NJ-1040X



New Jersey Amended Resident Income Tax Return

	7x	For Tax Year January 1, 2021 – December 31, 2021, Or Other Tax Year Beginning, 2021, Ending, 2022												
TAXPAYER IDENTIFICATION AND STATUS	Your Social Security Number Last Name, First Name, and Initial (Joint filers enter first name and initial of each -Enter spouse/CU partner I									oartner las	t name only if differen	t)		
		1 1												
	Spou	use's/CU Partner's Social Sec	me Address (Number and Street, incl. apt. # or rural route)								Change of address			
											Foreign address			
	Cour	nty/Municipality Code	y, Town, Post Office State								ZIP Code			
	N. I	BESIDENCY Do	rovido montho/dov	nths/davs you were a From21							21			
	NJ RESIDENCY Part-year residents, pro- STATUS Part-year residents, pro- New Jersey resident du			ovide mentis/days you were a from is						MONTH	NTH DAY YEAR			
		Filing Sta	Exemptions						-	As Originally	Amended			
	Filing Status			ļ							1	Reported	Amenaca	
		On On Original Amended Return Return Single		6. Regular 🗷	Yourself				omestic		6.			
				CU Partner Partner										
	1.			7. Age 65 or over							7.			
	2.	☐ ☐ Married/CU Couple, filing joint return		8. Blind or Disabled							8.			
				9. Veteran Exemption ☐ Yourself ☐ Spouse/CU Partner 9.										
				10. Number of	your qua	alified deper	ndent chi	ldren			10.			
	3.		ed/CU Partner, separate return	At Novel on of other dependents										
		illing s	separate return	12. Dependents attending colleges (See instr. NJ-1040)										
	4.	☐ ☐ Head (of Household			0 0	(066 1113	ou. 140	-1040)					
	5.	□ □ Qualify	ying Widow(er)/	y l							13a.			
			ving CU Partner	TSD. Add lines to and 11.						13b.				
L	L,			13c. Enter amount from line 9.							13c.			
												Check box if		
		14. Dependent's La	me, Middle Initial	I Dependent's Social Security Number Birth Ye						irth Year	dependent does not have health insurance			
l⊢	Z											ilav	e nealth insurance	
Z	\exists	a	/											
2	¥	h			,		,					_		
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ᄪ	NFORMATION	C			1		1							
-	=	<u> </u>												
		d	/											
L														
G	UBE	RNATORIAL Do y	ate \$1 of your taxes	Note: If you oncor the						ck the "y	e "yes" box(es), it will not increase ur refund.			
LE	LEC.	TIONS FUND If join	nt return, does you	r spouse/CU Partner want to designate \$1? Yes your tax or reduce you						ce your				
		nder penalties of per					_		, ,					
	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.									Day amount on I	ino 69 in			
											1	Pay amount on line 68 in full. Write Social Security		
	-	Your Signature	 Date	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)							number(s) on check or money order and make payable to:			
Щ									Sigil)	State of New Jersey – TGI				
單	If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040) ☐													
Ì												Division of Taxation Revenue Processing Center		
SIGN HER	Orivers License #											PO Box 664		
	\vdash			my return and analogues with my properer (heless)						-	Trenton, NJ, 08646-0664			
	\vdash	id Preparer's Signature	i iavalion to discus	s my return and enclosures with my preparer (below)					You can also make a payment on our website:					
		iid i repaiei s Signature	rederal identification Number								on our website: nj.gov/taxation			
	-	m'a nama		Firm's Fodoral Employer Identification Number					4					
	Firm's name				Firm's Federal Employer Identification Number									
Ļ														
D	visio	on 1 2	3	4		5	6		7				8	



