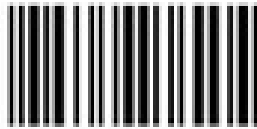


**NJ-1040
2009**



**STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN**

WEB

SR

For Tax Year Jan.-Dec. 31, 2009, Or Other Tax Year Beginning _____, 2009, Month Ending

--	--

, 20____

IMPORTANT! YOU MUST ENTER YOUR SSN (s). Fill in if application for Federal extension is enclosed or enter confirmation # _____

Your Social Security Number <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											Last Name, First Name and Initial (Last first enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)		
Spouse's/CU Partner's Social Security Number <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											Home Address (Number and Street, including apartment number or rural route)		
County/Municipality Code (See Table p. 55) <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					City, Town, Post Office State Zip Code								
NJ RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> To <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
FILING STATUS (Fill in only one) 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married/CU Couple, filing joint return 3 <input type="checkbox"/> Married/CU Partner, filing separate return. Enter Spouse's/ CU Partner's Social Security Number in the boxes above 4 <input type="checkbox"/> Head of household 5 <input type="checkbox"/> Qualifying widow(er)/ Surviving CU Partner	EXEMPTIONS 6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/ CU Partner <input type="checkbox"/> Domestic Partner 7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner 8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner 9. Number of your qualified dependent children 10. Number of other dependents 11. Dependents attending colleges 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)												
13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Fill in oval if dependent does not have health insurance including NJ FamilyCare!										

For Privacy Act Notification, See Instructions

Please visit us for all important information to ensure compliance with NJ tax laws and address.