



STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2005 - December 31, 2005

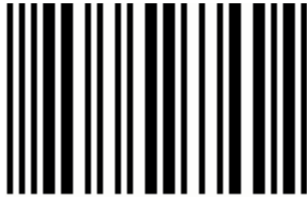
Or Other Taxable Year Beginning _____, 2005,

Ending _____, 20__

5-N

Check box if application for Federal extension is attached or enter confirmation number _____

Please Print or Type FOR PRIVACY ACT NOTIFICATION See Instructions	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)			Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.			
	Spouse's Social Security Number	Home Address (Number and Street, including apartment number or rural route)						
	↑ You must enter your SSN(s) above ↑ State of Residency (outside NJ)	City, Town, Post Office	State	Zip Code				
	NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From _____ To _____ MONTH DAY YEAR MONTH DAY YEAR							
Please Attach W-2 Forms Here	Filing Status (Check only ONE box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return _____ Name and Social Security Number of Spouse 4. <input type="checkbox"/> Head of household 5. <input type="checkbox"/> Qualifying widow(er)	EXEMPTIONS	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	6				
	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		7					
	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		8					
	9. Number of your qualified dependent children			9				
	10. Number of other dependents			10				
	11. Dependents attending colleges		11					
	12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Line 9 and Line 10)		12a	12b				
	13. GUBERNATORIAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse wish to designate \$1?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.		
				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
				(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)		(Column B) AMOUNT FROM NEW JERSEY SOURCES		
	14. Wages, salaries, tips, and other employee compensation		14		14			
	15. Interest		15		15			
16. Dividends	16		16					
17. Net profits from business (Attach copy of Federal Schedule C, Form 1040)	17		17					
18. Net gains or income from disposition of property (From Line 56)	18		18					
19. Net gains or income from rents, royalties, patents, and copyrights (From Line 59)	19		19					
20. Net gambling winnings	20		20					
21. Pensions, Annuities and IRA Withdrawals, Less New Jersey Exclusion	21							
22. Distributive Share of Partnership Income	22		22					
23. Net pro rata share of S Corporation Income	23		23					
24. Alimony and separate maintenance payments received	24		24					
25. Other - State Nature and Source _____	25		25					
26. TOTAL INCOME (Add Lines 14 through 25)	26		26					
27. Other Retirement Income Exclusion (See Worksheet and Instructions page 22)	27		27					
28. Gross Income (Subtract Line 27 from Line 26)	28		28					
29a. Exemptions: _____ From Line 12a _____ x \$1,000 = _____								
29b. _____ From Line 12b _____ x \$1,500 = _____								
29c. Total Exemption Amount (Add Line 29a and Line 29b) Part-year nonresidents see instruction page 5	29c							
30. Medical Expenses (See Worksheet and Instructions page 24)	30							
31. Alimony and separate maintenance payments	31							
32. Qualified Conservation Contribution	32							
33. Health Enterprise Zone Deduction	33							
34. Total Exemptions and Deductions (Add Lines 29c, 30, 31, 32, and 33)	34							
35. TAXABLE INCOME (Subtract Line 34 from Line 28, Column A)	35							



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Name(s) as shown on Form NJ-1040NR		Your Social Security Number	
36. Taxable Income (from Line 35, Page 1)	36		
37. Tax on amount on Line 36 (From Tax Table page 30)	37		
38. Income Percentage $\frac{B. (Line\ 28)}{A. (Line\ 28)} = \underline{\hspace{2cm}}$ %			
39. NEW JERSEY TAX (Multiply amount from Line 37 $\underline{\hspace{2cm}}$ x $\underline{\hspace{2cm}}$ % from Line 38)	39		
40. Penalty for Underpayment of Estimated Tax Check box <input type="checkbox"/> if Form NJ-2210 is enclosed.	40		
41. Total Tax and Penalty (add Line 39 and Line 40)	41		
42. Total New Jersey Income Tax Withheld (Attach Form W-2)	42		
43. New Jersey Estimated Tax Payments/Credit from 2004 tax return	43		
44. Tax paid on your behalf by Partnership(s)	44		
45. EXCESS NJ UI/HC/WD Withheld (Enclose Form NJ-2450. See Instructions)	45		
46. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instructions)	46		
47. Total Payments/Credits (Add Lines 42 through 46) ENTER TOTAL →	47		
48. If Line 47 is LESS THAN Line 41 enter AMOUNT YOU OWE	48		
49. If Line 47 is MORE THAN Line 41 enter OVERPAYMENT	49		
50. Deductions from Overpayment on Line 49 which you elect to credit to:			
(A) Your 2006 Tax	50A		
(B) N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50B		
(C) N.J. Children's Trust Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50C		
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50D		
(E) N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50E		
(F) U.S.S. N.J. Educational Museum Fund <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50F		
(G) Designated Contribution <input type="text" value="0"/> <input type="checkbox"/> \$10, <input type="checkbox"/> \$20, <input type="checkbox"/> Other	50G		
51. Total Deductions From Overpayment (Add Lines 50A, B, C, D, E, F, and G) ENTER TOTAL →	51		
52. REFUND (Amount to be sent to you. Subtract Line 51 from Line 49)	52		

NOTE:
AN ENTRY ON LINE
50A, B, C, D, E, F, OR G
WILL REDUCE YOUR TAX
REFUND



SIGN HERE	Under 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.	
	→ _____ Your signature	→ _____ Date
	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

Pay amount on Line 48 in full. Write social security number(s) on check or money order and make payable to:
STATE OF NEW JERSEY-TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244
You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR	Your Social Security Number
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PART I	NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.
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(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
53.					
54. Capital Gains Distribution					54
55. Other Net Gains					55
56. Net Gains (Add Lines 53, 54, and 55) (Enter here and on Line 18) (If Loss, enter ZERO)					56

PART II	NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS	List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return.
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(a) Kind of property	(b) Net Rental Income (Loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights
57.				
58. Totals	(b)	(c)	(d)	(e)
59. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 19) (If Loss enter ZERO)				59

PART III	ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)
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60. Amount reported on Line 14 in Column A required to be allocated	60	
61. Total days in taxable year	61	
62. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	62	
63. Total days worked in taxable year (subtract Line 62 from Line 61)	63	
64. Deduct days worked outside New Jersey	64	
65. Days worked in New Jersey (subtract Line 64 from Line 63)	65	
66. ALLOCATION FORMULA $\frac{\text{(Line 65)}}{\text{(Line 63)}} \times \frac{\text{(Enter amount from Line 60)}}{\text{(Salary earned inside N.J.)}} =$ _____		(Include this amount on Line 14, Col. B)

PART IV	ALLOCATION OF BUSINESS INCOME TO NEW JERSEY	(See instructions if other than Formula Basis of allocation is used.)
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BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)

Enter below, the line number and amount of each item of business income reported in Column A which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____

From Line No. _____ \$ _____ X _____ % = \$ _____