, filing separate return	$\frac{\text{Months NJ resident}^*}{12} \times \$50,000$	25% of line 27	12.5% of line 27

\*For this calculation, 15 days or more is considered a month.

(Keep for your records)

**Do not** complete lines 30 through 50. Continue completing the return with line 51.

**Withholding Exemption.** If you do not expect to have a New Jersey Income Tax liability for 2025, complete Form NJ-W4 and give it to your employer to claim an exemption from withholding, or complete Form NJ-W-4P and give it to the payer of your pension or annuity to stop withholding.

**Homeowners and Tenants Age 65 or Older or Disabled.** If you are not required to file a New Jersey return, but you met the eligibility requirements for a Property Tax Credit on page 25, you may be able to file Form NJ-1040-HW instead of Form NJ-1040 to claim the credit. See instructions on page 49.

**Caregivers of Disabled Veterans.** If you are not required to file a New Jersey return, but you met the eligibility requirements for the Wounded Warrior Caregivers Credit on page 43, you may be able to file Form NJ-1040-HW instead of Form NJ-1040 to claim the credit. See instructions on page 49.

**Part-Year Residents.** If your income for the entire year was equal to or less than the filing threshold amount and you are filing to get a refund, you must enclose a copy of your federal return. If you did not file a federal return, include a statement to that effect.

**Line 30 – Exemption Amount**

Enter the total exemption amount from line 13.

**Part-Year Residents.** Prorate the total on line 13 for the time you were a New Jersey resident and enter the amount on line 30. For this calculation, 15 days or more is considered a month.

**Line 31 – Medical Expenses**

You can deduct certain unreimbursed medical expenses you paid during the year for yourself, your spouse or domestic

partner, and any dependents you claim. You can only deduct expenses that are more than 2% of your gross income. In general, medical expenses allowed for federal tax purposes are allowed for New Jersey tax purposes. These can include:

- Physicians, dental, and other medical fees;
- Prescription eyeglasses and contact lenses;
- Hospital care;
- Nursing care;
- Medicines and drugs;
- Prosthetic devices;
- X-rays and other diagnostic services conducted by or directed by a physician or dentist;
- Amounts paid for transportation primarily for and essential to medical care;
- Insurance (including amounts paid as premiums under Part B of Title XVIII of the Social Security Act, relating to supplementary medical insurance for the aged) covering medical care.

You can also deduct qualified Archer MSA contributions and self-employed health insurance costs. Information is available on our website at [nj.gov/treasury/taxation/njit13.shtml](http://nj.gov/treasury/taxation/njit13.shtml)

Use Worksheet F below to calculate your medical expenses deduction.

**Note:** For federal purposes you may be able to deduct amounts paid for health insurance for any child of yours who was under age 27 at the end of 2024. However, for New Jersey purposes you can deduct these amounts only if the child was your dependent. For more information, see Technical Advisory Memorandum [TAM 2011-14](#).

**Part-Year Residents.** Include only those expenses you incurred and paid while you were a resident of New Jersey.

Worksheet F Deduction for Medical Expenses	
1. Total unreimbursed medical expenses .....	1. _____
2. Enter line 29, Form NJ-1040 _____ × .02 = .....	2. _____
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero .....	3. _____
4. Enter the amount of your qualified Archer MSA contributions from federal Form 8853 .....	4. _____
5. Enter the amount of your self-employed health insurance deduction .....	5. _____
6. <b>Total Deduction for Medical Expenses.</b> Add lines 3, 4, and 5. Enter the result here and on line 31, Form NJ-1040. If zero, enter zero here and make no entry on line 31, Form NJ-1040 .....	6. _____
<b>(Keep for your records)</b>	

## Line 32 – Alimony and Separate Maintenance Payments

Enter any court-ordered alimony or separate maintenance payments you made. Do not include child support payments.

**Part-Year Residents.** Include only those payments made while you were a resident of New Jersey.

## Line 33 – Qualified Conservation Contribution

Enter any qualified contribution you made of real property (land) in New Jersey for conservation purposes (e.g., protection of natural habitat, farmland, forest, or open space). The deduction is the amount of the contribution allowed as a deduction in calculating your taxable income for federal purposes.

**Enclose document** ▶ If you file federal Form 8283, enclose a copy with your return.

**Part-Year Residents.** Include only those contributions you made while you were a resident of New Jersey.

## Line 34 – Health Enterprise Zone Deduction

If you provide primary care services in a qualified medical or dental practice you own that is located in or within five miles of a designated Health Enterprise Zone (HEZ), you may be able to deduct a percentage of the net income from that practice.

Enter the HEZ deduction for a qualified practice as follows:

- Partners – Use the amount from Part III of the Schedule NJK-1, Form NJ-1065, you received from the practice;
- S corporation shareholders – Use the amount from Part V of the Schedule NJ-K-1, Form CBT-100S, you received from the practice;
- Sole proprietors – Determine your allowable HEZ deduction and enclose a schedule showing how you calculated it.

**Note:** Do not claim unreimbursed medical expenses, health insurance premiums, or other personal or business expenses as a deduction on this line.

For eligibility requirements and instructions for calculating the HEZ deduction, see Technical Bulletin [TB-56](#).

**Part-Year Residents.** If you are a partner or an S corporation shareholder, you must prorate the deduction based on the number of days in the entity's fiscal year that you were a resident. If you are a sole proprietor, use only the receipts for your period of residency when calculating the deduction.

## Line 35 – Alternative Business Calculation Adjustment

If you completed Schedule NJ-BUS-1 and had a loss on line 4 of any part, you may be eligible for an income adjustment. You also may be eligible if you had a loss carryforward on Schedule NJ-BUS-2 from a prior year. Complete Schedule [NJ-BUS-2](#) and enter on line 35 the amount from line 11 of the schedule. If zero, make no entry.

**Enclose document** ▶ Enclose Schedule NJ-BUS-2 with your return and keep a copy for your records. You may need the information to complete future returns.

**Note:** You must keep track of any unused losses that are carried forward. Unused losses can be carried forward for up to 20 years to calculate future adjustments.

## Line 36 – Organ/Bone Marrow Donation Deduction

If you donated an organ or bone marrow to another person for transplantation, you can deduct up to \$10,000 of unreimbursed expenses for travel, lodging, and lost wages related to the donation. This deduction is also available to your spouse (if filing jointly) or any dependents you claim on your return. You must take the deduction the year in which the transplant occurs. If you had unreimbursed expenses in the year prior to or in the year after the transplant, they must be claimed in the year they were incurred. The combined deduction amount cannot exceed \$10,000.

You may be asked to provide documentation indicating that you are eligible to claim the deduction, such as employee pay statements and a letter from a physician.

A list of acceptable documentation is available on our website at [nj.gov/treasury/taxation/donor.shtml](http://nj.gov/treasury/taxation/donor.shtml)

## Lines 37a–37c – New Jersey College Affordability Deductions

If your gross income was \$200,000 or less, you may be eligible to deduct certain educational expenses.

**Line 37a** – You can deduct up to \$10,000 of contributions made during the year into an NJBEST (New Jersey Better Educational Savings Trust) account.

**Line 37b** – You can deduct up to \$2,500 of principal and interest paid during the year on an NJCLASS (New Jersey College Loans to Assist State Students) loan.

**Line 37c** – If you, your spouse, or your dependent enroll in or attend a New Jersey institution of higher education, you can deduct up to \$10,000 for tuition costs paid during the year.

**Married, Filing Separately.** If you and your spouse file separate returns, the combined deduction amounts cannot exceed the amounts shown on page 24.

**Part-Year Residents.** You must use your income for the entire year when determining your eligibility. Prorate your deduction based on the number of months you were a New Jersey resident.

## Line 38 – Total Exemptions and Deductions

Add lines 30 through 37c and enter the total.

## Line 39 – Taxable Income

Subtract line 38 from line 29 and enter the result.

## Property Tax Deduction/Credit for Homeowners and Tenants

If property taxes were paid (directly or through rent) on your principal residence (main home) (see “Terms to Know” on page 4) in New Jersey, you may qualify for either a Property Tax Deduction that reduces your taxable income, or a refundable Property Tax Credit. If you meet the eligibility requirements, complete line 40a, and either line 41 or 56.

**Note:** Contact your building manager or the municipal tax collector if you are not sure whether the place you live is subject to property taxes.

### Eligibility Requirements:

- You were domiciled and maintained a main home as a homeowner or tenant in New Jersey during 2024;
- Your main home, whether owned or rented, was subject to property taxes that were paid either as actual property taxes or through rent;
- If you rented your main home in a building that had more than one dwelling unit, you had access to kitchen and bath facilities;
- If your main home was a unit in a multi-unit property you owned, the property had no more than four units, and no more than one of those was a commercial unit;
- Your income on line 29 is more than the filing threshold amount for your filing status (see page 3). If you (and/or your spouse if filing jointly) were 65 or older or blind or disabled on the last day of the tax year and you were not required to file a return, see “Seniors or Blind/Disabled Persons Not Required to File Form NJ-1040” below.

You are **not** eligible for a deduction or credit:

- For a vacation home, second home, or any other property you do not reside in permanently;

- If you are a disabled veteran with a 100% exemption from property taxes on your main home (However, if part of the property was rented to a tenant, the tenant may be eligible.);
- If you were a homeowner who made P.I.L.O.T. (Payments-In-Lieu-of-Tax) payments;
- If you were a tenant in a tax-exempt property (e.g., subsidized and campus housing, property owned by non-profit organizations, residence on which P.I.L.O.T. payments were made).

### Seniors or Blind/Disabled Persons Not Required to File Form NJ-1040

If you (or your spouse if filing jointly) were 65 or older or blind or disabled on the last day of the tax year, and your income on line 29 is \$20,000 or less (\$10,000 if filing status is single or married/CU partner, filing separate return), and you met the eligibility requirements, you qualify for a Property Tax Credit.

If you are eligible for a Property Tax Credit, you can claim your credit on Form NJ-1040 or you can file Form NJ-1040-HW only (see page 49). Do not file both Form NJ-1040 and Form NJ-1040-HW.

## Line 40a – Total Property Taxes (18% of Rent) Paid

If you met the eligibility requirements above, read the following to determine the correct amount to enter on line 40a.

**Multi-Owner Properties.** If you owned your main home with someone who was not your spouse, you can use only the amount of property taxes paid that reflects your percentage of ownership in the property, even if you were the only one who occupied the property and you paid all the taxes.

**Multi-Unit Properties.** If your main home was a unit in a multi-unit property that you owned, you can use only the property taxes paid for the percentage of the property you occupied.

- The unit must be a single, separate dwelling unit with complete independent living facilities. There must be permanent provisions for living, sleeping, eating, cooking, and sanitation, with access to a separate kitchen and bathroom.
- The property must contain four units or less, and no more than one of those units can be a commercial unit.

**Condominiums and Co-ops.** Condominiums and co-ops are considered single-family homes. For tax purposes, they are not multi-unit properties.

**Continuing Care Communities.** If you pay the proportionate share of property taxes attributable to your unit, you are considered a homeowner.

**Life Tenancy.** If you have life tenancy rights or hold a lease for 99 years or more, you are considered a homeowner.

**Mobile Homeowners.** You are considered a tenant if you owned a mobile home that was located in a mobile home park. Property taxes paid means 18% of the site fees paid for 2024.

Answer the following questions before completing line 40a:

Did you have more than one main home in New Jersey during the year? .....	Yes <input type="radio"/>	No <input type="radio"/>
Did you share ownership of your main home with someone who is not your spouse?.....	Yes <input type="radio"/>	No <input type="radio"/>
Was your main home a unit in a multi-unit property that you owned?.....	Yes <input type="radio"/>	No <input type="radio"/>
Did you occupy and share rent for your main home (apartment/rental unit) with someone who was not your spouse during the year? .....	Yes <input type="radio"/>	No <input type="radio"/>
Were you both a homeowner and a tenant in New Jersey during the year? .....	Yes <input type="radio"/>	No <input type="radio"/>

If you answered “Yes” to any question above, complete Worksheet G on page 27 to determine the amount to report.

If you answered “No” to all the questions above, report the property taxes due and paid as follows:

**Tenants**

Enter 18% of the rent paid for 2024. This is the amount that is considered property taxes. If you were a mobile homeowner, enter 18% of the site fees paid for 2024. If you received an ANCHOR Benefit, the benefit amount does not affect the amount to report on this line.

**Homeowners**

Enter the amount of property taxes due and paid to the municipality on your main home for 2024. If you received an ANCHOR Benefit or Homestead Benefit, the benefit amount does not affect the amount to report on this line.

**Married, Filing Separately.** If you and your spouse file separate returns but maintained the same main home, enter on line 40a only one-half of the property taxes (one-half of 18% of rent) due and paid.

**Part-Year Residents.** Only include amounts due and paid while you were a resident of New Jersey.

**Worksheet G**

**Part I – Homeowners**

**Main Homes Owned in New Jersey (Lines 1–3)**

List the address of each qualified New Jersey residence you owned and occupied as your main home during 2024. Complete columns a through e for each address. If you lived for part of the year in a residence that was not a qualified residence, do not include any information for that residence. For example, you owned a five-unit property and used one of the units as your main home.

If you were both an owner and a tenant at the same address, enter the required information in both Part I and Part II.

**Column a**

Enter the number of days you owned and occupied this home as your main home in 2024. If this was your residence all year, enter 366. The total number of days in Part I and Part II cannot be more than 366.

**Column b**

Enter the share (percentage) of this property you (and your spouse) owned. Enter the figure as a decimal. If you (and your spouse) were the sole owner(s), enter 1.00 for 100%. If you owned 50% of the property with someone who was not your spouse, you would enter 0.50. You must enter your percentage of ownership even if there are multiple owners and you were the only one who occupied the property and you paid all the taxes.

**Example:** You and your wife owned a single-family home with your sister. You lived in the home with your wife. Your sister did not live with you, and you and your wife paid all the property taxes. You must enter 0.50 because you and your wife owned only one-half (50%) of the property.



**Worksheet G**

**PART I: HOMEOWNERS**

**Main homes you owned in New Jersey during 2024**

Address	(a) Number of days in 2024 in this residence as an owner	(b) Share (%) of property owned by you (and your spouse)	(c) Share (%) of property used as your main home	(d) Total property taxes paid on this property for this period	(e) Your share of property taxes paid on this property for this period
1.					
2.					
3.					
4. <b>Your share of total property taxes paid for 2024 for your main home</b> (total of column e) If you were also a tenant in New Jersey during the year, continue with Part II. Otherwise, go to Part III .....					

**PART II: TENANTS**

**Main homes you rented in New Jersey during 2024**

Address	(a) Number of days in 2024 in this residence as a tenant	(b) Total number of tenants who shared the rent	(c) Total rent paid by all people living in this residence during this period	(d) Total rent paid by you (and your spouse) for this residence during this period
5.				
6.				
7.				
8. Your share of total rent paid for 2024 for your main homes (total of column d).....				
9. <b>Allowable portion of rent.</b> Line 8 x 0.18. Continue to Part III .....				

**PART III: TOTAL**

10. Add line 4 and line 9. Enter the total here and on line 40a, Form NJ-1040. If your filing status is married/CU partner, filing separate return and both you and your spouse maintained the same main home, use one-half of this amount when completing line 40a.

**(Keep for your records)**

**Column c**

If this property consisted of more than one unit, enter the share (percentage) of the property you (and your spouse) used as your main home. Enter the figure as a decimal. For example, enter 25% as 0.25. The units in a multi-unit property are considered equal in size unless the local tax assessor has determined they are not equal.

**Example:** You owned a four-unit property. The units were equal in size, and one of the units was your main home. You must enter 0.25 because you occupied one-fourth (25%) of the property as your main home.

**Column d**

Enter the total property taxes paid on this property for 2024 for the period indicated in column a.

**Column e**

Multiply the decimal in column c by the property tax amount in column d. If there is no figure in column c, use the decimal in column b. Enter the result in column e.

**Example:** Total property taxes paid were \$2,000. Column b is 1.00, and column c is 0.50. The calculation for column e is 0.50 x \$2,000 = \$1,000.



**Line 4: Property Taxes**

Add your share of property taxes paid in column e, lines 1 through 3, and enter the total.

**Part II – Tenants****Main Homes Rented in New Jersey (Lines 5–7)**

List the address of each qualified New Jersey residence you rented and occupied as your main home during 2024. Complete columns a through d for each address. If you lived for part of the year in a residence that was not a qualified residence, do not include any information for that residence. For example, you rented an apartment in a building that is exempt from property taxes.

If you were both an owner and a tenant at the same address, enter the required information in both Part I and Part II.

**Column a**

Enter the number of days you rented and occupied this home as your main home in 2024. If this was your residence all year, enter 366. The total number of days in Part I and Part II cannot be more than 366.

**Column b**

If you lived with someone who was not your spouse and shared the rent with them, enter the total number of tenants who shared the rent, including yourself. For this purpose, spouses are considered one tenant.

**Column c**

Enter the total amount of rent paid by all tenants, including yourself, during 2024 for the period indicated in column a.

**Column d**

Divide the amount in column c by the number in column b, and enter the result in column d.

**Line 8: Rent**

Add your share of rent paid in column d, lines 5 through 7, and enter the total.

**Line 9: Allowable Portion of Rent**

Multiply the amount on line 8 by 18% (0.18) and enter the result.

**Part III – Total****Line 10: Total**

Add line 4 and line 9. Enter the total here and on line 40a, Form NJ-1040. If your filing status is married/CU partner, filing separately, enter one-half of this amount on line 40a.

**Line 40b – Homeowner/Tenant Status**

Fill in only one oval to indicate whether you were a homeowner, a tenant, or both a homeowner and tenant during 2024.

**Line 41 – Property Tax Deduction**

If you met the eligibility requirements on page 25, you can take either a Property Tax Deduction of up to \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same main home) or a Property Tax Credit.

There are two ways to determine whether you will get a greater benefit by taking a deduction on line 41 or a credit on line 56. If you:

- **Are not** claiming a credit for taxes paid to other jurisdictions, complete Worksheet H;
- **Are** claiming a credit for taxes paid to other jurisdictions, first complete lines 1 and 2 of Worksheet H. Then complete Schedule [NJ-COJ](#) and Worksheet I. (See instructions for Schedule NJ-COJ on page 31.)

