

2023 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2023
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For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year
Beginning _____, 2023 Ending _____, 2024

Your Social Security Number Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ) Home Address (Number and Street, incl. apt. # or rural route)

Driver's License # (Voluntary) State City, Town, Post Office State ZIP Code

- This is an amended return
- Federal extension application attached or enter confirmation number _____
- The address above is a foreign address
- Your address has changed
- Death certificate for deceased taxpayer is attached (See instructions)
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No

Name(s) as shown on Form NJ-1040NR

Your Social Security Number

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Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return _____
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

- | | | | | | |
|---|------|-------------------|------------------|------|-----------|
| 6. Regular | Self | Spouse/CU Partner | Domestic Partner | 6. | |
| 7. Age 65 or over | Self | Spouse/CU Partner | | 7. | |
| 8. Blind or Disabled | Self | Spouse/CU Partner | | 8. | |
| 9. Veteran Exemption | Self | Spouse/CU Partner | | | 9. |
| 10. Number of your qualified dependent children | | | | | 10. |
| 11. Number of other dependents | | | | | 11. |
| 12. Dependents attending colleges (See Instructions) | | | | 12. | |
| 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11.
For line 13c – Enter amount from line 9. | | | | 13a. | 13b. 13c. |

Dependent Information

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	.	15.	.
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 68)	19.	.	19.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	20.	.
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		.
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	.	27.	.

Your Social Security Number

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c.
29. Gross Income (Subtract line 28c from line 27)	29.	.	29.
30. Total Exemption Amount (See Instructions)	30.	.	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	.	
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	.	
40. Tax on amount on line 39 (From Tax Table)	40.	.	
41. Income Percentage B. (line 29) / A. (line 29) = _____ %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)		42.	.
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)		43.	.
44. Gold Star Family Counseling Credit (See Instructions)		44.	.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)		45.	.
46. Total Credits (Add lines 43, 44, and 45)		46.	.
47. Balance of Tax After Credits (Subtract line 46 from line 42)		47.	.
48. Interest on Underpayment of Estimated Tax.		48.	.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)		49.	.
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	.	
51. New Jersey Estimated Tax Payments/Credit from 2022 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	

