

NJ-1040X
2004

STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN

7x

For Tax Year Jan.- Dec. 31, 2004, Or Other Tax Year Beginning _____, 2004, 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 last name ONLY if different)					
	Spouse's Social Security Number		Home address (Number and Street, including apartment number or rural route)					
	County/Municipality Code		City, Town, Post Office			State	Zip Code	
	FILING STATUS			EXEMPTIONS			As Originally Reported	Amended
	ON ORIGINAL RETURN 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return 4. <input type="checkbox"/> Head of household 5. <input type="checkbox"/> Qualifying widow(er)	ON AMENDED RETURN 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return 4. <input type="checkbox"/> Head of household 5. <input type="checkbox"/> Qualifying widow(er)	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse 9. Number of your qualified dependent children 10. Number of other dependents 11. Dependents attending colleges 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Line 9 and Line 10)			6.		
					7.			
					8.			
					9.			
				10.				
				11.				
				12a.				
				12b.				
RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____ MONTH DAY YEAR MONTH DAY YEAR								
GOVERNATORIAL ELECTIONS FUND Checking below will not increase your tax or reduce your refund.								
Check here → <input type="checkbox"/> If you did not previously want to have \$1 go to the fund but now want it to do so.								
Check here → <input type="checkbox"/> If joint return and if spouse did not previously want to have \$1 to go to the fund but now wants it to do so.								

	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.	
19. Pensions, Annuities and IRA Withdrawals		
a. Taxable Amount Received	19a.	
b. Less New Jersey Pension Exclusion	19b.	
c. Subtract Line 19b from Line 19a	19c.	
20. Distributive Share of Partnership Income	20.	
21. Net pro rata share of S Corporation Income	21.	
22. Net gain 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, 19c, 20, 21, 22, 23, 24, and 25)	26.	

	As Originally Reported	Amended (See Instructions)
27. Total Income (From Line 26, Page 1)	27.	
28. Other Retirement Income Exclusion	28.	
29. New Jersey Gross Income (Subtract Line 28 from Line 27)	29.	
30. Exemptions (See instructions)	30.	
31. Medical Expenses/Medical Savings Account Contributions	31.	
32. Alimony & separate maintenance payments	32.	
33. Qualified Conservation Contribution	33.	
34. Total Exemptions and Deductions (Add Lines 30, 31, 32, and 33)	34.	
35. Taxable Income (Subtract Line 34 from Line 29)	35.	
36. Property Tax Deduction	36.	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35)	37.	
38. TAX: (see instructions)	38.	
39. Credit For Income Taxes Paid To Other Jurisdictions	39.	
40. Balance of Tax (Subtract Line 39 from Line 38)	40.	
41. Use Tax Due on Out-of-State Purchases (see instruction NJ-1040)	41.	
42. Total Tax (Add Line 40 and Line 41)	42.	
43. Total New Jersey Income Tax Withheld	43.	
44. Property Tax Credit	44.	
45. New Jersey Estimated Tax Payments/Credit from 2003 tax return	45.	
46. New Jersey Earned Income Tax Credit	46.	
47. EXCESS New Jersey UI/HC/WD Withheld (see instructions NJ-1040)	47.	
48. EXCESS New Jersey Disability Insurance Withheld (see instructions NJ-1040)	48.	
49. Amount Paid with original return, assessments, and/or with request for extension to file	49.	
50. Total payments (Add Lines 43 through 49)	50.	
51. Refund previously issued from Original Return	51.	
52. Net Payments (Subtract Line 51 from Line 50)	52.	
53. If payments (Line 52) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE	53.	
54. If payments (Line 52) are MORE THAN tax (Line 42) enter OVERPAYMENT	54.	
55. Amount of Line 54 to be (A) REFUNDED	55A.	
(B) CREDITED to your 2005 tax	55B.	

Enter below, 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.)

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

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 39, complete calculations below:

(Income from Other Jurisdictions) _____ X _____ = _____
(Income from New Jersey sources) (New Jersey Tax Line 38)

SIGN HERE	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.		Pay amount on Line 53 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 111 Trenton, NJ 08645-0111 If REFUND: Division of Taxation Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555 You may also pay by e-check or credit card.
	→ _____ → Your signature Date	_____ → Spouse's signature (If filing jointly, BOTH must sign.)	
	Paid Preparer's Signature	Federal Employer Identification Number	
	Firm's Name	Federal Employer Identification Number	
Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____			