If you will receive a greater benefit by taking the deduction, enter on line 41 the amount of the Property Tax Deduction from Worksheet H or Schedule NJ-COJ and make no entry on line 56.

## Worksheet H Property Tax Deduction/Credit

**Review the eligibility requirements on page 25 before completing Worksheet H. Part-year residents see page 30.**

Complete both columns of this worksheet to find out whether the deduction or the credit is better for you.

1. **Property Taxes.** Enter the property taxes from line 40a, Form NJ-1040. 1. \_\_\_\_\_  
 Most Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount.  
**(See instructions on page 30.)**
2. **Property Tax Deduction.** Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same main home)?
  - Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same main home).
  - No. Enter the amount from line 1. 2. \_\_\_\_\_

**STOP — if you are claiming a credit for taxes paid to other jurisdictions.**  
 Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I.  
 (See instructions on page 31.)

3. Taxable Income (From line 39 of Form NJ-1040) .....
4. Property Tax Deduction (From line 2 above) .....
5. New Jersey Taxable Income (Subtract line 4 from line 3) .....
6. Tax on line 5 amount (From Tax Table or Tax Rate Schedules) .....
7. Subtract line 6, column A from line 6, column B .....

Column A		Column B	
3.		3.	
4.		4.	- 0 -
5.		5.	
6.		6.	
7.		7.	

8. **Is the line 7 amount \$50 or more** (\$25 if you and your spouse file separate returns but maintained the same main home)? **Part-year residents** see page 30 before answering "No."

Yes. The Property Tax Deduction is more beneficial for you. Make the following entries on your return.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 41	Line 4, column A
Line 42	Line 5, column A
Line 43	Line 6, column A
Line 56	Make no entry

No. The Property Tax Credit is more beneficial for you. Make the following entries on your return.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 41	Make no entry
Line 42	Line 5, column B
Line 43	Line 6, column B
Line 56	\$50 (\$25 if you and your spouse file separate returns but maintained the same main home). <b>Part-year residents</b> must prorate this amount. (See instructions on page 30.)

**(Keep for your records)**

## Worksheet H

### Line 1: Property Tax/Rent

Enter the amount from line 40a, Form NJ-1040.

**Senior Freeze (Property Tax Reimbursement) Applicants.** Use the chart below to determine the amount to enter on line 1.

If you:	And you:	Enter on line 1:
Filed a 2023 PTR-1 or PTR-2 (you met all 2023 eligibility requirements, <b>including</b> the income limits)	Met all 2024 Senior Freeze eligibility requirements, <b>including</b> the income limit	2023 PTR-1, line 13 (2022 property taxes or 18% of site fees)
		2023 PTR-2, line 10 (Base year property taxes or 18% of site fees)
Filed a 2023 PTR-1 or PTR-2 (you met all 2023 eligibility requirements, <b>including</b> the income limits)	Met all 2024 Senior Freeze eligibility requirements, <b>except</b> the income limit	Amount from line 40a, NJ-1040
Filed a 2023 PTR-2 (you met all 2023 eligibility requirements, <b>except</b> the 2023 income limit)	Met all 2024 Senior Freeze eligibility requirements, <b>including</b> the income limit	Amount from line 40a, NJ-1040

**Note:** If you owned your home with someone who is not your spouse or if the property consists of more than one unit, the amount of property taxes you report must reflect your percentage of ownership or the proportionate share of property taxes for the unit you occupied as your main home.

### Line 2: Property Tax Deduction

Enter the amount from line 1 or \$15,000, whichever is less. Also enter this amount on line 4, column A.

**Note:** If you and your spouse file separate returns but maintained the same main home, enter the amount from line 1 or \$7,500, whichever is less.

### Line 3: Taxable Income

For each column, enter the amount from line 39, Form NJ-1040.

**Note:** If you are claiming a credit for taxes paid to other jurisdictions, do not complete lines 3 through 8. Complete Schedule NJ-COJ and Worksheet I.

### Line 4: Property Tax Deduction

Enter in column A the amount from line 2, Worksheet H.

### Line 5: New Jersey Taxable Income

For each column, subtract line 4 from line 3 and enter the result.

### Line 6: Tax on Line 5

For each column, enter the amount of tax on the income shown on line 5. Use the Tax Table on page 54 or the Tax Rate Schedules on page 63 to calculate the amount.

### Lines 7 and 8: Deduction/Credit Determination

To determine whether a deduction or a credit is better for you, subtract line 6, column A from line 6, column B and enter the result on line 7. If the amount on line 7 is \$50 or more (\$25 if you and your spouse file separate returns but maintained the same main home), you will receive a greater benefit by taking the Property Tax Deduction.

If the amount on line 7 is less than \$50 (\$25 if you and your spouse file separate returns but maintained the same main home), you will receive a greater benefit by taking the Property Tax Credit. Follow the instructions on Worksheet H for completing lines 41, 42, 43, and 56, Form NJ-1040.

**Part-Year Residents.** You can claim a deduction or credit for property taxes or 18% of rent due and paid during the time you were a resident. When completing line 8, prorate the \$50 (\$25 if you and your spouse file separate returns but maintained the same main home) based on the number of months you occupied your New Jersey residence. Compare the prorated amount to line 7, and if the credit is more beneficial, enter the prorated amount on line 56.

## Line 42 – New Jersey Taxable Income

Subtract line 41 from line 39 and enter the result. If you did not claim a Property Tax Deduction, enter the amount from line 39.

## Line 43 – Tax on Amount on Line 42

If the income on line 42 is less than \$100,000, use the Tax Table on page 54. Otherwise, calculate the tax by using the Tax Rate Schedules on page 63. Use the correct column or schedule for your filing status. Enter the tax on line 43.

## Line 44 – Credit for Income Taxes Paid to Other Jurisdictions (COJ)

You may be able to claim a credit if you had income from outside New Jersey. Complete Schedule [NJ-COJ](#) to calculate the credit and enter the amount on line 44. If you complete more than one Schedule NJ-COJ, add the credits from each schedule and enter the total. The credit on line 44 cannot be more than your tax on line 43.

Enter the jurisdiction code from the following chart in the boxes provided on line 44. If you are claiming a credit

for more than one jurisdiction, use the code for “Multiple Jurisdictions.”

### Jurisdiction Codes

	Code		Code		Code
Alabama	01	Maine	19	Oregon	37
Arizona	03	Maryland	20	Pennsylvania	38
Arkansas	04	Massachusetts	21	Rhode Island	39
California	05	Michigan	22	South Carolina	40
Colorado	06	Minnesota	23	Tennessee	42
Connecticut	07	Mississippi	24	Utah	44
Delaware	08	Missouri	25	Vermont	45
Georgia	10	Montana	26	Virginia	46
Hawaii	11	Nebraska	27	Washington	54
Idaho	12	New Hampshire	29	West Virginia	48
Illinois	13	New Mexico	31	Wisconsin	49
Indiana	14	New York	32	Dist. of Columbia	51
Iowa	15	North Carolina	33	Philadelphia	52
Kansas	16	North Dakota	34	Other	53
Kentucky	17	Ohio	35	Multiple	
Louisiana	18	Oklahoma	36	Jurisdictions	99

Enclose document

Enclose Schedule NJ-COJ(s) with your return.

## Schedule NJ-COJ Credit for Income or Wage Taxes Paid to Other Jurisdictions

Complete this schedule only if you had income from outside New Jersey that was taxed by another jurisdiction and subject to New Jersey Income Tax in the same tax year. The credit reduces your New Jersey tax based on the percentage of income that was taxed by other jurisdictions. It is not necessarily a dollar-for-dollar credit. You cannot take a credit for taxes paid to the U.S. Government, Puerto Rico, or any other country or territory.

**Compensation From Pennsylvania.** There is a Reciprocal Personal Income Tax Agreement between New Jersey and Pennsylvania. Compensation (salaries, wages, tips, fees, commissions, bonuses, and other payment for services rendered as an employee) paid to New Jersey residents employed in Pennsylvania is not subject to Pennsylvania income tax. Therefore, you cannot claim a credit for taxes paid to Pennsylvania on that type of income. However, other types of income (e.g., self-employment, gain from sale of property) are not covered by the agreement and may be eligible for the credit. The Reciprocal Agreement does not apply to the wage or income tax of Philadelphia or any other municipality in Pennsylvania.

**Different Jurisdictions Tax the Same Income.** You may need to complete more than one Schedule NJ-COJ. See “Same Income Taxed by More Than One Jurisdiction” on page 32.

**Different Jurisdictions Tax Different Income.** You must complete a separate Schedule NJ-COJ for each jurisdiction. For more information, see [GIT-3W](#), *Credit for Income Taxes Paid to Other Jurisdictions (Wage Income)*, or [GIT-3B](#), *Credit for Income Taxes Paid to Other Jurisdictions (Business/Nonwage Income)*.

**Jurisdiction Imposes More Than One Type of Tax.** You may need to complete a separate Schedule NJ-COJ for each type of tax. For more information, see [GIT-3W](#), *Credit for Income Taxes Paid to Other Jurisdictions (Wage Income)*, or [GIT-3B](#), *Credit for Income Taxes Paid to Other Jurisdictions (Business/Nonwage Income)*.

**Property Tax Deduction/Credit (Worksheet I).** If you are eligible for a Property Tax Deduction or Credit (see requirements on page 25), complete Schedule NJ-COJ, and then complete Worksheet I on page 34 to determine whether you receive a greater benefit from the Property Tax Deduction or the Property Tax Credit. If you are claiming a credit for taxes paid to another jurisdiction but you are not eligible for a Property Tax Deduction or Credit, only complete column B of Schedule NJ-COJ.

**Documentation.** Keep complete copies of any returns filed with other jurisdictions. You may be asked to provide the following:

- A complete copy of the income tax return filed with the other jurisdiction if one was filed or required to be filed. Include all schedules, worksheets, etc., that establish the nature and source of the income being taxed by the other jurisdiction;
- If you participated in a composite return filed in another jurisdiction, submit a statement, on the filing entity's letterhead, that lists the jurisdiction, your share of the gross income taxed by the other jurisdiction, and your share of the tax paid;
- If you do not have to file a return with the other jurisdiction, include either a W-2 that lists the wage taxes paid and the name of the taxing jurisdiction, or a statement from the business entity that filed an income-based tax return. The statement must include your share of the gross income taxed by the other jurisdiction, the name of the tax, and your share of the tax paid.

### Line 1 – Income Properly Taxed by Both New Jersey and Other Jurisdiction

Only include income that meets all of the following criteria when completing line 1:

1. The income must be taxed by both New Jersey and a jurisdiction outside New Jersey, and
2. The income must have been properly taxed by the other jurisdiction, and
3. The amount of each item of income taxed by the other jurisdiction cannot be more than the amount of that item of income taxed by New Jersey, and
4. The income cannot be deemed allocated to New Jersey.

Enter the gross amount received after adjustments have been made by the other jurisdiction, but before personal exemptions and/or itemized deductions are subtracted. For an accurate income figure, first complete the tax return for the state in which you worked. Any income included on line 1 must also be included on line 2 since the income has to be taxed by both New Jersey and the other jurisdiction. Therefore, the amount on line 1 cannot be more than the amount on line 2. Also enter the name of the taxing jurisdiction in the space provided.

**Do not** include on line 1:

- Income that is not subject to New Jersey Income Tax (e.g., unemployment compensation);
- Income excluded or deducted in arriving at the income actually taxed in the other jurisdiction (e.g., IRA/Keogh contributions, employee business expenses, moving expenses, alimony);
- Interest, dividends, gains on sales of securities, and other income from intangible personal property (savings accounts, stocks, bonds) unless (1) the income was derived from a business, trade, or profession carried on in the other jurisdiction, or (2) you are required to file a resident return with both New Jersey and the other jurisdiction and report the income on both returns;
- Income subject to tax by a foreign country, U.S. possession, or territory;
- S corporation income allocated to New Jersey;
- Partnership income allocated to New Jersey;
- 401(k) contributions.

**Same Income Taxed by More Than One Jurisdiction.** If you pay tax to two jurisdictions on the same income, and the jurisdictions tax the **same** amount of income, complete only one Schedule NJ-COJ. Example: You have wages that are taxed by both city A and state B. Both the city and the state tax the full amount of your wages. Complete one Schedule NJ-COJ, reporting the full amount of wages.

However, if the jurisdictions tax **different** amounts of income, complete a separate Schedule NJ-COJ for each amount. On the first schedule, include the income amount taxed by both jurisdictions. On the second schedule, include only the difference in the two amounts. Example: You have \$150,000 in income from a business in city Y, which is in state Z. You report the entire amount on your New Jersey return. State Z taxed \$120,000 of the income and the tax on that amount was \$8,200. City Y taxed \$140,000 of the income and the tax on that amount was \$5,600. Since the two jurisdictions taxed different amounts, you must complete two Schedule NJ-COJs.

*First Schedule NJ-COJ:* Indicate the jurisdiction as “city Y and state Z,” and enter \$120,000 on line 1. To determine the credit on that \$120,000, add together \$8,200 paid to state Z and \$4,800 paid to city Y. (\$4,800 is the tax paid on \$120,000. You cannot use the full \$5,600 since that is the tax paid on \$140,000. You can use only the tax paid on the amount of income entered on line 1.) Enter the total in box 9a, line 9. Compare the allowable credit calculated on line 8, Schedule NJ-COJ to the amount in box 9a (\$13,000). The credit is the lesser of line 8 or box 9a.

**Second Schedule NJ-COJ.** Indicate the jurisdiction as “city Y,” and enter \$20,000 on line 1. This amount is the difference between the total amount taxed by city Y (\$140,000) and the amount that was already included on the first Schedule NJ-COJ (\$120,000). Box 9a will be \$800, the tax paid to city Y on \$20,000 of income.

**S Corporation Income.** If you paid income or wage taxes to another jurisdiction on S corporation income that was also subject to New Jersey tax in the same tax year, you may be eligible for a credit. However, you **cannot** claim a credit for:

- Tax imposed by another jurisdiction on S corporation income allocated to New Jersey;
- Taxes paid or accrued on or measured by profits or income imposed on or paid on behalf of another person;
- Taxes attributable to distributions.

**Income From New York.** When claiming a credit for taxes paid to New York, the amount on line 1 must reflect the “New York State Amount” actually taxed by New York from the New York IT-203. Certain adjustments may be necessary to determine the income actually taxed by New York. If you are subject to the New York tax on lump-sum distributions, complete separate Schedule NJ-COJs for the ordinary income and the lump-sum distribution.

**Income From Philadelphia.** The amount of income taxable to Philadelphia may be different from the State wages on your W-2. Complete the following to determine the amount to enter on line 1.

A.  $\frac{\text{Philadelphia Wage Tax Paid}^*}{\text{Philadelphia Wage Tax Rate}} =$  \_\_\_\_\_

B. Amount of Philadelphia wages included on line 15, NJ-1040 \_\_\_\_\_

Enter on line 1 the lesser of A or B.

\*If you filed a Philadelphia Petition for Wage Tax Refund, you must subtract your refund from the Philadelphia wage tax paid.

Information about the Philadelphia wage tax rate is available on the City of Philadelphia’s website at [phila.gov](http://phila.gov).

**Sole Proprietorships and Partnerships From Philadelphia.** If you are a sole proprietor or partner in a partnership whose income is subject to Pennsylvania income tax and Philadelphia business income and receipts tax and net profits tax, you must consider the taxes paid (based on income) to all jurisdictions when calculating the credit. The Philadelphia business income and receipts tax imposes two taxes, one based on income and one based on gross receipts. Only the tax imposed based on income qualifies for the credit calculation.

**Part-Year Residents.** Enter on line 1 only the income derived from the other jurisdiction during the period of time you were a New Jersey resident. The income must be actually and properly taxed both by the other jurisdiction and New Jersey.

## Line 2 – Income Subject to Tax by New Jersey

Enter the amount of income reported on line 29, Form NJ-1040.

## Line 3 – Maximum Allowable Credit Percentage

Divide line 1 by line 2 and enter the percentage on line 3. Carry your results to seven decimal places, rounding up if the seventh place is 5 or more. Since line 1 cannot be more than line 2, the result will be 100% or less.

If you are not eligible to claim a Property Tax Deduction or Property Tax Credit, only complete column B.

## Line 4 – Taxable Income

For each column, enter on line 4 the amount from line 39, Form NJ-1040.

## Line 5 – Property Tax and Deduction

Qualified homeowners or tenants (see eligibility requirements on page 25), enter the following information:

Box 5a: Enter the amount from line 1 of Worksheet H (see page 30).

Column A (Line 5): Enter the amount from line 2 of Worksheet H.



Worksheet I Which Property Tax Benefit to Use					
	COLUMN A		COLUMN B		
1. Tax. Enter amounts from line 7, Schedule NJ-COJ, columns A and B here.....	1.			1.	
2. Credit for Taxes Paid to Other Jurisdiction. Enter amounts from line 9, Schedule NJ-COJ, columns A and B here. If you completed more than one Schedule NJ-COJ, enter the total of all line 9 amounts (columns A and B) in the corresponding column.....	2.			2.	
3. Balance of Tax Due. Subtract line 2 from line 1 in each column .....	3.			3.	
4. Subtract line 3, column A from line 3, column B .....				4.	
5. Is the line 4 amount \$50 or more (\$25 if you and your spouse file separate returns but maintained the same main home)? <b>Part-year residents</b> see instructions for line 9, Schedule NJ-COJ before answering "No."					
<input type="radio"/> <b>Yes.</b> The Property Tax Deduction is more beneficial for you. Make the following entries on your return.					
<i>Form NJ-1040</i>	<i>Enter amount from:</i>				
Line 41	Line 5, Column A, Schedule NJ-COJ				
Line 42	Line 6, Column A, Schedule NJ-COJ				
Line 43	Line 7, Column A, Schedule NJ-COJ				
Line 44	Line 2, Column A, Worksheet I				
Line 56	Make no entry				
<input type="radio"/> <b>No.</b> The Property Tax Credit is more beneficial for you. Make the following entries on your return.					
<i>Form NJ-1040</i>	<i>Enter amount from:</i>				
Line 41	Make no entry				
Line 42	Line 6, Column B, Schedule NJ-COJ				
Line 43	Line 7, Column B, Schedule NJ-COJ				
Line 44	Line 2, Column B, Worksheet I				
Line 56	\$50 (\$25 if you and your spouse file separate returns but maintained the same main home). <b>Part-year</b> residents must prorate this amount. (See instructions for line 9, Schedule NJ-COJ.)				
<b>(Keep for your records)</b>					

**Line 6 – New Jersey Taxable Income**

For each column, subtract line 5 from line 4 and enter the result.

