

New Jersey General Information

County or Municipality code _____ [1]
 In care of address _____ [2]
 Mark if:
 Tax forms, instructions and booklet are not needed _____ [3]
 You are not eligible for the property tax deduction or credit _____ [4]
 You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

| | Taxpayer | Spouse |
|--|------------|-----------|
| Mark if: Contributed to the Social Security Fund (Eligible to receive benefits) | _____ [6] | _____ [7] |
| You want to designate \$1 to the gubernatorial election campaign fund | _____ [8] | _____ [9] |
| Use tax due on out-of-state purchases (Resident and part-year residents) | _____ [10] | |

Contributions

Amount of contribution you wish to make to:

| | | |
|---|--|---|
| Endangered Wildlife Fund _____ [11] | | Breast Cancer Research Fund _____ [14] |
| Children's Trust Fund to prevent child abuse _____ [12] | | USS New Jersey Educational Museum Fund _____ [15] |
| New Jersey Vietnam Veterans' Memorial Fund _____ [13] | | Other (see codes below) _____ [16] _____ [17] |

Other Funds

| | | | |
|-----------------------|----------------------------------|---|--|
| 01 = Drug Abuse Ed | 07 = World Trade Center | 13 = NJ National Guard State Family | 19 = NJ Farm to School / School Garden |
| 02 = Korean Veterans' | 08 = Veterans Haven Support | 14 = American Red Cross NJ | 20 = Local Library Support |
| 03 = Organ Donor | 09 = Community Food Pantry | 15 = Girl Scouts Council in NJ | 21 = ALS Association Support |
| 04 = AIDS Services | 10 = Cat and Dog Spay and Neuter | 16 = Homeless Veterans Grant | 22 = NJ Yellow Ribbon Fund |
| 05 = Literacy Vol | 11 = Lung Cancer Research | 17 = Leukemia and Lymphoma - NJ | 23 = Non-Profit Veterans Organization |
| 06 = Prostate Cancer | 12 = Boys and Girls Club | 18 = Northern NJ Veterans Memorial Cemetery Development | |

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street _____ [18]
 City _____ [19]
 Block number _____ [20] _____ [21] Lot number _____ [22] _____ [23]
 Qualifier number (Condos) _____ [24] Mobile home park site # _____ [25]
 Your share of property owned _____ [26] Number of days as an owner _____ [27]
 Total property taxes paid (mobile home site fees) _____ [28] Share used as principal residence _____ [29]
 Co-op or continuing care retirement facility resident _____ [30] Your share of property taxes _____ [31]

Renter Information:

Street _____ [32]
 Apt # _____ [33] City _____ [34]
 Days as a tenant _____ [35] Total number of tenants _____ [36]
 Total rent paid _____ [37] Your share of rent paid _____ [38]

Tenant Information:

First name of other tenant _____ [39] Middle initial of other tenant _____
 Last name of other tenant _____ SSN of other tenant _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:
 From _____ [40]
 To _____ [41]
 State of residency (Nonresidents only) _____ [42]