46. Gold Star Family Counseling Credit (See instructions NJ-1040) ...

Name(s) and Social Security Number NJ-1040X (2021) Page 2 **Both Columns Must Be Fully Completed** As Originally Reported Amended (See Instructions) 15. Wages, salaries, tips, and other employee compensation 16a. Taxable interest income..... 16a. 16b. Tax-exempt interest income. Do not include on line 16a..... 16b. 17. Dividends..... 17 18. Net profits from business..... 18. 19. Net gains or income from disposition of property 19. 20a. Taxable pension, annuity, and IRA distributions/withdrawals 20a. 20b. Excludable pension, annuity, and IRA distributions/withdrawals 20b. Distributive Share of Partnership Income..... 22. Net pro rata share of S Corporation Income..... 22. 23. Net gains or income from rents, royalties, patents, and copyrights 23. 24. Net gambling winnings 24. 25. Alimony and separate maintenance payments received 25. 26. Other..... 26. 27. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 27 through 26) 28a. Pension/Retirement Exclusion..... 28a. 28b. Other Retirement Income Exclusion..... 28b. 28c. Total Exclusion Amount (Add lines 28a and 28b) 28c. 29. New Jersey Gross Income (Subtract line 28c from line 27)...... 29. 30. Total Exemption Amount (See instructions)..... 30. 31. Medical Expenses (See instructions NJ-1040) 31. 32. Alimony and separate maintenance payments..... 32. Qualified Conservation Contribution..... 33. 33. 34. Health Enterprise Zone Deduction 34. Alternative Business Calculation Adjustment (See instructions 35. NJ-1040)..... 35 Organ/Bone Marrow Donation Deduction (See instr. NJ-1040).... 36. 36. 37. Total Exemptions and Deductions (Add lines 30 through 36)...... 37. 38. Taxable Income (Subtract line 37 from line 29) 38. 39a. Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)... 39a. 39b. Block 39c. County/Municipality Code Check box if you completed Worksheet G. (See instr. NJ-1040) 39d. Indicate your residency status during 2021 (fill in only one oval) > Homeowner **>** Tenant **>** Both 40. Property Tax Deduction (See instructions NJ-1040)..... 41. New Jersey Taxable Income (Subtract line 40 from line 38)...... 41. 42. Tax on amount on line 41 (See instructions) 42. 43. Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instr. NJ-1040)...... 43. 44. Balance of Tax (Subtract line 43 from line 42)..... 44. 45. Sheltered Workshop Tax Credit (See instructions NJ-1040)....... 45.



Name(s) and Social Security Number

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	Both Columns Must Be Fully Completed									
	As Originally Reported Amend				ed (See Instructions)					
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	47.									
48. Total Credits (Add lines 45 through 47)	48.									
49. Balance of tax after credits (subtract line 48 from line 44) If zero or less, make no entry	49.									
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	50.									
51. Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form NJ-2210 is enclosed	51.									
52. Shared Responsibility Payment Check box if Schedule HCC is enclosed	52.									
53. Total Tax Due (Add lines 49 through 52)	53.									
54. Total New Jersey Income Tax Withheld (See instructions for required enclosures)	54.									
55. Property Tax Credit (See instructions NJ-1040)	55.									
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.									
New Jersey Earned Income Tax Credit (See instructions										
58. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	58.									
59. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	59.									
60. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	60.									
61. Wounded Warrior Caregivers Credit (See instructions NJ-1040)	61.									
62. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	62.									
63. Child and Dependent Care Credit (See instructions NJ-1040)	63.									
64. Amount paid with original return, assessments, and/or with request for extension to file	64.									
65. Total payments/credits (Add lines 54 through 64)	65.									
66. Refund previously issued from original return	66.									
67. Net payments (Subtract line 66 from line 65)	67.									
68. If line 67 is less than line 53, you have tax due. Subtract line 67 from	nt you owe	68.								
69. If line 67 is more than line 53, you have an overpayment. Subtract lin	e overpayment	69.								
70. Amount of line 69 to be (A) REFUNDED		70a.								
(B) CREDITED to your 2022 tax	70b.									
Enter name, Social Security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for federal tax purposes.)										
Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change. You must enclose copies of your W-2s, 1099s, and supporting schedules. If amending line 43, complete calculations below and include a copy of the tax return filed with the other state (if one was filed or required to be filed):										
(Income from Other Jurisdictions) X = (New Jersey Tax line 42)										