**Line 7 – Tax on Line 6 Amount**

For each column, enter the tax due on the income entered on line 6. Use the Tax Table on page 54 or the Tax Rate Schedules on page 63 to calculate the amount of tax due. If you are completing only column B, the amount on line 7 should be the same as the amount on line 43, Form NJ-1040.

**Line 8 – Allowable Credit**

For each column, multiply the amount on line 7 by the percentage on line 3 and enter the result.

**Line 9 – Credit for Taxes Paid to Other Jurisdiction**

**Box 9a:** Enter the income or wage tax paid to the other jurisdiction on the income shown on line 1. This amount is the total tax liability to the other jurisdiction from the other jurisdiction’s tax return, or if the other jurisdiction does not require the filing of a tax return, the amount may be the taxes withheld for the jurisdiction.

If you adjusted the income on line 1 of this schedule, enter only the tax paid on the adjusted amount.

For each column, enter on line 9 the lesser of line 8 or the amount in box 9a.

If you are eligible for a Property Tax Deduction or Credit, complete Worksheet I above (part-year residents see page 35).



If you are not eligible for a Property Tax Deduction or Credit, enter the amount from line 9, column B on line 44, Form NJ-1040. If you completed more than one NJ-COJ, enter the total of the amounts from line 9, column B. Leave lines 41 and 56 blank.

For more information, see [GIT-3W](#), *Credit for Income Taxes Paid to Other Jurisdictions (Wage Income)*, or [GIT-3B](#), *Credit for Income Taxes Paid to Other Jurisdictions (Business/Nonwage Income)*.

**Part-Year Residents.** You can claim a deduction or credit for property taxes or 18% of rent due and paid during the time you were a resident. When completing line 5, Worksheet I, prorate the \$50 (\$25 if you and your spouse file separate returns but maintained the same main home) based on the number of months you occupied your New Jersey residence. Compare the prorated amount to line 4, Worksheet I, and if the credit is more beneficial, enter the prorated amount on line 56, NJ-1040.

**Line 45 – Balance of Tax**

Subtract line 44 from line 43 and enter the result. If line 44 is blank, enter the amount from line 43.

**Line 46 – Sheltered Workshop Tax Credit**

Enter your Sheltered Workshop Tax Credit for the current year from Part IV, line 12 of Form [GIT-317](#).



Enclose Form GIT-317 with your return.

**Part-Year Residents.** Prorate your credit based on the number of months you were a New Jersey resident.

**Line 47 – Gold Star Family Counseling Credit**

If you are a mental health care professional who provided counseling through the Gold Star Family Counseling program, complete the following calculation to determine the amount of your credit:

1. Enter the number of hours of counseling you provided through the program .....\_\_\_\_\_
2. Enter the TRICARE rate for the service .....\_\_\_\_\_
3. Multiply line 1 by line 2.  
Enter this amount on line 47.....\_\_\_\_\_

**Part-Year Residents.** Include only the hours of counseling provided through the program while you were a New Jersey resident.

**Line 48 – Credit for Employer of Organ/Bone Marrow Donor**

If you are an employer who provided paid time off to an employee who missed work to donate an organ or bone marrow for transplantation, you may be able to claim a credit. The paid time off must have been in addition to any other paid time off to which the employee was entitled. If you qualify, you can

take a credit of 25% of the employee’s salary for up to 30 days of time missed from work for each donation.

You may be asked to provide documentation indicating that you are eligible to claim the credit, such as employee pay statements and a letter from a physician.

A list of acceptable documentation is available on our website at [nj.gov/treasury/taxation/donor.shtml](http://nj.gov/treasury/taxation/donor.shtml).

**Line 49 – Total Credits**

Add lines 46 through 48 and enter the total.

**Line 50 – Balance of Tax After Credits**

Subtract line 49 from line 45 and enter the result. If line 49 is blank, enter the amount from line 45.

**Line 51 – Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases**

When you buy taxable items or services to use in New Jersey, you owe Use Tax if:

- You do not pay Sales Tax; or
- You pay tax at a rate less than New Jersey’s 6.625% rate.

This commonly happens when you make purchases online, by phone or mail order, or outside the State.

Use Worksheet K on page 36 to calculate the amount to report. If you do not have any Use Tax to remit, you must enter “0.00” on this line.

For more information about taxable items and services, see [S&U-4](#), *New Jersey Sales Tax Guide*. For more information about Use Tax, see publication [ANJ-7](#), *Use Tax in New Jersey*.

**Line 52 – Interest on Underpayment of Estimated Tax**

New Jersey Income Tax is a pay-as-you-go tax. You must pay tax on your income as you earn or receive it. If you did not pay

**Worksheet K  
Use Tax Calculation**

Did you buy any taxable items or services without paying New Jersey Sales Tax? This includes any internet, phone, mail-order, or out-of-State purchases on which New Jersey Sales Tax was not collected, or purchases on which tax was collected at a rate less than 6.625%. If the answer is "Yes," you owe Use Tax to New Jersey. If you have already paid all Use Tax due with Form ST-18, answer "No."

- Yes. Complete Parts I, II, and III to calculate the amount of Use Tax due.
- No. Enter "0.00" on line 51, Form NJ-1040. **Do not leave line 51 blank.**

**Part I – Use Tax due on items or services costing less than \$1,000 each**

Complete lines 1a–1d OR line 2.

*If you know the exact amount of your purchases...*

- 1a. Enter the exact amount of your taxable purchases on which no New Jersey Sales Tax was collected..... 1a. \_\_\_\_\_
- 1b. Multiply line 1a by 6.625% (.06625) ..... 1b. \_\_\_\_\_
- 1c. Enter the amount of sales tax collected by other states for purchases on line 1a, up to 6.625%.  
Do not include sales tax collected by foreign countries ..... 1c. \_\_\_\_\_
- 1d. Subtract line 1c from line 1b. Continue with Part II ..... 1d. \_\_\_\_\_

**OR**

*If you do not know the exact amount of your purchases...*

- 2. Enter the amount of Use Tax from the Estimated Use Tax Chart below that corresponds to the income you reported on line 29, Form NJ-1040. Continue with Part II..... 2. \_\_\_\_\_

**Part II – Use Tax due on items or services costing \$1,000 or more each**

- 3a. Enter the exact amount of your taxable purchases on which no New Jersey Sales Tax was collected ..... 3a. \_\_\_\_\_
- 3b. Multiply line 3a by 6.625% (.06625) ..... 3b. \_\_\_\_\_
- 3c. Enter the amount of sales tax collected by other states for purchases on line 3a, up to 6.625%.  
Do not include sales tax collected by foreign countries ..... 3c. \_\_\_\_\_
- 3d. Subtract line 3c from line 3b. Continue with Part III..... 3d. \_\_\_\_\_

**Part III – Total Use Tax Due**

- 4. Add the amount from either line 1d or line 2 to the amount on line 3d. Enter here and on line 51, Form NJ-1040 ..... 4. \_\_\_\_\_

**(Keep for your records)**

**Estimated Use Tax Chart**

(for Part I, line 2 only)

If your New Jersey gross income is:	Use Tax	If your New Jersey gross income is:	Use Tax
up to \$15,000.....	\$ 14	\$100,001 – \$150,000.....	134
\$15,001 – \$30,000.....	44	\$150,001 – \$200,000.....	170
\$30,001 – \$50,000.....	64	\$200,001 and over.....	.0852% (.000852)
\$50,001 – \$75,000.....	84		of income, or \$494, whichever is less.
\$75,001 – \$100,000.....	106		

enough tax on your income throughout the year, you may have to pay installment interest.

Installment interest may be charged if:

- Your total tax is more than \$400 (after subtracting withholdings and other credits); **and**
- You did not pay (by withholdings or estimated payments) at least 80% of your tax liability during the year.

To calculate the amount of interest for the underpayment of estimated tax, complete Form [NJ-2210](#), Underpayment of Estimated Tax by Individuals, Estates, or Trusts. Enter on line 52 the amount from line 19, Form NJ-2210, and fill in the oval.

**Enclose document** ▶ Enclose Form NJ-2210 with your return.

For more information, see [GIT-8](#), *Estimating Income Taxes*.

## Lines 53a–53b – Current Health Insurance

**TAX TIP** ▶ If you or anyone in your tax household **does not** have minimum essential health coverage **at the time you file your return**, fill in the oval at line 53a and complete the NJ-EZ Enroll form.

If you want Get Covered New Jersey to help you obtain coverage, fill in the oval at line 53b **and** fill in the “Yes” oval at Step 3 of the NJ-EZ Enroll form. This will authorize GetCoveredNJ to use the information from your NJ-1040 and other relevant sources to assess whether your household qualifies for affordable health coverage. If you make this election, and you enroll in minimum essential coverage and keep that coverage for the remainder of the year, any shared responsibility payment that would be assessed at line 53c will be waived. For more information, see the NJ-EZ Enroll form.

**Enclose document** ▶ Enclose the NJ-EZ Enroll form with your return.

## Line 53c – Shared Responsibility Payment

New Jersey residents who are required to file a return (and all members of their tax household) **must** have minimum essential health coverage for the entire year unless they qualify for an exemption. Part-year residents must have coverage or qualify for an exemption for each month of their New Jersey residency. If you or anyone in your tax household did not have the required coverage and does not qualify for an exemption, you owe a shared responsibility payment.

**If your income on line 29 is \$20,000 or less** (\$10,000 if your filing status is single or married/CU partner filing separate return), you **do not owe** a shared responsibility payment. Do not complete line 53c. Part-year residents use income for the **entire** year, not just the period of New Jersey residency.

**TAX TIP** ▶ If you indicated at line 53a that a member of your tax household does not currently have minimum essential health coverage, and you indicated at line 53b that you are requesting assistance from Get Covered New Jersey, make no entry on line 53c and complete Schedule NJ-HCC.

**Tax Household.** This includes you, your spouse (if filing a joint return), domestic partner claimed on your return, and any individuals you claim as dependents on your NJ-1040. It also includes any individuals you can, but do not, claim as dependents on your return.

**Minimum Essential Health Coverage.** This is the amount of coverage you need to satisfy the minimum essential health coverage requirement. It includes, but is not limited to:

- Any health plan bought through the Health Insurance Marketplace;
- Individual health plans bought outside the Health Insurance Marketplace, if they meet the standards for qualified health plans;
- Any “grandfathered” individual insurance plan you’ve had since March 23, 2010, or earlier;
- Most job-based plans, including retiree plans and COBRA coverage;
- Medicare Part A;
- Most Medicaid coverage, except for limited coverage plans;
- The Children’s Health Insurance Program (CHIP);
- Coverage under a parent’s plan;
- Most student health plans (check with your school to see if the plan counts as qualifying health coverage);
- Health coverage for Peace Corps volunteers;
- Certain types of veterans health coverage through the Department of Veterans Affairs;
- Most TRICARE plans;
- Department of Defense Nonappropriated Fund Health Benefits program;
- Refugee Medical Assistance.

For more information on whether your plan qualifies as minimum essential health coverage, see IRS Form 8965.

**Exemptions.** If at any time during the year (part-year residents consider only months as a New Jersey resident) you or anyone in your tax household did not have minimum essential health coverage, visit [nj.gov/treasury/njhealthinsurancemandate/exemptions.shtml](https://nj.gov/treasury/njhealthinsurancemandate/exemptions.shtml) to determine if an exemption applies. Exemptions are available for income and healthcare related reasons, group membership, incarceration, living abroad, and various hardship reasons. If an exemption applies, complete the NJ Insurance Mandate Coverage Exemption Application to get an exemption number. You will need an exemption number for

each person who meets the requirements for an exemption. An individual may have more than one exemption number if different exemptions applied to different parts of the year. Enter the exemption number(s) on Schedule NJ-HCC. (See “Completing Line 53c” below.)

**Note:** If an individual had coverage for any part of a month, they are considered to be covered for the entire month. No exemption is needed for that month.

### Completing Line 53c

If your income on line 29 (part-year residents use income for the entire year) is at or below the filing threshold (see page 3), you do not owe a shared responsibility payment. Make no entry on line 53c and continue with line 54.

**Dependent on Another Person’s Return.** If someone can claim you as a dependent on their return, you do not owe a shared responsibility payment. Complete **only** Part I of Schedule [NJ-HCC](#), filling in the “Yes” oval. Fill in the oval at line 53c, NJ-1040, and enclose Schedule NJ-HCC with your return. If you are filing a joint return but one of you can be claimed as a dependent on another person’s return, do not include information for that spouse on schedule NJ-HCC.

**Full-Year Coverage.** If you and everyone in your tax household had minimum essential health coverage for the entire year (part-year residents consider only months as a New Jersey resident), you do not owe a shared responsibility payment. Complete **only** Part I of Schedule [NJ-HCC](#). Fill in the oval at

line 53c, NJ-1040, and enclose Schedule NJ-HCC with your return.

**Part-Year Coverage OR No Coverage.** If at any time during the year (part-year residents consider only months as a New Jersey resident) you or anyone in your tax household did not have minimum essential health coverage, you may owe a shared responsibility payment. Complete Schedule [NJ-HCC](#). If you had coverage for any part of a month, you are considered covered for the entire month. When completing Part II, check the box for every month each individual had minimum essential coverage (part-year residents include only months as a New Jersey resident). If an exemption applies for any member(s) of your tax household (see “Exemptions” on page 37), check the box for each month to which an exemption applies, and enter the exemption number(s). If any individual has more than one exemption number, enter only one of the numbers for that person and check the box. If there are any months without coverage that are not covered by an exemption (part-year residents consider only months as a New Jersey resident), use Worksheet L on page 39 or the online calculator at [nj.gov/treasury/njhealthinsurancemandate/nj-himpa-calc.shtml](http://nj.gov/treasury/njhealthinsurancemandate/nj-himpa-calc.shtml) to calculate the amount of shared responsibility payment you owe. Fill in the oval at line 53c and enter the amount due. If no amount is due, fill in the oval and leave the line blank.



Enclose Schedule NJ-HCC with your return.

## Worksheet L

Complete this worksheet to calculate the amount of your shared responsibility payment, or use the online calculator at [nj.gov/treasury/njhealthinsurancemandate/nj-himpa-calc.shtml](http://nj.gov/treasury/njhealthinsurancemandate/nj-himpa-calc.shtml). Do not complete this worksheet if everyone in your tax household had minimum essential health coverage for the entire year.

### Part I

You will need to determine your household income for purposes of calculating your shared responsibility payment. This includes your total income (line 27), your tax-exempt interest (line 16b), and the total income and tax-exempt interest of your dependents. Include estimated income for any dependents who do not file a New Jersey tax return. Do not use amounts from your federal return.

### Parts II and III

Complete Part II if no one in your tax household had minimum essential coverage or qualified for an exemption for any part of the year.

Complete Part III if anyone in your tax household had minimum essential coverage or qualified for an exemption for any part of the year.

For purposes of calculating the shared responsibility payment, an individual who is under age 18 on January 1 is considered to be under 18 for the entire year.

Enter your shared responsibility payment (Part II, line 8 or Part III, line 13) on line 53c, NJ-1040, fill in the oval, and enclose Schedule NJ-HCC with your return.

**Worksheet L**

**Shared Responsibility Payment Calculation**

**Part-year residents see instructions on page 41 before completing this worksheet.**

**Do not** complete if:

- Everyone in your tax household had minimum essential health coverage or qualified for an exemption for the entire year; or
- You filled in the oval at line 53b **and** the “Yes” oval at Step 3 of the NJ-EZ Enroll form.

**Part I**

1. Enter the amount from line 27 (Total Income) of your NJ-1040. **Do not** use income from your federal income tax return. .... 1. \_\_\_\_\_

2. Enter the amount from line 16b (Tax-Exempt Interest) of your NJ-1040. .... 2. \_\_\_\_\_

3. Enter income of any dependents you claim on your return. Also include any individual(s) you can, but do not, claim as a dependent(s) on your return.\*

	Enter amount from Line 27, NJ-1040	Enter amount from Line 16b, NJ-1040
--	---------------------------------------	--

Dependent name	_____	_____	
Dependent name	_____	_____	
Dependent name	_____	_____	
Dependent name	_____	_____	
Dependent name	_____	_____	

Total dependent income.

Add the amounts in each column

and enter the total on line 3. \_\_\_\_\_ + \_\_\_\_\_ = 3. \_\_\_\_\_

If more than five dependents have income, include any additional dependents’ income in the total on line 3.

\*List estimated income, if any, of dependents who will not file a 2024 New Jersey Income Tax return. Do not include any dependent’s income that is included on your own 2024 NJ-1040.

4. Total household income. Add lines 1 through 3 ..... 4. \_\_\_\_\_

5. Enter the amount listed for your filing status:

- \$10,000 – Single
- Married/CU partner filing separate return
- \$20,000 – Married/CU couple filing joint return
- Head of Household
- Qualifying widow(er)/surviving CU partner

5. \_\_\_\_\_

6. Subtract line 5 from line 4 ..... 6. \_\_\_\_\_

7. **Income Percentage Amount.** Multiply the amount on line 6 by 2.5% (0.025) ..... 7. \_\_\_\_\_

8. **Did you or anyone in your tax household have minimum essential health coverage or qualify for an exemption for part, but not all of the year?**

- Yes. Complete Part III on page 40.
- No. Complete Part II on page 40.

