2023 NJ-1040NR

New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR 2023 Page 1 Your Social Security N	iumber		Taxable Year January 1, 2023 – ginning, 20 filers enter first name and middle initial of e	23 Endir	., 2	024
Spouse's/CU Partner's	Social Security Number					
State of Residency (out	tside NJ)	Home Address (Number and Street,	incl. apt. # or rural route)			
Driver's License # (Vol	luntary) State	City, Town, Post Office		State	ZIP Code	
The address abo Your address ha Death certificat	on application attached or enter c ove is a foreign address as changed e for deceased taxpayer is attache	onfirmation number d (See instructions) y return and enclosures with my prepa				
NJ Residency Status	If you were a New Jersey resid give the period of New Jersey	ent for ANY part of the tax year, residency.	From:		То:	
Gubernatorial Elections Fund	return, does your spouse/CU p	f your taxes for this fund? If joint artner want to designate \$1? Note: , it will not increase your tax or		Yes Yes		No No

Your Social Security Number

NJ-1040NR 2023 Page 2

Filing Status (Check only ONE box)

(Check only ONE	box)						
1.	Single						
2.	Married/CU Couple, filing joint return						
3.	Married/CU Partner, filing separate return						
4.	Head of Household	Na	ame and SSN of Spouse/CU Partner				
5.	Qualifying Widow(er)/Surviving CU Partne	er					
Exemptions							
6. Regular		Self	Spouse/CU Partner	Domestic	6.		
7. Age 65 or	over	Self	Spouse/CU Partner	Partner	7.		
8. Blind or D	Disabled	Self	Spouse/CU Partner		8.		
9. Veteran E	xemption	Self	Spouse/CU Partner				9.
10. Number o	f your qualified dependent children					10.	
11. Number o	f other dependents					11.	
12. Dependen	ts attending colleges (See Instructions)				12.		
	3a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 6, 7, 8, and 12. For line 13b – Add line 9.	dd lines 10 and	11.		13a.	13b.	13c.
Dependent In	formation						
14. Dependen	t's Last Name, First Name, Middle Initial		Dependent's Social Sec	curity 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	15.		15.	
	Check box if you completed lines 69 through 75				
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

NJ-1040NR 2023

Page 3

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	
54.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.		nonresident shareholder	
55.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.			
56.	Pass-Through Business Alternative Income Tax Credit (See instructions)	56.			

Your Social Security Number

NJ-1040NR 2023

Page 4

57.	. Total Payments/Credits (Add lines 50 through 56)			57.		
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F			58.	•	
59.	If line 57 is more than line 49, you have an overpayment. Subtract	et line 49 from lin	ne 57 and enter the overpayment		59.	
60.	Amount from line 59 you want to credit to your 2024 tax				60.	
61.	Amount you want to credit to:					
	(A) N.J. Endangered Wildlife Fund		61A.		NOTE:	
	(B) N.J. Children's Trust Fund		61B.		An entry on lines 60 through 61F w reduce your tax refund	ill
	(C) N.J. Vietnam Veterans' Memorial Fund		61C.		reduce your tax refund	
	(D) N.J. Breast Cancer Research Fund		61D.			
	(E) U.S.S. N.J. Educational Museum Fund		61E.			
	(F) Designated Contribution	Code	61F.			
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through	ıgh 61F)			62.	
63.	Balance due (If line 58 is more than zero, add line 58 and 62)				63.	
64.	Refund amount (If line 59 is more than zero, subtract line 62 from	n line 59)			64.	

Under penalties of perjury, I declare that I have examined thi my knowledge and belief, it is true, correct, and complete. If information of which the preparer has any knowledge.	Pay amount on line 63 in full. Write Social Security number(s) on check or money order ar make payable to:		
>	> Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244	
Paid Preparer's Signature	Federal Identification Number	You can also make a payment on our website: nj.gov/taxation	
	Firm's Federal Employer Identification Number		
Firm's Name			

Division Use: 1 _____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 __