



Form ID: NJ

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]

Contributions

Amount of contribution you wish to make to:

| | |
|---|---|
| Endangered Wildlife Fund _____ [10] | USS New Jersey Educational Museum Fund _____ [14] |
| Children's Trust Fund to prevent child abuse _____ [11] | Other (see codes below) _____ [15] _____ [16] |
| New Jersey Vietnam Veterans' Memorial Fund _____ [12] | Other (see codes below) _____ [17] _____ [18] |
| Breast Cancer Research Fund _____ [13] | Other (see codes below) _____ [19] _____ [20] |

Other Funds

| | | | |
|-------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| 01 = Drug Abuse Educate | 08 = Veterans Haven Supp | 15 = Girl Scouts Council in NJ | 22 = Non-Profit Veterans Org |
| 02 = Korean Veterans' | 09 = Community Food Pantry | 16 = Homeless Veterans Grant | 23 = NJ Yellow Ribbon |
| 03 = Organ Donor | 10 = Cat and Dog Spay and Neute | 17 = Leukemia and Lymphoma - NJ | 24 = Autism Programs |
| 04 = AIDS Services | 11 = Lung Cancer Research | 18 = North NJ Vet Memorial Cemetery | 25 = Boy Scouts Councils in NJ |
| 05 = Literacy Vol | 12 = Boys and Girls Club | 19 = NJ Farm to School / School Gardn | 26 = NJ Memorial To War Veterans |
| 06 = Prostate Cancer | 13 = NJ National Guard State Family | 20 = Local Library Support | 27 = Jersey Fresh Program |
| 07 = World Trade Center | 14 = American Red Cross NJ | 21 = ALS Association Support | 28 = NJ World War II Vet's Memorial |

Property Information

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

Homeowner Information:

Street _____ [21]

City _____ [22]

Block number _____ [23] _____ [24] Lot number _____ [25] _____ [26]

Qualifier number (Condos) _____ [27] Mobile home park site # _____ [28]

Your share of property owned _____ [29] Number of days as an owner _____ [30]

Total property taxes paid (mobile home site fees) _____ [31] Share used as principal residence _____ [32]

Co-op or continuing care retirement facility resident _____ [33] Your share of property taxes _____ [34]

Renter Information:

Street _____ [35]

Apt # _____ [36] City _____ [37]

Days as a tenant _____ [38] Total number of tenants _____ [39]

Total rent paid _____ [40] Your share of rent paid _____ [41]

Tenant Information:

First name of other tenant _____ [42] 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 _____ [43]

To _____ [44]

State of residency (Nonresidents only) _____ [45]