**(Keep for your records)**

**Part II – Complete if no one in your tax household had minimum essential health coverage for any part of the year.**

- 1. Number of individuals in your tax household who were **18 or older** (see instructions) \_\_\_\_\_ x \$695.00 = ..... 1. \_\_\_\_\_
- 2. Number of individuals in your tax household who were **under age 18** (see instructions) \_\_\_\_\_ x \$347.50 = ..... 2. \_\_\_\_\_
- 3. Add line 1 and line 2..... 3. \_\_\_\_\_
- 4. Flat Rate Amount. Enter the lesser of line 3 or \$2,085..... 4. \_\_\_\_\_
- 5. Income Percentage Amount. Enter the income percentage amount from Part I, line 7..... 5. \_\_\_\_\_
- 6. Enter the greater of line 4 or line 5 ..... 6. \_\_\_\_\_
- 7. Enter the amount listed for the size of your tax household:  
 1 person – \$4,284      3 people – \$12,852      5+ people – \$21,420  
 2 people – \$8,568      4 people – \$17,136 ..... 7. \_\_\_\_\_
- 8. **Shared Responsibility Payment.** Enter the lesser of line 6 or line 7. Also enter on line 53c, NJ-1040..... 8. \_\_\_\_\_

**Part III – Complete if any member of your tax household had minimum essential health coverage during any part, but not all, of the year.**

**Section A**

- 1a. Number of individuals listed in Part II of Schedule NJ-HCC who were **18 or older** (see instr.) \_\_\_\_\_ x 12 = ..... \_\_\_\_\_
- b. Number of boxes checked for individuals included in line 1a..... \_\_\_\_\_
- c. Months without minimum essential health coverage. Subtract line 1b from line 1a..... \_\_\_\_\_
- d. Multiply line 1c by \$57.92..... 1d. \_\_\_\_\_
- 2a. Number of individuals listed in Part II of Schedule NJ-HCC who were **under age 18** (see instr.) \_\_\_\_\_ x 12 = ..... \_\_\_\_\_
- b. Number of boxes checked for individuals included in line 2a..... \_\_\_\_\_
- c. Months without minimum essential health coverage. Subtract line 2b from line 2a..... \_\_\_\_\_
- d. Multiply line 2c by \$28.96..... 2d. \_\_\_\_\_
- 3. Add lines 1d and 2d ..... 3. \_\_\_\_\_
- 4. Flat Rate Amount. Enter the lesser of line 3 or \$2,085..... 4. \_\_\_\_\_

**Section B**

- 5. Enter the income percentage amount from Part I, line 7 ..... 5. \_\_\_\_\_
- 6. Number of individuals listed in Part II of Schedule NJ-HCC \_\_\_\_\_ x 12 = ..... 6. \_\_\_\_\_
- 7. Number of boxes checked in Part II of Schedule NJ-HCC ..... 7. \_\_\_\_\_
- 8. Months without minimum essential health coverage. Subtract line 7 from line 6 ..... 8. \_\_\_\_\_
- 9. Divide line 8 by line 6 (Enter as a percentage)..... 9. \_\_\_\_\_ %
- 10. Income Percentage Amount. Multiply the amount on line 5 by the percentage on line 9 ..... 10. \_\_\_\_\_

**Section C**

- 11. Enter the greater of line 4 or line 10 ..... 11. \_\_\_\_\_
- 12. Enter the amount listed for the size of your tax household:  
 1 person – \$4,284      3 people – \$12,852      5+ people – \$21,420  
 2 people – \$8,568      4 people – \$17,136 ..... 12. \_\_\_\_\_
- 13. **Shared Responsibility Payment.** Enter the lesser of line 11 or line 12. Also enter on line 53c, NJ-1040 ..... 13. \_\_\_\_\_

(Keep for your records)



## Part-Year Residents

Make the following adjustments to Worksheet L to calculate your shared responsibility payment for the period of your New Jersey residency:

**Part I, Lines 1–3.** Enter income for the entire year, not just for the period of New Jersey residency.

**Part I, Line 7.** Calculate your income percentage amount as indicated, and prorate the result based on the number of months you were a New Jersey resident. For this calculation, 15 days or more is considered a month.

$$\text{Calculation: Part I, line 7} \times \frac{\text{Months NJ resident}}{12} = \text{Prorated amount for Part I, line 7}$$

**Part I, Line 8.** When answering the question at line 8, consider only the part of the year you were a New Jersey resident, not the entire year.

**Part II, Line 3.** Add lines 1 and 2 as indicated, and prorate the total based on the number of months you were a New Jersey resident.

$$\text{Calculation: Part II, line 3} \times \frac{\text{Months NJ resident}}{12} = \text{Prorated amount for Part II, line 3}$$

**Part III, Lines 1a, 2a, and 6.** Multiply the number of individuals by the number of months you were a New Jersey resident. Do not multiply by 12.

## Line 54 – Total Tax Due

Add lines 50 through 53c and enter the total.

## Line 55 – Total New Jersey Income Tax Withheld

Enter the total New Jersey Income Tax withheld as shown on all of your W-2s, W-2Gs, and/or 1099s on this line.

Common forms include:

- Form W-2: Box 17 (Box 15 must indicate NJ)
- Form W-2G: Box 15 (Box 13 must indicate NJ)
- Form 1099-R: Box 14 (Box 15 must indicate NJ)
- Form 1099-MISC: Box 16 (Box 17 must indicate NJ)
- Form 1099-NEC: Box 5 (Box 6 must indicate NJ)

**Do not** include tax paid on your behalf by a partnership.

**Enclose document** Enclose Forms W-2 and 1099 with your return.

**Part-Year Residents.** You must determine from your W-2, W-2G, and/or 1099 statement(s) the amount of New Jersey Income Tax withheld from wages you earned or other payments you received while you were a New Jersey resident. If your W-2 includes only wages you earned while you were a resident, report the total New Jersey tax withheld on the W-2. If your employer combined your resident and nonresident wages on the W-2, include only tax withheld while you were a New Jersey resident.

## Line 56 – Property Tax Credit

If you met the eligibility requirements on page 25 and you receive a greater benefit from the Property Tax Credit, enter \$50 (\$25 if married, filing separately). **Do not** claim a credit if you claimed the Property Tax Deduction on line 41 or your income is under the filing threshold.

**Part-Year Residents.** Prorate the amount of any Property Tax Credit on this line based on the number of months you occupied your qualified New Jersey residence.

## Line 57 – New Jersey Payments/Credit From 2023 Tax Return

Include on this line:

- Estimated tax payments made for 2024;
- Amount paid with your application for an extension;
- Credit applied from the prior year. This is the amount you chose to carry forward on line 69 of your 2023 NJ-1040.

**Do not include** prior year refunds or tax paid on your behalf by partnership(s).

**Payments Made Under Another Name or Social Security Number.** If you changed your name (marriage, divorce, etc.), and you made estimated tax payments using your former name, enclose a statement explaining all the payments you and/or your spouse made for 2024 and the name(s) and Social Security number(s) under which you made payments.

If your spouse died during the year and amounts were paid/credited under both your Social Security numbers, enclose a

statement listing the Social Security numbers and the amounts submitted under each.

**Part-Year Residents.** Enter the amount of estimated payments you made to New Jersey while you were a resident. If you made estimated payments both as a resident and as a non-resident, enter only the payments you made to meet your tax liability while you were a resident.

## Line 58 – New Jersey Earned Income Tax Credit (NJEITC)

This is a credit for certain taxpayers who work and have earned income. It reduces the amount of tax you owe and can give you a refund.

The NJEITC is 40% of the federal EIC.

If you claimed and were allowed a federal earned income credit (EIC), enter 40% of your federal EIC amount. If you were a **part-year resident**, you must prorate your federal EIC amount by the number of months you were a New Jersey resident.

If you were at least 18 years old, you may be eligible for an NJEITC even if you did not meet the age requirement for a federal EIC. The maximum age limit has been eliminated.

Did you meet the following requirements during 2024?

- You did not have a qualifying child; and
- You were at least 18 years old on the last day of the tax year; and
- You met all federal EIC requirements except the age requirement; and
- You are not listed as a dependent on another tax return.

If so, enter \$253 on line 58. If you were a part-year resident, you must prorate \$253 by the number of months you were a New Jersey resident.

**Married, Filing Separately.** If you are married and you are not filing a joint return, you can claim the NJEITC only if you had a qualifying child who lived with you for more than half of 2024, and you lived apart from your spouse for the last six months of 2024.

### Civil Union Couples

You are eligible for an NJEITC only if you claim and are allowed a federal EIC. If you are not filing a joint New Jersey return, you must have had a qualifying child who lived with you for more than half of 2024, and lived apart from your civil union partner for the last six months of 2024.

If you file a joint or separate federal return, enter 40% of your federal EIC amount.

If you did not file a joint or separate federal return, prepare a mock federal return using the same filing status as on your NJ-1040, then calculate the amount of the federal EIC that you would have been eligible to receive. You can also go to [irs.gov](https://irs.gov) to calculate the amount of federal EIC based on your New Jersey filing status. Enter 40% of the calculated amount and fill in the second oval below line 58 indicating you are a civil union couple.

**Fill In Ovals.** Only fill in the **first** oval if your federal return indicates “EIC” next to line 27. Only fill in the **second** oval if you are a civil union couple filing a joint return.

You may be asked to provide documentation that shows you are eligible for this credit.

Visit our website at [eitc.nj.gov](https://eitc.nj.gov) for more information on the program.

## Lines 59 through 61 – UI/WF/SWF, DI, and FLI Credits

If you had two or more employers and you contributed more than the maximum amount of unemployment insurance (UI)/workforce development partnership fund (WF)/supplemental workforce fund (SWF) contributions and/or family leave insurance (FLI) contributions, you may be able to take credit for the excess withheld.

The rate for NJ disability insurance contributions was 0% for Tax Year 2024. If an employer withheld disability insurance contributions in error, you must contact that employer to get the refund.

The maximum employee contributions were:

UI/WF/SWF – \$179.78  
DI – \$0.00  
FLI – \$145.26

Complete Form NJ-2450 to calculate the excess contributions and report as follows:

Enter on line:	Amount from Form NJ-2450:
59	Line 4
60	Line 5
61	Line 6

**Enclose document** You **must** enclose Form NJ-2450 with your return.

If you had only one employer, you must contact that employer for the refund of any amount that was overwithheld. Do not complete Form NJ-2450.

If you had multiple employers but one employer withheld more than the maximum, do not enter more than the maximum amount for that employer on Form NJ-2450. Any amounts

over the maximum that were incorrectly withheld must be refunded by that particular employer.

If we deny your request, you must refile your claim through the Department of Labor and Workforce Development by completing Form UC-9A.

**Line 62 – Wounded Warrior Caregivers Credit**

You are eligible for this credit if you provided care for a relative who is a qualifying armed services member and your gross income was \$100,000 or less (married, filing joint; head of household; qualifying widow(er)) or \$50,000 or less (single; married, filing separate).

A **relative** is a:

Spouse	Grandparent	Nephew
Parent	Grandchild	Niece
Child	Aunt	Great-grandparent
Brother	Uncle	Great-grandchild
Sister	First Cousin	

The above relationships by marriage (e.g., stepchild, mother-in-law, etc.)

A **qualifying armed services member** is a person who:

- Was honorably discharged or released under honorable circumstances by the last day of the tax year; and
- Has a disability arising from active U.S. military service in any war or conflict on or after September 11, 2001; and

- Has either a 100% disability rating or receives individual unemployability benefits (one disability of at least 60% or two disabilities with a combined rating of at least 70% and one of those is at least 40%); and
- Lived with you in New Jersey for at least six months of the tax year.

Complete Schedule NJ-WWC to calculate the credit, and enter the amount on line 62. If two or more people care for the same person, the credit is apportioned based on the share of total care expenses for the year.

**Part-Year Residents.** You must use your income for the entire year when determining your eligibility.

**Enclose document** ▶ Enclose a copy of your caregiver approval letter the first time you claim the credit. You may be required to submit additional documentation to verify your eligibility.

**Line 63 – Pass-Through Business Alternative Income Tax Credit**

Enter your share of tax from Schedule NJ-BUS-1, Part II, line 5; Schedule NJ-BUS-1, Part III, line 5; or from Schedule NJK-1 received from an estate or trust.

**Enclose document** ▶ Enclose Schedule NJ-BUS-1 and a copy of your Schedule PTE-K-1, Schedule NJK-1 from an estate or trust, NJK-1 from a partnership, and NJ-K-1 from an S corporation with your return.

**Worksheet J**

**Child and Dependent Care Credit**

1. Enter your federal credit for child and dependent care expenses.....1. \_\_\_\_\_

2. Enter your taxable income from line 42, NJ-1040. If blank, enter zero.....2. \_\_\_\_\_

3. Enter the percentage below based on the amount on line 2.

If line 2 is	Enter %	
\$30,000 or less	50%	
Over \$30,000 but not over \$60,000	40%	
Over \$60,000 but not over \$90,000	30%	
Over \$90,000 but not over \$120,000	20%	
Over \$120,000 but not over \$150,000	10%	
Over \$150,000	not eligible	3. _____%

4. Multiply line 1 by the percentage on line 3. Also enter this amount on line 64, NJ-1040. Part-year residents see page 44.....4. \_\_\_\_\_

**(Keep for your records)**

## Line 64 – Child and Dependent Care Credit

The Child and Dependent Care Credit is available to certain taxpayers who have earned income and paid someone to care for a qualifying person so they can work or look for work.

Use Worksheet J on page 43 to calculate the amount of your credit.

**Civil Union Couples.** If you are filing a joint New Jersey return and one or both of you are allowed a federal credit for child and dependent care expenses, you may also be able to receive a New Jersey Child and Dependent Care Credit. If your filing status is married, filing separately, you are only eligible for the credit if you meet certain exceptions for federal purposes.

If you file a joint federal return, use Worksheet J to calculate the amount of your New Jersey credit.

If you did not file a joint federal return, prepare a federal return as if you were married, filing jointly, and calculate the amount of the federal credit for child and dependent care expenses you would have been eligible to receive. Use that amount on Worksheet J to calculate your New Jersey credit. Fill in the oval below line 64 indicating you are a civil union couple.

**Enclose document** Enclose a copy of federal Form 2441 with your return.

**Part-Year Residents.** You must use your taxable income for the entire year when determining your eligibility. Prorate your credit based on the number of months you were a New Jersey resident.

See our website at [nj.gov/treasury/taxation/depcarecred.shtml](http://nj.gov/treasury/taxation/depcarecred.shtml) for more information.

## Line 65 – New Jersey Child Tax Credit

If your taxable income is \$80,000 or less, you are eligible for a credit for each dependent who is age 5 or younger on the last day of the tax year. If your filing status is married filing separately, you are not eligible for this credit.

### Calculating your credit

- Enter your taxable income from line 42, NJ-1040. If blank, enter zero. \_\_\_\_\_
- If line 1 is:
 

	Enter	
\$30,000 or less	\$1,000	
Over	Not over	
\$30,000	\$40,000	\$ 800
\$40,000	\$50,000	\$ 600
\$50,000	\$60,000	\$ 400
\$60,000	\$80,000	\$ 200

3. Enter the number of dependents claimed on lines 10 and 11, NJ-1040 who were age 5 or younger on the last day of the tax year (born 2019 or later). Also enter this number in the box provided at line 65, NJ-1040. \_\_\_\_\_

4. Multiply line 2 by line 3. Also enter this amount on line 65, NJ-1040. Part-year residents see below. \_\_\_\_\_

**Part-Year Residents.** You must use your taxable income for the entire year when determining your eligibility. Prorate your credit based on the number of months you were a New Jersey resident.

See our website at [www.nj.gov/treasury/taxation/individuals/childtaxcredit.shtml](http://www.nj.gov/treasury/taxation/individuals/childtaxcredit.shtml) for more information.

## Line 66 – Total Withholdings, Credits, and Payments

Add lines 55 through 65 and enter the total.

## Line 67 – Amount You Owe

If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the result.

If you would like to make a donation to the Charitable Campaigns, continue with line 70. Otherwise, continue with line 79.

**Note:** If the amount on line 67 is more than \$400, you may want to increase your estimated payments or contact your employer for Form NJ-W4 to increase your withholdings.

## Line 68 – Overpayment Amount

If line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the result.

## Line 69 – Credit to Your 2025 Tax

Enter the amount you want to credit to your 2025 tax. This amount will reduce your refund.

## Lines 70 through 77 – Charitable Contributions

You can make a donation to one or more of the following charities. The amount you donate will reduce your refund or increase your balance due.

To make a donation, check the appropriate box(es) and enter the amount you want to contribute on the corresponding line.

*Line 70* – Endangered Wildlife Fund

*Line 71* – Children's Trust Fund

*Line 72* – Vietnam Veterans’ Memorial Fund

*Line 73* – Breast Cancer Research Fund

*Line 74* – U.S.S. New Jersey Educational Museum Fund

*Line 75 through 77* – You can donate to up to three of the following funds on these lines. Enter the code number in the boxes provided.

- Drug Abuse Education Fund (01)
- Korean Veterans’ Memorial Fund (02)
- Organ and Tissue Donor Awareness Education Fund (03)
- NJ-AIDS Services Fund (04)
- Literacy Volunteers of America – New Jersey Fund (05)
- New Jersey Prostate Cancer Research Fund (06)
- World Trade Center Scholarship Fund (07)
- New Jersey Veterans Haven Support Fund (08)
- Community Food Pantry Fund (09)
- Cat and Dog Spay/Neuter Fund (10)
- New Jersey Lung Cancer Research Fund (11)
- Boys and Girls Clubs in New Jersey Fund (12)
- NJ National Guard State Family Readiness Council Fund (13)
- American Red Cross – NJ Fund (14)
- Girl Scouts Councils in New Jersey Fund (15)
- Homeless Veterans Grant Fund (16)
- Leukemia & Lymphoma Society New Jersey Fund (17)
- Northern New Jersey Veterans Memorial Cemetery Development Fund (18)
- New Jersey Farm to School and School Garden Fund (19)
- Local Library Support Fund (20)
- ALS Association Support Fund (21)
- Fund for the Support of New Jersey Nonprofit Veterans Organizations (22)
- New Jersey Yellow Ribbon Fund (23)
- Autism Programs Fund (24)
- Boy Scouts Councils in New Jersey Fund (25)

- NJ Memorials to War Veterans Maintenance Fund (26)
- Jersey Fresh Program Fund (27)
- NJ World War II Veterans’ Memorial Fund (28)
- Meals on Wheels in New Jersey Fund (29)
- New Jersey Pediatric Cancer Research Fund (30)
- Special Olympics New Jersey Fund (31)
- New Jersey Ovarian Cancer Research Fund (32)

See [nj.gov/treasury/taxation/1040charitablefunds.shtml](https://nj.gov/treasury/taxation/1040charitablefunds.shtml) for more information on the charitable funds.

## Line 78 – Total Adjustments to Tax Due/ Overpayment Amount

Add lines 69 through 77 and enter the total.

