

NJ-1040X
2016

STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN

7x For Tax Year Jan.- Dec. 31, 2016, Or Other Tax Year Beginning _____, 2016, Ending _____, 20____

↓ You must enter your social security number below ↓

| | | | | |
|---|--|---|-------|--|
| TAXPAYER IDENTIFICATION AND STATUS | Your Social Security Number | Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different) | | |
| | Spouse's/CU Partner's Social Security Number | Home address (Number and Street, incl. apt. # or rural route) | | Change of Address <input type="checkbox"/> |
| | County/Municipality Code | City, Town, Post Office | State | Zip Code |

NJ RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____
MONTH DAY YEAR MONTH DAY YEAR

| FILING STATUS | | EXEMPTIONS | | As Originally Reported | Amended |
|-----------------------------|---|--|--|------------------------|---------|
| ON ORIGINAL RETURN | ON AMENDED RETURN | 6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner | | 6. | |
| 1. <input type="checkbox"/> | <input type="checkbox"/> Single | 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner | | 7. | |
| 2. <input type="checkbox"/> | <input type="checkbox"/> Married/CU Couple, filing joint return | 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner | | 8. | |
| 3. <input type="checkbox"/> | <input type="checkbox"/> Married/CU Partner, filing separate return | 9. Number of your qualified dependent children | | 9. | |
| 4. <input type="checkbox"/> | <input type="checkbox"/> Head of household | 10. Number of other dependents | | 10. | |
| 5. <input type="checkbox"/> | <input type="checkbox"/> Qualifying widow(er)/Surviving CU Partner | 11. Dependents attending colleges (See instr. NJ-1040) | | 11. | |
| | | 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) | | 12a. | |
| | | (For Line 12b - Add Line 9 and Line 10) | | 12b. | |

| DEPENDENT INFORMATION | | Dependent's Social Security Number | Birth Year | Check box if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other (See instructions) |
|---|----------------------|------------------------------------|------------|---|
| 13. Dependent's Last Name, First Name, Middle Initial | | | | |
| a _____ | _____ / ____ / _____ | | | <input type="checkbox"/> |
| b _____ | _____ / ____ / _____ | | | <input type="checkbox"/> |
| c _____ | _____ / ____ / _____ | | | <input type="checkbox"/> |
| d _____ | _____ / ____ / _____ | | | <input type="checkbox"/> |

GOVERNMENTAL ELECTIONS FUND Checking below will not increase your tax or reduce your refund.
 Check here → If you did not previously want to have \$1 go to the fund but now want it to do so.
 Check here → If joint return and if spouse/CU partner did not previously want to have \$1 go to the fund but now wants it to do so.

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

| | | | |
|--|---|-------------------------------|--|
| SIGN HERE | Your signature _____ Date _____ Spouse's/CU Partner's signature (If filing jointly, BOTH must sign.) _____ | | Pay amount on Line 59 in full. Write social security number(s) on check or money order and make payable to: STATE OF NEW JERSEY-TGI Mail your return to: Division of Taxation Revenue Processing Center PO Box 664 Trenton, NJ 08646-0664 You may also pay by e-check or credit card. |
| | If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040) <input type="checkbox"/> | | |
| | Driver's License Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| | I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/> | | |
| | Paid Preparer's Signature | Federal Identification Number | |
| Firm's Name | Federal Employer Identification Number | | |
| Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ | | | |

| | BOTH COLUMNS MUST BE FULLY COMPLETED | | | |
|--|--------------------------------------|--|----------------------------|--|
| | As Originally Reported | | Amended (See Instructions) | |
| 14. Wages, salaries, tips, and other employee compensation | 14. | | | |
| 15a. Taxable Interest Income | 15a. | | | |
| 15b. Tax-exempt interest income. DO NOT include on Line 15a | 15b. | | | |
| 16. Dividends | 16. | | | |
| 17. Net profits from business | 17. | | | |
| 18. Net gains or income from disposition of property | 18. | | | |
| 19a. Pensions, Annuities, and IRA Withdrawals | 19a. | | | |
| 19b. Excludable Pensions, Annuities, and IRA Withdrawals | 19b. | | | |
| 20. Distributive Share of Partnership Income | 20. | | | |
| 21. Net pro rata share of S Corporation Income | 21. | | | |
| 22. Net gains or income from rents, royalties, patents & copyrights | 22. | | | |
| 23. Net Gambling Winnings | 23. | | | |
| 24. Alimony and separate maintenance payments received | 24. | | | |
| 25. Other | 25. | | | |
| 26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25) | 26. | | | |
| 27a. Pension Exclusion | 27a. | | | |
| 27b. Other Retirement Income Exclusion | 27b. | | | |
| 27c. Total Exclusion Amount (Add Lines 27a and 27b) | 27c. | | | |
| 28. New Jersey Gross Income (Subtract Line 27c from Line 26) | 28. | | | |
| 29. Exemptions (See instructions) | 29. | | | |
| 30. Medical Expenses (See instructions NJ-1040) | 30. | | | |
| 31. Alimony and separate maintenance payments | 31. | | | |
| 32. Qualified Conservation Contribution | 32. | | | |
| 33. Health Enterprise Zone Deduction | 33. | | | |
| 34. Alternative Business Calculation Adjustment (See instructions NJ-1040) | 34. | | | |
| 35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34) | 35. | | | |
| 36. Taxable Income (Subtract Line 35 from Line 28) | 36. | | | |
| 37a. Total Property Taxes (18% of Rent) Paid (See instructions NJ-1040) | 37a. | | | |
| 37b. Block <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Qualifier <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |
| 37c. County/Municipality Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Check box if you completed Worksheet G-1 <input type="checkbox"/> (See instructions NJ-1040) | | | | |
| 38. Property Tax Deduction (See instructions NJ-1040) | 38. | | | |
| 39. NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36) | 39. | | | |
| 40. TAX (See instructions) | 40. | | | |
| 41. Credit For Income Taxes Paid To Other Jurisdictions | 41. | | | |
| Enter other jurisdiction code (See instructions NJ-1040) <input type="text"/> <input type="text"/> | | | | |

| | BOTH COLUMNS MUST BE FULLY COMPLETED | | | |
|--|--------------------------------------|--|----------------------------|--|
| | As Originally Reported | | Amended (See Instructions) | |
| 42. Balance of Tax (Subtract Line 41 from Line 40) | 42. | | | |
| 43. Sheltered Workshop Tax Credit (See instructions NJ-1040) | 43. | | | |
| 44. Balance of Tax After Credit (Subtract Line 43 from Line 42) | 44. | | | |
| 45. Use Tax Due on Out-of-State Purchases (See instructions NJ-1040) | 45. | | | |
| 46. Penalty for Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form 2210 is enclosed. <input type="checkbox"/> | 46. | | | |
| 47. Total Tax and Penalty (Add Lines 44, 45, and 46) | 47. | | | |
| 48. Total New Jersey Income Tax Withheld | 48. | | | |
| 49. Property Tax Credit (See instructions NJ-1040) | 49. | | | |
| 50. New Jersey Estimated Tax Payments/Credit from 2015 tax return | 50. | | | |
| 51. New Jersey Earned Income Tax Credit (See instructions NJ-1040) | 51. | | | |
| 52. EXCESS New Jersey UI/WF/SWF Withheld (See instructions NJ-1040) | 52. | | | |
| 53. EXCESS New Jersey Disability Insurance Withheld (See instructions NJ-1040) | 53. | | | |
| 54. EXCESS New Jersey Family Leave Insurance Withheld (See instructions NJ-1040) | 54. | | | |
| 55. Amount Paid with original return, assessments, and/or with request for extension to file | 55. | | | |
| 56. Total payments/credits (Add Lines 48 through 55) | 56. | | | |
| 57. Refund previously issued from Original Return | 57. | | | |
| 58. Net Payments (Subtract Line 57 from Line 56) | 58. | | | |
| 59. If payments (Line 58) are LESS THAN tax (Line 47), enter AMOUNT OF TAX YOU OWE | 59. | | | |
| 60. If payments (Line 58) are MORE THAN tax (Line 47), enter OVERPAYMENT | 60. | | | |
| 61. Amount of Line 60 to be (A) REFUNDED | 61A. | | | |
| (B) CREDITED to your 2017 tax | 61B. | | | |

Enter name, social security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, social security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change.

If amending Line 41, complete calculations below:
 (Income from Other Jurisdictions) _____ X _____ = _____
 (Income from New Jersey sources) _____ (New Jersey Tax Line 40)