## Line 79 – Balance Due

Compare lines 67, 68, and 78 and complete line 79 as follows:

- If you have an amount on line 67, add lines 67 and 78 and enter the total.
- If you have an amount on line 68 but it is *less* than the amount on line 78, subtract line 68 from line 78 and enter the result.
- If you have no amount on lines 67 and 68 but you have an amount on line 78, enter the amount from line 78.

See “How to Pay” on page 46. Fill in the oval if you are paying by e-check or credit card.

If you do not file your return or make a payment on time, we may charge you penalties and interest. See page 47.

## Line 80 – Refund Amount

If you have an amount on line 68, subtract line 78 from line 68 and enter the result.

You must submit your return to claim a refund. If the refund is \$1 or less, you must enclose a statement requesting it.

# NJ FAMILYCARE

Affordable health coverage. Quality care.

**No premiums. No waiting period. Children can qualify regardless of immigration status!**

Income-eligible NJ residents can  
apply online at [www.njfamilycare.org](http://www.njfamilycare.org)  
or call 800-701-0710 TTY: 711 (translators available)

Those not eligible for NJ FamilyCare can  
apply at the State Marketplace [www.getcovered.nj.gov](http://www.getcovered.nj.gov)  
or call 833-677-1010 TTY: 711

New Jersey Department of Human Services



**Time Period for Refunds.** Generally, you have three years from the date the return was due (including extensions) to request a refund.

**Claims Against Your Refund (Set-Off/Offset Programs).**

Your refund can be used to pay debts you owe to:

- The State of New Jersey, including any of its agencies;
- The Internal Revenue Service;
- Another claimant state/city that has a personal income tax set-off agreement with New Jersey.

If we apply your refund or credit to any debts, we will notify you by mail.

## Gubernatorial Elections Fund

If you would like to designate \$1 to help candidates for Governor pay campaign expenses, fill in the “Yes” oval. If you are filing a joint return, your spouse can also elect to designate \$1 to this fund. Filling in the “Yes” oval will not reduce your refund or increase the amount you owe.

For more information on the Gubernatorial Public Financing program, contact the New Jersey Election Law Enforcement Commission at (609) 292-8700 or online at [elec.nj.gov](http://elec.nj.gov).

## Signature

Sign and date your return in blue or black ink. Both spouses must sign a joint return. The signature(s) on the form you file must be original; photocopied signatures are not acceptable. We cannot process a return without the proper signatures and will return it to you. This causes unnecessary processing delays and may result in penalties for late filing. If you are filing on behalf of a deceased taxpayer, see “Deceased Taxpayers” on page 48.

## Driver’s License Number

Enter your Driver’s License or state Non-Driver Identification Card number. Providing this information is voluntary. We may use this information to validate your identity in our effort to combat identity theft and fraudulent filing.

## Death Certificate

Fill in the appropriate oval below the signature line if you are enclosing a death certificate.

## Don’t Need Forms Mailed to You Next Year?

If you do not need a booklet mailed to you next year, fill in the appropriate oval below the signature line.

## Paid Tax Preparer Information

**Preparer Authorization.** Division of Taxation personnel cannot discuss your return or enclosures with anyone other than you without your written authorization because of the strict provisions of confidentiality. If you want a Division of Taxation representative to discuss your tax return with the person who signed your return as your “Paid Tax Preparer,” fill in the oval above the preparer’s signature line to give your permission.

### Tax Preparers

Anyone who prepares a return for a fee must sign the return as a “Paid Preparer” and enter their Social Security number or federal preparer tax identification number. Include the company or corporation name and federal identification number, if applicable. A tax preparer who fails to sign the return or provide a tax identification number may incur a \$25 penalty for each omission. Someone who prepares your return but does not charge you should not sign your return.

**E-File Mandate.** Preparers that reasonably expect to prepare 11 or more individual resident Income Tax returns (including those filed for trusts and estates) during the tax year must use electronic methods to file those returns if an electronic filing option is available. A tax preparer is liable for a penalty of \$50 for each return they fail to file electronically when required to do so.

**Opting Out of Electronic Filing.** If your tax preparer is required to file all returns electronically but you want to file a paper return, you can opt out by enclosing Form [NJ-1040-O](#), E-File Opt-Out Request Form, with your paper return. Both you and your preparer must sign the form, and your preparer must fill in the oval above their signature on your return to indicate that Form NJ-1040-O is enclosed.

## How to Pay

You can make your payment either electronically (e-check or credit card) or by check or money order. Payments must be postmarked or submitted electronically by April 15, 2025, to avoid penalty and interest charges. If you are paying a balance due for 2024 and also making an estimated tax payment for 2025, make a separate payment for each transaction. If you owe less than \$1, you do not have to make a payment.

**Check or Money Order.** There is a payment voucher (Form NJ-1040-V) at the front of this booklet. Do not use the pre-printed voucher if any information is incorrect. Instead, complete a blank voucher, which is available on our website at [nj.gov/treasury/taxation/prntgit.shtml](http://nj.gov/treasury/taxation/prntgit.shtml)

Make your check or money order payable to State of New Jersey – TGI. Write your Social Security number on the check or money order. If you are filing a joint return, include both Social Security numbers in the same order the names are listed on the return. Send your payment for the balance due with



the voucher in the same envelope with your tax return. (See “Where to Mail Your Return” below.)

**Electronic Payments.** Do not send in the payment voucher if you are paying electronically. When making your payment, you must enter the Social Security number and date of birth of the first person listed on the tax return or your account will not be properly credited.

- **Electronic Check (e-check).** You can have your payment directly withdrawn from your bank account using our online e-check service. This option is available on our website ([nj.gov/taxation](https://nj.gov/taxation)). If you do not have internet access, you can make an e-check payment by contacting our Customer Service Center or by visiting a Regional Information Center. (See page 64 for phone numbers or addresses.)
- **Credit Card (Processing Fees Apply).** You can use an American Express, Discover, MasterCard, or Visa credit card to make your payment. This option is available on our website ([nj.gov/taxation](https://nj.gov/taxation)) or by phone (1 (888) 673-7694). You can also pay by credit card by contacting the Division’s Customer Service Center or by visiting a Regional Information Center. (See page 64 for phone numbers or addresses.)

## Penalties and Interest

If you do not file your return or make your payment on time, we may charge you the following penalties and interest:

- **Late Filing Penalty.** When you file a return after the original or extended due date, we will assess a penalty of 5% per month (or part of a month) up to a maximum of 25% on the outstanding tax balance. You may also be charged a \$100 penalty for each month the return is late.
- **Late Payment Penalty.** When you pay after the filing deadline, you may be charged a 5% penalty on the outstanding balance.
- **Interest.** We will assess interest at an annual rate of 3% above the prime rate each month (or part of a month) the tax is unpaid. At the end of each calendar year, any tax, penalties, and interest remaining unpaid will become part of the balance on which interest is charged. See Technical Bulletin [TB-21\(R\)](#) for current and previous years’ interest rates.

## Where to Mail Your Return

Use the envelope in your booklet to mail your NJ-1040, related enclosures, payment voucher, and check or money order for any tax due. Send only one return per envelope. On the envelope flap are preprinted address labels. To mail your return properly:

1. Remove all labels from envelope flap along perforations; and
2. Attach only the correct label to the front of the envelope.

### Payment Due Label

Mail returns with tax due (include payment voucher and check or money order, if applicable) to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center – Payments  
PO Box 111  
Trenton NJ 08645-0111

### Refund Label

Mail returns requesting a refund (or with no tax due) to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center – Refunds  
PO Box 555  
Trenton NJ 08647-0555

Do not staple, paper clip, tape, or use any other fastening device for your return and enclosures.

## Military Personnel

A member of the Armed Forces whose domicile is New Jersey is a resident for Income Tax purposes even if they are assigned to a duty post outside New Jersey. They remain a resident unless a change of domicile to another state is established.

Military pay is **taxable** to a resident of New Jersey and is reported as **wages** on Form NJ-1040. New Jersey residents must report all taxable income, regardless of where it is earned.

Military pensions, mustering-out payments, and subsistence and housing allowances are **not** taxable and should not be included.

For a more in-depth discussion of residency status, see publications [GIT-6, Part-Year Residents and Nonresidents](#) and [GIT-7, Military Personnel and Families](#).

### Death Related to Duty

When a member of the Armed Forces serving in a combat zone or qualified hazardous duty area dies as a result of wounds, disease, or injury received there, no Income Tax is due for the year the death occurred, or for any earlier years served in the zone or area.

### Spouses of Military Personnel

Federal law allows spouses of military personnel to choose the same legal residence as the service member for state and local tax purposes. The spouse does not have to actually live in the state or live with the service member spouse during the year.

If your spouse is a member of the military and you live in New Jersey but choose a different state as your legal residence, you are not subject to tax on wages earned in New Jersey and you should not file Form NJ-1040. However, if you had other types of income from New Jersey, or if you had New Jersey

tax withheld in error, or made estimated payments, you should file a New Jersey Nonresident Income Tax Return (Form NJ-1040NR.)

For more information on military spouses, see [GIT-7, Military Personnel and Families](#).

### Military Extensions

If you are not able to file on time because of distance, injury, or hospitalization as a result of being on active duty with the Armed Forces of the United States, you will automatically receive a six-month extension by enclosing an explanation when filing the return.

**Combat Zone.** New Jersey allows extensions of time to file Income Tax returns and pay any tax due for members of the Armed Forces and civilians providing support to the Armed Forces serving in an area that has been declared a “combat zone” by executive order of the President of the United States or a “qualified hazardous duty area” by federal statute.

Once you leave the combat zone or qualified hazardous duty area, you have 180 days to file your tax return and pay tax due.

In addition, if you are hospitalized outside New Jersey as a result of injuries you received while serving in a combat zone or qualified hazardous duty area, you have 180 days from the time you leave the hospital or you leave the combat zone or hazardous duty area, whichever is later.

No interest or penalties will be assessed during a valid extension for service in a combat zone or qualified hazardous duty area. This extension also applies to your spouse if you file a joint return.

**Enclose document** Enclose a statement of explanation with your return when you file that includes the reason for the extension.

For more information on military personnel, see [GIT-7, Military Personnel and Families](#).

### Deceased Taxpayers

If a person received income in 2024 but died before filing a return, the surviving spouse or personal representative (executor or administrator of an estate or anyone who is in charge of the decedent’s personal property) should file the New Jersey return.

**Filing Status.** Use the same filing status that was used on the final federal income tax return, unless the decedent was a partner in a civil union. (See “Filing Status” on page 5.)

### Name and Address

- *Joint return.* Write the name and address of the decedent and the surviving spouse in the name and address

fields. Print “Deceased” and the date of death above the decedent’s name.

- *Other filing status.* Write the decedent’s name in the name field and the personal representative’s name and address in the remaining fields. Print “Deceased” and the date of death above the decedent’s name.

**Exemptions and Deductions.** Prorate exemptions and deductions only if the decedent was a New Jersey resident for part of the year and a nonresident for part of the year.

### Signatures

- *Personal representative.* A personal representative filing on behalf of a deceased taxpayer must sign the return in their official capacity. If it is a joint return, the surviving spouse also must sign.
- *No personal representative.* If filing a return when there is no personal representative for the deceased, the surviving spouse signs the return and writes “Filing as Surviving Spouse” or “Filing as Surviving Civil Union Partner” in the signature section.
- *No personal representative and no surviving spouse.* If there is no personal representative and there is no surviving spouse, the person in charge of the decedent’s property must file and sign the return as “Personal Representative.”

If there is a refund due and you want us to issue the check to the decedent’s surviving spouse or estate:

- Enclose a copy of the decedent’s death certificate (if an estate, also include the Surrogate’s Short Certificate); and
- Fill in the oval below the signature line.

**Income in Respect of a Decedent.** If you had the right to receive income that the deceased person would have received had they lived, and the income was not included on the decedent’s final return, you must report it on your own return when you receive it. Include the income on line 26 as “Other” income.

### Amended Returns

File an amended return, Form NJ-1040X, and pay any tax due if:

- You receive an additional tax statement (W-2 or 1099) after filing your return; or
- You find that you made a mistake on your previously filed return; or
- There are any changes in your federal income tax (e.g., federal earned income credit or credit for dependent and child care expenses). The amended resident return, Form NJ-1040X, must be filed within 90 days.

## After You Complete the Form

- Do not staple, paper clip, tape, or use any other type of fastening device.
- Check name, address, Social Security number, and county/municipality code for accuracy.
- Send only one return per envelope.
- Enclose all supporting documents, forms, and schedules.
- Keep a copy of your return and all supporting documents, schedules, and worksheets until the statute of limitations has expired for each return. Generally, this is three years after the filing date or two years from the date the tax was paid, whichever is later.
- If you filed your original return and need to make changes or correct mistakes, you must file an amended return (NJ-1040X). Do not refile Form NJ-1040.

## Privacy Act Notification

The Division of Taxation uses your Social Security number primarily to account for and give credit for tax payments. We also use Social Security numbers to administer and enforce all tax laws for which we are responsible. In addition, the Division is required by law to forward an annual list to the

Administrative Office of the Courts containing the names, addresses, and Social Security numbers of individuals who file a New Jersey tax return or Property Tax Credit/Wounded Warrior Caregivers Credit application. This list will be used to avoid duplication of names on jury lists. The Division also is required to transmit to the Department of Human Services (DHS) annually information from New Jersey tax returns that will permit DHS to identify individuals who do not have health insurance and who may be eligible for Medicaid or the NJ FamilyCare program.

## Federal/State Tax Agreement

The Division of Taxation and the Internal Revenue Service have entered into a Federal/State Agreement to exchange Income Tax information in order to verify the accuracy and consistency of information reported on federal and New Jersey Income Tax returns.

## Fraudulent Return

You may be liable for a penalty up to \$7,500, or imprisonment for three to five years, or both, if you deliberately fail to file a return, file a fraudulent return, or attempt to evade paying your tax.

# Use of Form NJ-1040-HW

If you are not required to file Form NJ-1040 because your income was at or below the filing threshold (see page 3), you may be able to use Form [NJ-1040-HW](#) to apply for a Property Tax Credit and/or a Wounded Warrior Caregivers Credit.

## Property Tax Credit

If you were either a homeowner or a tenant and you met the eligibility requirements for a Property Tax Credit (see page 25), you qualify for a credit of \$50 (\$25 if you and your spouse file separate returns but maintained the same principal residence (main home)).

**Complete Part I, Form NJ-1040-HW, to apply for the Property Tax Credit ONLY if:**

- You do not file a 2024 Form NJ-1040; and
- Your New Jersey gross income for 2024 was not more than \$20,000, or \$10,000 if your filing status is single or married/CU partner, filing separate return (part-year residents must use income for the *entire* year); and
- You were 65 or older or blind or disabled on the last day of the tax year.

## Wounded Warrior Caregivers Credit

If you provided care for a relative who was a qualifying armed services member, you qualify for a credit of \$675 or the

amount of the service member's federal disability compensation, whichever is less. See page 43 for information on who is considered a "relative" and who is considered a "qualifying armed services member."

**Complete Part II, Form NJ-1040-HW, to apply for the Wounded Warrior Caregivers Credit ONLY if you:**

- Do not file a 2024 Form NJ-1040; and
- Your New Jersey gross income for 2024 was not more than \$20,000, or \$10,000 if your filing status is single or married/CU partner, filing separate return (part-year residents must use income for the *entire* year).

## When to File

Residents have until April 15, 2025, to file Form NJ-1040-HW for 2024.

## Identification Section

### Name and Address

Place the peel-off label from the front of this booklet in the name and address section at the top of the application. **Do not use the label if any of the information is incorrect.** If your label contains incorrect information or you do not have a label,

print or type the information in the spaces provided. If you are filing jointly, include your spouse's name.

Fill in the "Change of Address" oval if your address has changed since you last filed a New Jersey return or if any of the address information on your label is incorrect.

## Social Security Number

You must enter your Social Security number in the boxes provided on the return, one digit in each box. If you are filing jointly, enter both filers' numbers in the same order as the names. If you (or your spouse) do not have a Social Security number, see "Social Security Number" on page 5 for more information.

## County/Municipality Code

Enter the four-digit code of your current residence from the table on page 52. Enter one digit in each box.

## Filing Status (Lines 1–5)

You must use the same filing status on Form NJ-1040-HW as you would have used if you had filed a New Jersey Income Tax return. Indicate the appropriate filing status. Fill in only one oval. For more information, see "Filing Status" on page 5.

## NJ Residency Status (Line 6)

If you were a New Jersey resident for only part of the year, list the month and day in the tax year your residency began and the month and day in the tax year it ended. For example, if you moved to New Jersey August 4, 2024, enter 08/04/24 to 12/31/24.

## Part I — Property Tax Credit

### Homeowner or Tenant During 2024 (Line 7)

Indicate whether at any time during 2024 you *either* owned or rented a home in New Jersey that you occupied as your main home on which property taxes or rent were paid. Fill in only one oval. You may be asked to provide proof of property taxes or rent paid on your main home at a later time.

If you answer "None" here, you are not eligible for a Property Tax Credit. Do not complete Part I.

### Age 65 or Older or Blind or Disabled (Lines 8a and 8b)

**Line 8a — Age 65 or Older.** Indicate whether you were 65 or older on the last day of the 2024 Tax Year. Fill in the appropriate oval to the right of "Yourself." If you are filing a joint

application, fill in the appropriate oval to the right of "Spouse/CU partner."

**Proof of Age.** You must enclose proof of age such as a copy of a birth certificate, driver's license, or church records the first time you indicate that you (or your spouse) are 65 or older.

**Line 8b — Blind or Disabled.** Indicate whether you were blind or disabled on the last day of the 2024 Tax Year. Fill in the appropriate oval to the right of "Yourself." If you are filing a joint application, fill in the appropriate oval to the right of "Spouse/CU partner."

**Proof of Disability.** You must enclose a copy of the doctor's certificate or other medical records evidencing legal blindness or total and permanent disability the first time you indicate that you (or your spouse) are blind or disabled.

Fill in the "Yes" ovals **only if you or your spouse met the qualifications**; they do not apply to your dependents or domestic partner.

If you answer "No" to the questions at line 8a and line 8b for both yourself and your spouse/CU partner, do not complete Part I.

## Part II — Wounded Warrior Caregivers Credit

### Eligibility (Line 9)

If you provided care for a relative who was a qualifying armed services member, fill in the "Yes" oval. (See page 43 for information on who is considered a "relative" and who is considered a "qualifying armed services member.") If you answer "Yes," enter the name and Social Security number of the qualifying service member. Also, enter your relationship to the service member.

If you answer "No" here, you are not eligible for a Wounded Warrior Caregivers Credit. Do not complete Part II.

### Credit Calculation (Lines 10a–10c)

**Line 10a** — Enter the amount of the 2024 federal disability compensation of the qualifying armed services member for whom you provided care.

**Line 10b** — The maximum credit is \$675.

**Line 10b** — Enter the lesser of line 10a or line 10b.

### Multiple Caregivers (Line 11)

If you were the only caregiver during the tax year for the service member indicated on line 9, fill in the "Yes" oval. If someone else provided care for the same person, fill in the "No" oval.

If you answer “No” here, enter your percentage of the total care expenses for the year. When two or more people care for the same person, the credit is apportioned based on their share of total care expenses.

## Credit Amount (Line 12)

If you answered “Yes” at line 11, enter the amount from line 10c. If you answered “No” at line 11, multiply line 10c by the percentage on line 11.

**Enclose a copy of your caregiver approval letter with your application.** You may be required to submit additional documentation to verify your eligibility.

## Signature

Sign and date your application in blue or black ink. Both spouses must sign a joint application. The signature(s) on the form you file must be original; photocopied signatures are not acceptable. We cannot process an application without the proper signatures and will return it to you. This may delay the payment of your credit(s).

If you are filing for a deceased taxpayer and you want the Division to issue the check to the decedent’s surviving spouse or estate:

- Enclose a copy of the decedent’s death certificate (if an estate, also include the Surrogate’s Short Certificate); and
- Fill in the oval below the signature line.

For information about authorizing the Division of Taxation to discuss your return and enclosures with your paid preparer, see “Preparer Authorization” on page 46.

## Where to Mail Your Application

Use the envelope in your booklet to mail Form NJ-1040-HW and related enclosures. **Send only one application per envelope.** Use the return address label from the flap of the envelope addressed to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center – Refunds  
PO Box 555  
Trenton NJ 08647-0555



Enter your code in the boxes below the Social Security number boxes on Form NJ-1040 or Form NJ-1040-HW. These codes are for Division of Taxation purposes only. If the place where you live is not listed, go to [www.state.nj.us/nj/gov/county/localities.html](http://www.state.nj.us/nj/gov/county/localities.html) to get the name of your municipality.

Municipality	Code	Municipality	Code	Municipality	Code	Municipality	Code
<b>ATLANTIC COUNTY</b>							
Absecon City	0101	Ridgewood Village	0251	Gibbsboro Borough	0413	Orange City	0717
Atlantic City	0102	River Edge Borough	0252	Gloucester City	0414	Roseland Borough	0718
Brigantine City	0103	River Vale Township	0253	Gloucester Township	0415	South Orange Village Twp.	0719
Buena Borough	0104	Rochelle Park Township	0254	Haddon Township	0416	Verona Township	0720
Buena Vista Township	0105	Rockleigh Borough	0255	Haddonfield Borough	0417	West Caldwell Township	0721
Corbin City	0106	Rutherford Borough	0256	Haddon Heights Borough	0418	West Orange Township	0722
Egg Harbor City	0107	Saddle Brook Township	0257	Hi-Nella Borough	0419	<b>GLOUCESTER COUNTY</b>	
Egg Harbor Township	0108	Saddle River Borough	0258	Laurel Springs Borough	0420	Clayton Borough	0801
Estell Manor City	0109	South Hackensack Twp.	0259	Lawnside Borough	0421	Deptford Township	0802
Folsom Borough	0110	Teaneck Township	0260	Lindenwold Borough	0422	East Greenwich Township	0803
Galloway Township	0111	Tenafly Borough	0261	Magnolia Borough	0423	Elk Township	0804
Hamilton Township	0112	Teterboro Borough	0262	Merchantville Borough	0424	Franklin Township	0805
Hammonton Town	0113	Upper Saddle River Bor.	0263	Mount Ephraim Borough	0425	Glassboro Borough	0806
Linwood City	0114	Waldwick Borough	0264	Oaklyn Borough	0426	Greenwich Township	0807
Longport Borough	0115	Wallington Borough	0265	Pennsauken Township	0427	Harrison Township	0808
Margate City	0116	Washington Township	0266	Pine Hill Borough	0428	Logan Township	0809
Mullica Township	0117	Westwood Borough	0267	Runnemede Borough	0430	Mantua Township	0810
Northfield City	0118	Woodcliff Lake Borough	0268	Somerdale Borough	0431	Monroe Township	0811
Pleasantville City	0119	Wood-Ridge Borough	0269	Stratford Borough	0432	National Park Borough	0812
Port Republic City	0120	Wyckoff Township	0270	Tavistock Borough	0433	Newfield Borough	0813
Somers Point City	0121	<b>BURLINGTON COUNTY</b>		Voorhees Township	0434	Paulsboro Borough	0814
Ventnor City	0122	Bass River Township	0301	Waterford Township	0435	Pitman Borough	0815
Weymouth Township	0123	Beverly City	0302	Winslow Township	0436	South Harrison Township	0816
<b>BERGEN COUNTY</b>							
Allendale Borough	0201	Bordentown City	0303	Woodlynne Borough	0437	Swedesboro Borough	0817
Alpine Borough	0202	Bordentown Township	0304	<b>CAPE MAY COUNTY</b>			
Bergenfield Borough	0203	Burlington City	0305	Avalon Borough	0501	Washington Township	0818
Bogota Borough	0204	Burlington Township	0306	Cape May City	0502	Wenonah Borough	0819
Carlstadt Borough	0205	Chesterfield Township	0307	Cape May Point Borough	0503	West Deptford Township	0820
Cliffside Park Borough	0206	Cinnaminson Township	0308	Dennis Township	0504	Westville Borough	0821
Closter Borough	0207	Delanco Township	0309	Lower Township	0505	Woodbury City	0822
Cresskill Borough	0208	Delran Township	0310	Middle Township	0506	Woodbury Heights Borough	0823
Demarest Borough	0209	Eastampton Township	0311	North Wildwood City	0507	Woolwich Township	0824
Dumont Borough	0210	Edgewater Park Township	0312	Ocean City	0508	<b>HUDSON COUNTY</b>	
East Rutherford Borough	0212	Evesham Township	0313	Sea Isle City	0509	Bayonne City	0901
Edgewater Borough	0213	Fieldsboro Borough	0314	Stone Harbor Borough	0510	East Newark Borough	0902
Elmwood Park Borough	0211	Florence Township	0315	Upper Township	0511	Guttenberg Town	0903
Emerson Borough	0214	Hainesport Township	0316	West Cape May Borough	0512	Harrison Town	0904
Englewood City	0215	Lumberton Township	0317	West Wildwood Borough	0513	Hoboken City	0905
Englewood Cliffs Borough	0216	Mansfield Township	0318	Wildwood City	0514	Jersey City	0906
Fair Lawn Borough	0217	Maple Shade Township	0319	Wildwood Crest Borough	0515	Kearny Town	0907
Fairview Borough	0218	Medford Township	0320	Woodbine Borough	0516	North Bergen Township	0908
Fort Lee Borough	0219	Medford Lakes Borough	0321	<b>CUMBERLAND COUNTY</b>			
Franklin Lakes Borough	0220	Moorestown Township	0322	Bridgeton City	0601	Secaucus Town	0909
Garfield City	0221	Mount Holly Township	0323	Commercial Township	0602	Union City	0910
Glen Rock Borough	0222	Mount Laurel Township	0324	Deerfield Township	0603	Weehawken Township	0911
Hackensack City	0223	New Hanover Township	0325	Downe Township	0604	West New York Town	0912
Harrington Park Borough	0224	North Hanover Township	0326	Fairfield Township	0605	<b>HUNTERDON COUNTY</b>	
Hasbrouck Heights Bor.	0225	Palmyra Borough	0327	Greenwich Township	0606	Alexandria Township	1001
Haworth Borough	0226	Pemberton Borough	0328	Hopewell Township	0607	Bethlehem Township	1002
Hillsdale Borough	0227	Pemberton Township	0329	Lawrence Township	0608	Bloomsbury Borough	1003
Ho-Ho-Kus Borough	0228	Riverside Township	0330	Maurice River Township	0609	Califon Borough	1004
Leonia Borough	0229	Riverton Borough	0331	Millville City	0610	Clinton Town	1005
Little Ferry Borough	0230	Shamong Township	0332	Shiloh Borough	0611	Clinton Township	1006
Lodi Borough	0231	Southampton Township	0333	Stow Creek Township	0612	Delaware Township	1007
Lyndhurst Township	0232	Springfield Township	0334	Upper Deerfield Twp.	0613	East Amwell Township	1008
Mahwah Township	0233	Tabernacle Township	0335	Vineland City	0614	Flemington Borough	1009
Maywood Borough	0234	Washington Township	0336	<b>ESSEX COUNTY</b>			
Midland Park Borough	0235	Westampton Township	0337	Belleville Township	0701	Franklin Township	1010
Montvale Borough	0236	Willingboro Township	0338	Bloomfield Township	0702	Frenchtown Borough	1011
Moonachie Borough	0237	Woodland Township	0339	Caldwell Borough Twp.	0703	Glen Gardner Borough	1012
New Milford Borough	0238	Wrightstown Borough	0340	Cedar Grove Township	0704	Hampton Borough	1013
North Arlington Borough	0239	<b>CAMDEN COUNTY</b>		East Orange City	0705	High Bridge Borough	1014
Northvale Borough	0240	Audubon Borough	0401	Essex Fells Township	0706	Holland Township	1015
Norwood Borough	0241	Audubon Park Borough	0402	Fairfield Township	0707	Kingwood Township	1016
Oakland Borough	0242	Barrington Borough	0403	Glen Ridge Borough	0708	Lambertville City	1017
Old Tappan Borough	0243	Bellmawr Borough	0404	Irvington Township	0709	Lebanon Borough	1018
Oradell Borough	0244	Berlin Borough	0405	Livingston Township	0710	Lebanon Township	1019
Palisades Park Borough	0245	Berlin Township	0406	Maplewood Township	0711	Milford Borough	1020
Paramus Borough	0246	Brooklawn Borough	0407	Millburn Township	0712	Raritan Township	1021
Park Ridge Borough	0247	Camden City	0408	Montclair Township	0713	Readington Township	1022
Ramsey Borough	0248	Cherry Hill Township	0409	Newark City	0714	Stockton Borough	1023
Ridgefield Borough	0249	Chesilhurst Borough	0410	North Caldwell Borough	0715	Tewksbury Township	1024
Ridgefield Park Village	0250	Clementon Borough	0411	Nutley Township	0716	Union Township	1025
		Collingswood Borough	0412			West Amwell Township	1026



Enter your code in the boxes below the Social Security number boxes on Form NJ-1040 or Form NJ-1040-HW. These codes are for Division of Taxation purposes only. If the place where you live is not listed, go to [www.state.nj.us/nj/gov/county/localities.html](http://www.state.nj.us/nj/gov/county/localities.html) to get the name of your municipality.

Municipality	Code	Municipality	Code	Municipality	Code	Municipality	Code
<b>MERCER COUNTY</b>							
East Windsor Township	1101	Monmouth Beach Borough	1334	Lavallette Borough	1516	Warren Township	1820
Ewing Township	1102	Neptune City Borough	1336	Little Egg Harbor Twp.	1517	Watchung Borough	1821
Hamilton Township	1103	Neptune Township	1335	Long Beach Township	1518	<b>SUSSEX COUNTY</b>	
Hightstown Borough	1104	Ocean Township	1337	Manchester Township	1519	Andover Borough	1901
Hopewell Borough	1105	Oceanport Borough	1338	Mantoloking Borough	1520	Andover Township	1902
Hopewell Township	1106	Red Bank Borough	1339	Ocean Gate Borough	1522	Branchville Borough	1903
Lawrence Township	1107	Roosevelt Borough	1340	Ocean Township	1521	Byram Township	1904
Pennington Borough	1108	Rumson Borough	1341	Pine Beach Borough	1523	Frankford Township	1905
Princeton	1114	Sea Bright Borough	1342	Plumsted Township	1524	Franklin Borough	1906
Robbinsville Township	1112	Sea Girt Borough	1343	Point Pleasant Borough	1525	Fredon Township	1907
Trenton City	1111	Shrewsbury Borough	1344	Pt. Pleasant Beach Borough	1526	Green Township	1908
West Windsor Township	1113	Shrewsbury Township	1345	Seaside Heights Borough	1527	Hamburg Borough	1909
<b>MIDDLESEX COUNTY</b>							
Carteret Borough	1201	Spring Lake Borough	1347	Seaside Park Borough	1528	Hampton Township	1910
Cranbury Township	1202	Spring Lake Heights Bor.	1348	Ship Bottom Borough	1529	Hardyston Township	1911
Dunellen Borough	1203	Tinton Falls Borough	1349	South Toms River Borough	1530	Hopatcong Borough	1912
East Brunswick Township	1204	Union Beach Borough	1350	Stafford Township	1531	Lafayette Township	1913
Edison Township	1205	Upper Freehold Township	1351	Surf City Borough	1532	Montague Township	1914
Helmetta Borough	1206	Wall Township	1352	Toms River Township	1508	Newton Town	1915
Highland Park Borough	1207	West Long Branch Borough	1353	Tuckerton Borough	1533	Ogdensburg Borough	1916
Jamesburg Borough	1208	<b>MORRIS COUNTY</b>		<b>PASSAIC COUNTY</b>		Standyston Township	1917
Metuchen Borough	1209	Boonton Town	1401	Bloomingdale Borough	1601	Sparta Township	1918
Middlesex Borough	1210	Boonton Township	1402	Clifton City	1602	Stanhope Borough	1919
Milltown Borough	1211	Butler Borough	1403	Haledon Borough	1603	Stillwater Township	1920
Monroe Township	1212	Chatham Borough	1404	Hawthorne Borough	1604	Sussex Borough	1921
New Brunswick City	1213	Chatham Township	1405	Little Falls Township	1605	Vernon Township	1922
North Brunswick Township	1214	Chester Borough	1406	North Haledon Borough	1606	Walpack Township	1923
Old Bridge Township	1215	Chester Township	1407	Passaic City	1607	Wantage Township	1924
Perth Amboy City	1216	Denville Township	1408	Paterson City	1608	<b>UNION COUNTY</b>	
Piscataway Township	1217	Dover Town	1409	Pompton Lakes Borough	1609	Berkeley Heights Twp.	2001
Plainsboro Township	1218	East Hanover Township	1410	Prospect Park Borough	1610	Clark Township	2002
Sayreville Borough	1219	Florham Park Borough	1411	Ringwood Borough	1611	Cranford Township	2003
South Amboy City	1220	Hanover Township	1412	Totowa Borough	1612	Elizabeth City	2004
South Brunswick Township	1221	Harding Township	1413	Wanaque Borough	1613	Fanwood Borough	2005
South Plainfield Borough	1222	Jefferson Township	1414	Wayne Township	1614	Garwood Borough	2006
South River Borough	1223	Kinnelon Borough	1415	West Milford Township	1615	Hillside Township	2007
Spotswood Borough	1224	Lincoln Park Borough	1416	Woodland Park Borough	1616	Kenilworth Borough	2008
Woodbridge Township	1225	Long Hill Township	1430	<b>SALEM COUNTY</b>		Linden City	2009
<b>MONMOUTH COUNTY</b>							
Aberdeen Township	1301	Madison Borough	1417	Alloway Township	1701	Mountainside Borough	2010
Allenhurst Borough	1302	Mendham Borough	1418	Carneys Point Township	1702	New Providence Borough	2011
Allentown Borough	1303	Mendham Township	1419	Elmer Borough	1703	Plainfield City	2012
Asbury Park City	1304	Mine Hill Township	1420	Elsinboro Township	1704	Rahway City	2013
Atlantic Highlands Borough	1305	Montville Township	1421	Lower Alloways Crk. Twp.	1705	Roselle Borough	2014
Avon-by-the-Sea Borough	1306	Morris Plains Borough	1423	Mannington Township	1706	Roselle Park Borough	2015
Belmar Borough	1307	Morris Township	1422	Oldmans Township	1707	Scotch Plains Township	2016
Bradley Beach Borough	1308	Morristown Town	1424	Penns Grove Borough	1708	Springfield Township	2017
Brielle Borough	1309	Mountain Lakes Borough	1425	Pennsville Township	1709	Summit City	2018
Colts Neck Township	1310	Mt. Arlington Borough	1426	Pilesgrove Township	1710	Union Township	2019
Deal Borough	1311	Mt. Olive Township	1427	Pittsgrove Township	1711	Westfield Town	2020
Eatontown Borough	1312	Netcong Borough	1428	Quinton Township	1712	Winfield Township	2021
Englishtown Borough	1313	Parsippany-Troy Hills Twp.	1429	Salem City	1713	<b>WARREN COUNTY</b>	
Fair Haven Borough	1314	Pequanock Township	1431	Upper Pittsgrove Twp.	1714	Allamuchy Township	2101
Farmingdale Borough	1315	Randolph Township	1432	Woodstown Borough	1715	Alpha Borough	2102
Freehold Borough	1316	Riverdale Borough	1433	<b>SOMERSET COUNTY</b>		Belvidere Town	2103
Freehold Township	1317	Rockaway Borough	1434	Bedminster Township	1801	Blairstown Township	2104
Hazlet Township	1318	Rockaway Township	1435	Bernards Township	1802	Franklin Township	2105
Highlands Borough	1319	Roxbury Township	1436	Bernardsville Borough	1803	Frelinghuysen Township	2106
Holmdel Township	1320	Victory Gardens Borough	1437	Bound Brook Borough	1804	Greenwich Township	2107
Howell Township	1321	Washington Township	1438	Branchburg Township	1805	Hackettstown Town	2108
Interlaken Borough	1322	Wharton Borough	1439	Bridgewater Township	1806	Hardwick Township	2109
Keansburg Borough	1323	<b>OCEAN COUNTY</b>		Far Hills Borough	1807	Harmony Township	2110
Keyport Borough	1324	Barneget Township	1501	Franklin Township	1808	Hope Township	2111
Lake Como Borough	1346	Barneget Light Borough	1502	Green Brook Township	1809	Independence Township	2112
Little Silver Borough	1325	Bay Head Borough	1503	Hillsborough Township	1810	Knowlton Township	2113
Loch Arbour Village	1326	Beach Haven Borough	1504	Manville Borough	1811	Liberty Township	2114
Long Branch City	1327	Beachwood Borough	1505	Millstone Borough	1812	Lopatcong Township	2115
Manalapan Township	1328	Berkeley Township	1506	Montgomery Township	1813	Mansfield Township	2116
Manasquan Borough	1329	Brick Township	1507	North Plainfield Borough	1814	Oxford Township	2117
Marlboro Township	1330	Eagleswood Township	1509	Peapack & Gladstone Bor.	1815	Phillipsburg Town	2119
Matawan Borough	1331	Harvey Cedars Borough	1510	Raritan Borough	1816	Pohatcong Township	2120
Middletown Township	1332	Island Heights Borough	1511	Rocky Hill Borough	1817	Washington Borough	2121
Millstone Township	1333	Jackson Township	1512	Somerville Borough	1818	Washington Township	2122
		Lacey Township	1513	South Bound Brook Bor.	1819	White Township	2123
		Lakehurst Borough	1514				
		Lakewood Township	1515				

## 2024 New Jersey Tax Table

Use this table if your New Jersey taxable income on line 42 is less than \$100,000. If your taxable income is \$100,000 or more, you must use the Tax Rate Schedules on page 63.

**Example:** Mr. and Mrs. Evans are filing a joint return. They checked filing status “2,” married/ CU couple, filing joint return. Their taxable income on line 42 of Form NJ-1040 is \$39,875. First they find the \$39,850–\$39,900 income line. Next, they find the column for filing status “2” and read down the column. The amount shown where the income line meets the filing status column is \$628. This is the tax amount they will enter on line 43 of Form NJ-1040.

If Line 42 (taxable income) Is—		And Your Filing Status* Is	
At least	But Less Than	1 or 3	2, 4, or 5
		<b>Your Tax is—</b>	
39,800	39,850	711	627
39,850	39,900	713	628
39,900	39,950	715	629
39,950	40,000	717	630

**\*Filing Status:**

- 1—Single;
- 2—Married/CU couple, filing joint return;
- 3—Married/CU partner, filing separate return;
- 4—Head of household; or
- 5—Qualifying widow(er)/surviving CU partner.

### Use the correct number for your filing status.

**2024 NEW JERSEY TAX TABLE (NJ-1040)**

If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —	
At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5
		<b>Your Tax Is—</b>				<b>Your Tax Is—</b>				<b>Your Tax Is—</b>				<b>Your Tax Is—</b>	
				<b>1,000</b>				<b>2,000</b>				<b>3,000</b>			
0	50	0	0	1,000	1,050	14	14	2,000	2,050	28	28	3,000	3,050	42	42
50	100	1	1	1,050	1,100	15	15	2,050	2,100	29	29	3,050	3,100	43	43
100	150	2	2	1,100	1,150	16	16	2,100	2,150	30	30	3,100	3,150	44	44
150	200	2	2	1,150	1,200	16	16	2,150	2,200	30	30	3,150	3,200	44	44
200	250	3	3	1,200	1,250	17	17	2,200	2,250	31	31	3,200	3,250	45	45
250	300	4	4	1,250	1,300	18	18	2,250	2,300	32	32	3,250	3,300	46	46
300	350	5	5	1,300	1,350	19	19	2,300	2,350	33	33	3,300	3,350	47	47
350	400	5	5	1,350	1,400	19	19	2,350	2,400	33	33	3,350	3,400	47	47
400	450	6	6	1,400	1,450	20	20	2,400	2,450	34	34	3,400	3,450	48	48
450	500	7	7	1,450	1,500	21	21	2,450	2,500	35	35	3,450	3,500	49	49
500	550	7	7	1,500	1,550	21	21	2,500	2,550	35	35	3,500	3,550	49	49
550	600	8	8	1,550	1,600	22	22	2,550	2,600	36	36	3,550	3,600	50	50
600	650	9	9	1,600	1,650	23	23	2,600	2,650	37	37	3,600	3,650	51	51
650	700	9	9	1,650	1,700	23	23	2,650	2,700	37	37	3,650	3,700	51	51
700	750	10	10	1,700	1,750	24	24	2,700	2,750	38	38	3,700	3,750	52	52
750	800	11	11	1,750	1,800	25	25	2,750	2,800	39	39	3,750	3,800	53	53
800	850	12	12	1,800	1,850	26	26	2,800	2,850	40	40	3,800	3,850	54	54
850	900	12	12	1,850	1,900	26	26	2,850	2,900	40	40	3,850	3,900	54	54
900	950	13	13	1,900	1,950	27	27	2,900	2,950	41	41	3,900	3,950	55	55
950	1,000	14	14	1,950	2,000	28	28	2,950	3,000	42	42	3,950	4,000	56	56

2024 NEW JERSEY TAX TABLE (NJ-1040)

If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —	
At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5
		Your Tax Is—				Your Tax Is—				Your Tax Is—				Your Tax Is—	
<b>4,000</b>				<b>7,000</b>				<b>10,000</b>				<b>13,000</b>			
4,000	4,050	56	56	7,000	7,050	98	98	10,000	10,050	140	140	13,000	13,050	182	182
4,050	4,100	57	57	7,050	7,100	99	99	10,050	10,100	141	141	13,050	13,100	183	183
4,100	4,150	58	58	7,100	7,150	100	100	10,100	10,150	142	142	13,100	13,150	184	184
4,150	4,200	58	58	7,150	7,200	100	100	10,150	10,200	142	142	13,150	13,200	184	184
4,200	4,250	59	59	7,200	7,250	101	101	10,200	10,250	143	143	13,200	13,250	185	185
4,250	4,300	60	60	7,250	7,300	102	102	10,250	10,300	144	144	13,250	13,300	186	186
4,300	4,350	61	61	7,300	7,350	103	103	10,300	10,350	145	145	13,300	13,350	187	187
4,350	4,400	61	61	7,350	7,400	103	103	10,350	10,400	145	145	13,350	13,400	187	187
4,400	4,450	62	62	7,400	7,450	104	104	10,400	10,450	146	146	13,400	13,450	188	188
4,450	4,500	63	63	7,450	7,500	105	105	10,450	10,500	147	147	13,450	13,500	189	189
4,500	4,550	63	63	7,500	7,550	105	105	10,500	10,550	147	147	13,500	13,550	189	189
4,550	4,600	64	64	7,550	7,600	106	106	10,550	10,600	148	148	13,550	13,600	190	190
4,600	4,650	65	65	7,600	7,650	107	107	10,600	10,650	149	149	13,600	13,650	191	191
4,650	4,700	65	65	7,650	7,700	107	107	10,650	10,700	149	149	13,650	13,700	191	191
4,700	4,750	66	66	7,700	7,750	108	108	10,700	10,750	150	150	13,700	13,750	192	192
4,750	4,800	67	67	7,750	7,800	109	109	10,750	10,800	151	151	13,750	13,800	193	193
4,800	4,850	68	68	7,800	7,850	110	110	10,800	10,850	152	152	13,800	13,850	194	194
4,850	4,900	68	68	7,850	7,900	110	110	10,850	10,900	152	152	13,850	13,900	194	194
4,900	4,950	69	69	7,900	7,950	111	111	10,900	10,950	153	153	13,900	13,950	195	195
4,950	5,000	70	70	7,950	8,000	112	112	10,950	11,000	154	154	13,950	14,000	196	196
<b>5,000</b>				<b>8,000</b>				<b>11,000</b>				<b>14,000</b>			
5,000	5,050	70	70	8,000	8,050	112	112	11,000	11,050	154	154	14,000	14,050	196	196
5,050	5,100	71	71	8,050	8,100	113	113	11,050	11,100	155	155	14,050	14,100	197	197
5,100	5,150	72	72	8,100	8,150	114	114	11,100	11,150	156	156	14,100	14,150	198	198
5,150	5,200	72	72	8,150	8,200	114	114	11,150	11,200	156	156	14,150	14,200	198	198
5,200	5,250	73	73	8,200	8,250	115	115	11,200	11,250	157	157	14,200	14,250	199	199
5,250	5,300	74	74	8,250	8,300	116	116	11,250	11,300	158	158	14,250	14,300	200	200
5,300	5,350	75	75	8,300	8,350	117	117	11,300	11,350	159	159	14,300	14,350	201	201
5,350	5,400	75	75	8,350	8,400	117	117	11,350	11,400	159	159	14,350	14,400	201	201
5,400	5,450	76	76	8,400	8,450	118	118	11,400	11,450	160	160	14,400	14,450	202	202
5,450	5,500	77	77	8,450	8,500	119	119	11,450	11,500	161	161	14,450	14,500	203	203
5,500	5,550	77	77	8,500	8,550	119	119	11,500	11,550	161	161	14,500	14,550	203	203
5,550	5,600	78	78	8,550	8,600	120	120	11,550	11,600	162	162	14,550	14,600	204	204
5,600	5,650	79	79	8,600	8,650	121	121	11,600	11,650	163	163	14,600	14,650	205	205
5,650	5,700	79	79	8,650	8,700	121	121	11,650	11,700	163	163	14,650	14,700	205	205
5,700	5,750	80	80	8,700	8,750	122	122	11,700	11,750	164	164	14,700	14,750	206	206
5,750	5,800	81	81	8,750	8,800	123	123	11,750	11,800	165	165	14,750	14,800	207	207
5,800	5,850	82	82	8,800	8,850	124	124	11,800	11,850	166	166	14,800	14,850	208	208
5,850	5,900	82	82	8,850	8,900	124	124	11,850	11,900	166	166	14,850	14,900	208	208
5,900	5,950	83	83	8,900	8,950	125	125	11,900	11,950	167	167	14,900	14,950	209	209
5,950	6,000	84	84	8,950	9,000	126	126	11,950	12,000	168	168	14,950	15,000	210	210
<b>6,000</b>				<b>9,000</b>				<b>12,000</b>				<b>15,000</b>			
6,000	6,050	84	84	9,000	9,050	126	126	12,000	12,050	168	168	15,000	15,050	210	210
6,050	6,100	85	85	9,050	9,100	127	127	12,050	12,100	169	169	15,050	15,100	211	211
6,100	6,150	86	86	9,100	9,150	128	128	12,100	12,150	170	170	15,100	15,150	212	212
6,150	6,200	86	86	9,150	9,200	128	128	12,150	12,200	170	170	15,150	15,200	212	212
6,200	6,250	87	87	9,200	9,250	129	129	12,200	12,250	171	171	15,200	15,250	213	213
6,250	6,300	88	88	9,250	9,300	130	130	12,250	12,300	172	172	15,250	15,300	214	214
6,300	6,350	89	89	9,300	9,350	131	131	12,300	12,350	173	173	15,300	15,350	215	215
6,350	6,400	89	89	9,350	9,400	131	131	12,350	12,400	173	173	15,350	15,400	215	215
6,400	6,450	90	90	9,400	9,450	132	132	12,400	12,450	174	174	15,400	15,450	216	216
6,450	6,500	91	91	9,450	9,500	133	133	12,450	12,500	175	175	15,450	15,500	217	217
6,500	6,550	91	91	9,500	9,550	133	133	12,500	12,550	175	175	15,500	15,550	217	217
6,550	6,600	92	92	9,550	9,600	134	134	12,550	12,600	176	176	15,550	15,600	218	218
6,600	6,650	93	93	9,600	9,650	135	135	12,600	12,650	177	177	15,600	15,650	219	219
6,650	6,700	93	93	9,650	9,700	135	135	12,650	12,700	177	177	15,650	15,700	219	219
6,700	6,750	94	94	9,700	9,750	136	136	12,700	12,750	178	178	15,700	15,750	220	220
6,750	6,800	95	95	9,750	9,800	137	137	12,750	12,800	179	179	15,750	15,800	221	221
6,800	6,850	96	96	9,800	9,850	138	138	12,800	12,850	180	180	15,800	15,850	222	222
6,850	6,900	96	96	9,850	9,900	138	138	12,850	12,900	180	180	15,850	15,900	222	222
6,900	6,950	97	97	9,900	9,950	139	139	12,900	12,950	181	181	15,900	15,950	223	223
6,950	7,000	98	98	9,950	10,000	140	140	12,950	13,000	182	182	15,950	16,000	224	224

2024 NEW JERSEY TAX TABLE (NJ-1040)

If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —	
At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5
		Your Tax Is—				Your Tax Is—				Your Tax Is—				Your Tax Is—	
<b>16,000</b>				<b>19,000</b>				<b>22,000</b>				<b>25,000</b>			
16,000	16,050	224	224	19,000	19,050	266	266	22,000	22,050	315	315	25,000	25,050	368	368
16,050	16,100	225	225	19,050	19,100	267	267	22,050	22,100	316	316	25,050	25,100	369	369
16,100	16,150	226	226	19,100	19,150	268	268	22,100	22,150	317	317	25,100	25,150	370	370
16,150	16,200	226	226	19,150	19,200	268	268	22,150	22,200	318	318	25,150	25,200	371	371
16,200	16,250	227	227	19,200	19,250	269	269	22,200	22,250	319	319	25,200	25,250	371	371
16,250	16,300	228	228	19,250	19,300	270	270	22,250	22,300	320	320	25,250	25,300	372	372
16,300	16,350	229	229	19,300	19,350	271	271	22,300	22,350	321	321	25,300	25,350	373	373
16,350	16,400	229	229	19,350	19,400	271	271	22,350	22,400	322	322	25,350	25,400	374	374
16,400	16,450	230	230	19,400	19,450	272	272	22,400	22,450	322	322	25,400	25,450	375	375
16,450	16,500	231	231	19,450	19,500	273	273	22,450	22,500	323	323	25,450	25,500	376	376
16,500	16,550	231	231	19,500	19,550	273	273	22,500	22,550	324	324	25,500	25,550	377	377
16,550	16,600	232	232	19,550	19,600	274	274	22,550	22,600	325	325	25,550	25,600	378	378
16,600	16,650	233	233	19,600	19,650	275	275	22,600	22,650	326	326	25,600	25,650	378	378
16,650	16,700	233	233	19,650	19,700	275	275	22,650	22,700	327	327	25,650	25,700	379	379
16,700	16,750	234	234	19,700	19,750	276	276	22,700	22,750	328	328	25,700	25,750	380	380
16,750	16,800	235	235	19,750	19,800	277	277	22,750	22,800	329	329	25,750	25,800	381	381
16,800	16,850	236	236	19,800	19,850	278	278	22,800	22,850	329	329	25,800	25,850	382	382
16,850	16,900	236	236	19,850	19,900	278	278	22,850	22,900	330	330	25,850	25,900	383	383
16,900	16,950	237	237	19,900	19,950	279	279	22,900	22,950	331	331	25,900	25,950	384	384
16,950	17,000	238	238	19,950	20,000	280	280	22,950	23,000	332	332	25,950	26,000	385	385
<b>17,000</b>				<b>20,000</b>				<b>23,000</b>				<b>26,000</b>			
17,000	17,050	238	238	20,000	20,050	280	280	23,000	23,050	333	333	26,000	26,050	385	385
17,050	17,100	239	239	20,050	20,100	281	281	23,050	23,100	334	334	26,050	26,100	386	386
17,100	17,150	240	240	20,100	20,150	282	282	23,100	23,150	335	335	26,100	26,150	387	387
17,150	17,200	240	240	20,150	20,200	283	283	23,150	23,200	336	336	26,150	26,200	388	388
17,200	17,250	241	241	20,200	20,250	284	284	23,200	23,250	336	336	26,200	26,250	389	389
17,250	17,300	242	242	20,250	20,300	285	285	23,250	23,300	337	337	26,250	26,300	390	390
17,300	17,350	243	243	20,300	20,350	286	286	23,300	23,350	338	338	26,300	26,350	391	391
17,350	17,400	243	243	20,350	20,400	287	287	23,350	23,400	339	339	26,350	26,400	392	392
17,400	17,450	244	244	20,400	20,450	287	287	23,400	23,450	340	340	26,400	26,450	392	392
17,450	17,500	245	245	20,450	20,500	288	288	23,450	23,500	341	341	26,450	26,500	393	393
17,500	17,550	245	245	20,500	20,550	289	289	23,500	23,550	342	342	26,500	26,550	394	394
17,550	17,600	246	246	20,550	20,600	290	290	23,550	23,600	343	343	26,550	26,600	395	395
17,600	17,650	247	247	20,600	20,650	291	291	23,600	23,650	343	343	26,600	26,650	396	396
17,650	17,700	247	247	20,650	20,700	292	292	23,650	23,700	344	344	26,650	26,700	397	397
17,700	17,750	248	248	20,700	20,750	293	293	23,700	23,750	345	345	26,700	26,750	398	398
17,750	17,800	249	249	20,750	20,800	294	294	23,750	23,800	346	346	26,750	26,800	399	399
17,800	17,850	250	250	20,800	20,850	294	294	23,800	23,850	347	347	26,800	26,850	399	399
17,850	17,900	250	250	20,850	20,900	295	295	23,850	23,900	348	348	26,850	26,900	400	400
17,900	17,950	251	251	20,900	20,950	296	296	23,900	23,950	349	349	26,900	26,950	401	401
17,950	18,000	252	252	20,950	21,000	297	297	23,950	24,000	350	350	26,950	27,000	402	402
<b>18,000</b>				<b>21,000</b>				<b>24,000</b>				<b>27,000</b>			
18,000	18,050	252	252	21,000	21,050	298	298	24,000	24,050	350	350	27,000	27,050	403	403
18,050	18,100	253	253	21,050	21,100	299	299	24,050	24,100	351	351	27,050	27,100	404	404
18,100	18,150	254	254	21,100	21,150	300	300	24,100	24,150	352	352	27,100	27,150	405	405
18,150	18,200	254	254	21,150	21,200	301	301	24,150	24,200	353	353	27,150	27,200	406	406
18,200	18,250	255	255	21,200	21,250	301	301	24,200	24,250	354	354	27,200	27,250	406	406
18,250	18,300	256	256	21,250	21,300	302	302	24,250	24,300	355	355	27,250	27,300	407	407
18,300	18,350	257	257	21,300	21,350	303	303	24,300	24,350	356	356	27,300	27,350	408	408
18,350	18,400	257	257	21,350	21,400	304	304	24,350	24,400	357	357	27,350	27,400	409	409
18,400	18,450	258	258	21,400	21,450	305	305	24,400	24,450	357	357	27,400	27,450	410	410
18,450	18,500	259	259	21,450	21,500	306	306	24,450	24,500	358	358	27,450	27,500	411	411
18,500	18,550	259	259	21,500	21,550	307	307	24,500	24,550	359	359	27,500	27,550	412	412
18,550	18,600	260	260	21,550	21,600	308	308	24,550	24,600	360	360	27,550	27,600	413	413
18,600	18,650	261	261	21,600	21,650	308	308	24,600	24,650	361	361	27,600	27,650	413	413
18,650	18,700	261	261	21,650	21,700	309	309	24,650	24,700	362	362	27,650	27,700	414	414
18,700	18,750	262	262	21,700	21,750	310	310	24,700	24,750	363	363	27,700	27,750	415	415
18,750	18,800	263	263	21,750	21,800	311	311	24,750	24,800	364	364	27,750	27,800	416	416
18,800	18,850	264	264	21,800	21,850	312	312	24,800	24,850	364	364	27,800	27,850	417	417
18,850	18,900	264	264	21,850	21,900	313	313	24,850	24,900	365	365	27,850	27,900	418	418
18,900	18,950	265	265	21,900	21,950	314	314	24,900	24,950	366	366	27,900	27,950	419	419
18,950	19,000	266	266	21,950	22,000	315	315	24,950	25,000	367	367	27,950	28,000	420	420

2024 NEW JERSEY TAX TABLE (NJ-1040)

If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —		If Line 42 (New Jersey Taxable Income) Is —		And You Checked Filing Status Line —	
At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5	At Least	But Less Than	1 or 3	2, 4, or 5
		Your Tax Is—				Your Tax Is—				Your Tax Is—				Your Tax Is—	
<b>28,000</b>				<b>31,000</b>				<b>34,000</b>				<b>37,000</b>			
28,000	28,050	420	420	31,000	31,050	473	473	34,000	34,050	525	525	37,000	37,050	613	578
28,050	28,100	421	421	31,050	31,100	474	474	34,050	34,100	526	526	37,050	37,100	615	579
28,100	28,150	422	422	31,100	31,150	475	475	34,100	34,150	527	527	37,100	37,150	617	580
28,150	28,200	423	423	31,150	31,200	476	476	34,150	34,200	528	528	37,150	37,200	619	581
28,200	28,250	424	424	31,200	31,250	476	476	34,200	34,250	529	529	37,200	37,250	620	581
28,250	28,300	425	425	31,250	31,300	477	477	34,250	34,300	530	530	37,250	37,300	622	582
28,300	28,350	426	426	31,300	31,350	478	478	34,300	34,350	531	531	37,300	37,350	624	583
28,350	28,400	427	427	31,350	31,400	479	479	34,350	34,400	532	532	37,350	37,400	626	584
28,400	28,450	427	427	31,400	31,450	480	480	34,400	34,450	532	532	37,400	37,450	627	585
28,450	28,500	428	428	31,450	31,500	481	481	34,450	34,500	533	533	37,450	37,500	629	586
28,500	28,550	429	429	31,500	31,550	482	482	34,500	34,550	534	534	37,500	37,550	631	587
28,550	28,600	430	430	31,550	31,600	483	483	34,550	34,600	535	535	37,550	37,600	633	588
28,600	28,650	431	431	31,600	31,650	483	483	34,600	34,650	536	536	37,600	37,650	634	588
28,650	28,700	432	432	31,650	31,700	484	484	34,650	34,700	537	537	37,650	37,700	636	589
28,700	28,750	433	433	31,700	31,750	485	485	34,700	34,750	538	538	37,700	37,750	638	590
28,750	28,800	434	434	31,750	31,800	486	486	34,750	34,800	539	539	37,750	37,800	640	591
28,800	28,850	434	434	31,800	31,850	487	487	34,800	34,850	539	539	37,800	37,850	641	592
28,850	28,900	435	435	31,850	31,900	488	488	34,850	34,900	540	540	37,850	37,900	643	593
28,900	28,950	436	436	31,900	31,950	489	489	34,900	34,950	541	541	37,900	37,950	645	594
28,950	29,000	437	437	31,950	32,000	490	490	34,950	35,000	542	542	37,950	38,000	647	595
<b>29,000</b>				<b>32,000</b>				<b>35,000</b>				<b>38,000</b>			
29,000	29,050	438	438	32,000	32,050	490	490	35,000	35,050	543	543	38,000	38,050	648	595
29,050	29,100	439	439	32,050	32,100	491	491	35,050	35,100	545	544	38,050	38,100	650	596
29,100	29,150	440	440	32,100	32,150	492	492	35,100	35,150	547	545	38,100	38,150	652	597
29,150	29,200	441	441	32,150	32,200	493	493	35,150	35,200	549	546	38,150	38,200	654	598
29,200	29,250	441	441	32,200	32,250	494	494	35,200	35,250	550	546	38,200	38,250	655	599
29,250	29,300	442	442	32,250	32,300	495	495	35,250	35,300	552	547	38,250	38,300	657	600
29,300	29,350	443	443	32,300	32,350	496	496	35,300	35,350	554	548	38,300	38,350	659	601
29,350	29,400	444	444	32,350	32,400	497	497	35,350	35,400	556	549	38,350	38,400	661	602
29,400	29,450	445	445	32,400	32,450	497	497	35,400	35,450	557	550	38,400	38,450	662	602
29,450	29,500	446	446	32,450	32,500	498	498	35,450	35,500	559	551	38,450	38,500	664	603
29,500	29,550	447	447	32,500	32,550	499	499	35,500	35,550	561	552	38,500	38,550	666	604
29,550	29,600	448	448	32,550	32,600	500	500	35,550	35,600	563	553	38,550	38,600	668	605
29,600	29,650	448	448	32,600	32,650	501	501	35,600	35,650	564	553	38,600	38,650	669	606
29,650	29,700	449	449	32,650	32,700	502	502	35,650	35,700	566	554	38,650	38,700	671	607
29,700	29,750	450	450	32,700	32,750	503	503	35,700	35,750	568	555	38,700	38,750	673	608
29,750	29,800	451	451	32,750	32,800	504	504	35,750	35,800	570	556	38,750	38,800	675	609
29,800	29,850	452	452	32,800	32,850	504	504	35,800	35,850	571	557	38,800	38,850	676	609
29,850	29,900	453	453	32,850	32,900	505	505	35,850	35,900	573	558	38,850	38,900	678	610
29,900	29,950	454	454	32,900	32,950	506	506	35,900	35,950	575	559	38,900	38,950	680	611
29,950	30,000	455	455	32,950	33,000	507	507	35,950	36,000	577	560	38,950	39,000	682	612
<b>30,000</b>				<b>33,000</b>				<b>36,000</b>				<b>39,000</b>			
30,000	30,050	455	455	33,000	33,050	508	508	36,000	36,050	578	560	39,000	39,050	683	613
30,050	30,100	456	456	33,050	33,100	509	509	36,050	36,100	580	561	39,050	39,100	685	614
30,100	30,150	457	457	33,100	33,150	510	510	36,100	36,150	582	562	39,100	39,150	687	615
30,150	30,200	458	458	33,150	33,200	511	511	36,150	36,200	584	563	39,150	39,200	689	616
30,200	30,250	459	459	33,200	33,250	511	511	36,200	36,250	585	564	39,200	39,250	690	616
30,250	30,300	460	460	33,250	33,300	512	512	36,250	36,300	587	565	39,250	39,300	692	617
30,300	30,350	461	461	33,300	33,350	513	513	36,300	36,350	589	566	39,300	39,350	694	618
30,350	30,400	462	462	33,350	33,400	514	514	36,350	36,400	591	567	39,350	39,400	696	619
30,400	30,450	462	462	33,400	33,450	515	515	36,400	36,450	592	567	39,400	39,450	697	620
30,450	30,500	463	463	33,450	33,500	516	516	36,450	36,500	594	568	39,450	39,500	699	621
30,500	30,550	464	464	33,500	33,550	517	517	36,500	36,550	596	569	39,500	39,550	701	622
30,550	30,600	465	465	33,550	33,600	518	518	36,550	36,600	598	570	39,550	39,600	703	623
30,600	30,650	466	466	33,600	33,650	518	518	36,600	36,650	599	571	39,600	39,650	704	623
30,650	30,700	467	467	33,650	33,700	519	519	36,650	36,700	601	572	39,650	39,700	706	624
30,700	30,750	468	468	33,700	33,750	520	520	36,700	36,750	603	573	39,700	39,750	708	625
30,750	30,800	469	469	33,750	33,800	521	521	36,750	36,800	605	574	39,750	39,800	710	626
30,800	30,850	469	469	33,800	33,850	522	522	36,800	36,850	606	574	39,800	39,850	711	627
30,850	30,900	470	470	33,850	33,900	523	523	36,850	36,900	608	575	39,850	39,900	713	628
30,900	30,950	471	471	33,900	33,950	524	524	36,900	36,950	610	576	39,900	39,950	715	629
30,950	31,000	472	472	33,950	34,000	525	525	36,950	37,000	612	577	39,950	40,000	717	630



2024 NJ-1040 Tax Table

2024 NEW JERSEY TAX TABLE (NJ-1040)

Table with columns for tax amounts (e.g., 40,000 to 52,000) and corresponding tax rates, organized by filing status and income brackets. Includes sub-headers like 'If Line 42 (New Jersey Taxable Income) Is' and 'And You Checked Filing Status Line'.



2024 NEW JERSEY TAX TABLE (NJ-1040)

Table with columns: If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line. Rows are organized into groups (e.g., 52,000, 53,000, 54,000) and sub-groups (e.g., 52,000 to 52,950).

2024 NEW JERSEY TAX TABLE (NJ-1040)

Table with 16 columns: If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line. Rows include tax brackets from 64,000 to 66,950.

2024 NEW JERSEY TAX TABLE (NJ-1040)

Table with 16 columns: If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, and corresponding tax values for various income brackets (76,000 to 89,000).

2024 NEW JERSEY TAX TABLE (NJ-1040)

Table with 16 columns: If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line, If Line 42 (New Jersey Taxable Income) Is, And You Checked Filing Status Line. Rows include tax brackets from 88,000 to 99,950.

# New Jersey Tax Rate Schedules

## 2024

**FILING STATUS:** Single  
Married/CU partner, filing separate return

### Table A

		STEP 1	STEP 2	STEP 3	
If Taxable Income (Line 42) is:		Enter Line 42	Multiply Line 42 by:	Subtract	Your Tax
<b>Over</b>	<b>But not over</b>				
\$ 0	\$ 20,000	_____	× .014 = _____	– \$ 0 = _____	
\$ 20,000	\$ 35,000	_____	× .0175 = _____	– \$ 70.00 = _____	
\$ 35,000	\$ 40,000	_____	× .035 = _____	– \$ 682.50 = _____	
\$ 40,000	\$ 75,000	_____	× .05525 = _____	– \$ 1,492.50 = _____	
\$ 75,000	\$ 500,000	_____	× .0637 = _____	– \$ 2,126.25 = _____	
\$ 500,000	\$1,000,000	_____	× .0897 = _____	– \$ 15,126.25 = _____	
\$1,000,000	and over	_____	× .1075 = _____	– \$ 32,926.25 = _____	

**FILING STATUS:** Married/CU couple, filing joint return  
Head of household  
Qualifying widow(er)/surviving CU partner

### Table B

		STEP 1	STEP 2	STEP 3	
If Taxable Income (Line 42) is:		Enter Line 42	Multiply Line 42 by:	Subtract	Your Tax
<b>Over</b>	<b>But not over</b>				
\$ 0	\$ 20,000	_____	× .014 = _____	– \$ 0 = _____	
\$ 20,000	\$ 50,000	_____	× .0175 = _____	– \$ 70.00 = _____	
\$ 50,000	\$ 70,000	_____	× .0245 = _____	– \$ 420.00 = _____	
\$ 70,000	\$ 80,000	_____	× .035 = _____	– \$ 1,154.50 = _____	
\$ 80,000	\$ 150,000	_____	× .05525 = _____	– \$ 2,775.00 = _____	
\$ 150,000	\$ 500,000	_____	× .0637 = _____	– \$ 4,042.50 = _____	
\$ 500,000	\$1,000,000	_____	× .0897 = _____	– \$ 17,042.50 = _____	
\$1,000,000	and over	_____	× .1075 = _____	– \$ 34,842.50 = _____	



## When You Need Information...

### online...

#### Visit the New Jersey Division of Taxation Website

Many State tax forms and publications are available on our website at:

[nj.gov/taxation](https://nj.gov/taxation)

You can also reach us by email with general State tax questions at:

[nj.taxation@treas.nj.gov](mailto:nj.taxation@treas.nj.gov)

Do not include confidential information such as Social Security or federal tax identification numbers, liability or payment amounts, dates of birth, or bank account numbers in your email.

Subscribe to *NJ Tax E-News*, the Division of Taxation's online information service, at:

[nj.gov/treasury/taxation/listservic.shtml](https://nj.gov/treasury/taxation/listservic.shtml)

### by phone...

#### Call our Automated Tax Information System

1 (800)323-4400 or (609) 826-4400.

Touch-tone phones only.

- ♦ Listen to recorded tax information on many topics.
- ♦ Order certain forms and publications through our message system.
- ♦ Get information on 2024 refunds from ARIS, our Automated Refund Inquiry System, 7 days a week (hours may vary).

#### Contact our Customer Service Center

(609) 292-6400 – Speak directly to a representative for tax information and assistance. See website for hours of operation.

#### Deaf, Hard of Hearing, Deaf-Blind, Speech Disability

Visit [njrelay.com](https://njrelay.com) or call 711.

### in person...

#### Visit a Regional Information Center

Regional Information Centers provide individual assistance at various locations throughout the State. Call the Automated Tax Information System or visit our website for the address of the center nearest you.

### To Get Forms...

- ♦ Visit our website at:  
[nj.gov/treasury/taxation/prntgit.shtml](https://nj.gov/treasury/taxation/prntgit.shtml)
- ♦ Call New Jersey's Forms Request System at 1 (800) 323-4400 or (609) 826-4400. Touch-tone phones only.
- ♦ Write to: NJ Division of Taxation  
Taxpayer Forms Services  
PO Box 269  
Trenton, NJ 08695-0269

### Who Can Help...

Trained volunteers in the VITA (Volunteer Income Tax Assistance) and TCE (Tax Counseling for the Elderly) programs are available to help prepare both federal and State returns at locations throughout New Jersey. For the location nearest you, contact the Division's Customer Service Center at (609) 292-6400 or the Internal Revenue Service.

### New Jersey Earned Income Tax Credit...

Visit our website

[eitc.nj.gov](https://eitc.nj.gov)

Call the Customer Service Center

(609) 292-6400 – See website for hours of operation.

## NJ TaxTalk

TaxTalk provides recorded information on many New Jersey tax topics and is available 24 hours a day, 7 days a week. Select the 3-digit number of the topic you want to hear. Then, from a touch-tone phone, call 1 (800) 323-4400 or (609) 826-4400. Have paper and pencil available to take notes. Additional topics may become available after the printing of this booklet.

### TaxTalk – Topic Codes

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# Taxpayers' Bill of Rights

The New Jersey Taxpayers' Bill of Rights simplifies tax administration and ensures that all taxpayers are better informed and receive fair and equitable treatment during the tax collection process. Highlights of the Taxpayers' Bill of Rights include:

## Service–

- Division must respond to taxpayers' questions within a reasonable time period.
- Notices of taxes and penalties due must clearly identify the purpose of the notice and must contain information about appeal procedures.

## Appeals–

- Time to appeal to the Tax Court is generally 90 days.

## Interest on Refunds–

- Interest is paid at the prime rate on refunds for all taxes when the Division takes more than six months to send you a refund.
- You can request that your overpayment of this year's tax be credited towards next year's tax liability; however, interest will not be paid on overpayments that are credited forward.

For more information on the rights and obligations of both taxpayers and the Division of Taxation under the Taxpayers' Bill of Rights, see publication [ANJ-1](#), *New Jersey Taxpayers' Bill of Rights*.

# Senior Gold Prescription Discount Program

Senior Gold Prescription Discount Program (Senior Gold) is a State-funded prescription program that helps eligible residents pay for prescribed legend drugs, insulin, and insulin supplies.

## Eligibility Requirements

You are eligible for Senior Gold if you meet the following requirements:

- You are a New Jersey resident;
- You are 65 or older **or** you are 18 or older *and* receiving Social Security Title II Disability benefits (you do *not* qualify if you are under age 65 and receiving these benefits on behalf of someone else);
- You meet certain income limits. The annual income limits for 2024 were between \$52,142 and \$62,142 if you are single or between \$59,209 and \$69,209 if you are married or in a civil union (**NOTE:** these limits may change for 2025); and
- If you are Medicare-eligible, you are required to enroll in a Medicare Part D Prescription Drug Plan of your choice. You will be responsible for paying the monthly premium directly to the Medicare Part D plan. You also will be responsible for paying any late enrollment penalty imposed by Medicare for each month you were eligible to enroll in Medicare Part D but did not enroll.

## Benefits

Senior Gold helps eligible New Jersey residents pay for prescription drugs, insulin, insulin needles and syringes, and needles for injectable medicines used for the treatment of multiple sclerosis. Only drugs approved by the Food and Drug Administration are covered. Drugs purchased outside the State of New Jersey are not covered, nor is any pharmaceutical product whose manufacturer has not agreed to provide rebates to the State of New Jersey. The Senior Gold card works together with Medicare Part D Prescription Drug Plans. Senior Gold can reduce out-of-pocket expenses associated with participation in Medicare Part D.

## Where to Get Information

For more information about the Senior Gold program, call 1 (800) 792-9745 or visit the Department of Human Services' website at: [www.nj.gov/humanservices/doas/services/q-z/senior-gold/](http://www.nj.gov/humanservices/doas/services/q-z/senior-gold/)

# *File Electronically* *skip the paper*

## ***NJE-File***

If you're having a tax preparer do your federal and State income tax returns, ask to have them filed electronically. You can also do it yourself through an online tax preparation website or by using off-the-shelf tax software.

## ***New Jersey Online Filing***

Use the free New Jersey Online Filing Service to file your 2024 NJ-1040 return. It's simple and easy to follow the instructions, complete your NJ tax return, and file it online. Any resident (or part-year resident) can use it to file their 2024 NJ-1040 for free.