2013 PTR-1

PO Box 635

Property Tax Reimbursement Application

SCREENING INSTRUCTIONS

ALL PTR APPS MUST BE STAMPED WITH A "POSTMARK" DATE STAMP

1. Check for a label at top of return.
   a. Label: Verify that there is a Social Security Number written at the top left of the form. If yes, go to step "2". If no, check back-up documents to see if social security number is available. If not, send return for **Look-Up.**
   b. **NO LABEL**: Social Security number (9 digits), applicant's name and address **MUST all** be entered. If unable to obtain from attachments or envelope, send return for **Look-Up.**

Verifying income Page 2 Lines 7 & 8.

2. Verify that 2012 income has been reported on Page 2 line **7**
   a. If Lines a. through q. are BLANK enter a "**B**" code in **Box 1.**
   b. If Line 7 is BLANK enter a "**B**" code in **Box 1.**

3. Verify that 2013 income has been reported on Page 2 line **8**
   a. If Lines a. through q. are BLANK enter a "**B**" code in **Box 1.**
   b. If Line 8 is BLANK enter a "**B**" code in **Box 1.**

4. Applicant must submit **proof of payment** of taxes for both 2012 and 2013. Examples of acceptable proof are: a stamped PTR-1A; a PTR-1B (stamped or unstamped); a form or statement from the co-op, continuing care or mobile home management listing amount of taxes/site fees paid; copies of receipts from taxing agency; copies of cancelled checks; copies of property tax bills.

   Box 3
   a. If Proof of Payment **is** submitted for 2012 enter a "**D**" code in **Box 3.**
   b. If Proof of payment **is not** submitted for 2012 enter an "**N**" code in **Box 3.**

   Box 4
   c. If Proof of Payment **is** submitted for 2013, enter a "**D**" code in **Box 4.**
   d. If Proof of payment **is not** submitted for 2013, enter an "**N**" code in **Box 4**.

5. Applicants must submit proof that they are 65 years of age or older on December 31, 2011 or that they are receiving Social Security Disability benefits.

   a. Box 5 – Acceptable Proof of Age 65 or Older

   A photocopy of any identification card or document issued by a Governmental agency (Federal, any State or Municipality, or Foreign) with the applicant's name (first and last) and their **year of birth is 1947 or earlier** is acceptable proof that the applicants was 65 years of age or older on December 31, 2012. For female applicants, a Birth or Baptismal certificate with a different last name (i.e., maiden name) is also acceptable.

   Common examples of documents which could be acceptable include a Driver's License, Birth Certificate, Baptismal Certificate, Marriage License, Passport, and a Permanent Resident or Resident Alien Card.

   Enter one of the following codes in **Box 5**:

D - **there is a document** with the applicant's name **and the year of birth is 1947 or earlier.**

U - there is an identification card or document included with the applicant's name **but the birth year is 1948 or later** or it is **unreadable**.

N - **No documents** with the applicant's name and their year of birth are included.

b. Box 6 – Acceptable Proof of Social Security Disability Benefits

A photocopy of any document from the Social Security Administration (SSA), except a Social Security Card, which shows the applicant's name (first and last) is acceptable proof that they were receiving Social Security benefits. A Medicare Card is also acceptable proof.

Common examples of SSA documents include a Notice of Award, Benefit Statement (Form 1099/1042S), or a copy of a monthly Social Security check.

Enter one of the following codes in **Box 6.**

D - **there is a SSA document** or Medicare Card with the applicant's name.

U - there is a SSA document or Medicare Card but it **does not have** the applicant's name or it is **unreadable**.

N - **No SSA document** is included.

6. **Some** Applicants must submit documents for the requirements for the 2 year move.

Box 7 – Acceptable Proof of 2 Year Move

Enter one of the following codes:

D - Form PTR-1C included

N - Form PTR-1C not included

7. **Line 13,** Page 3. Total of 2013 property tax paid. If blank, go to PTR-1A Part II, enter figure from LINE 8 (bold line box). **If figure is already entered on line 13, but does not agree with worksheet DO NOT CHANGE! Leave figure in Line 13 as it is.**

8. **Line 14,** Page 3. Total of 2012 property tax paid. If blank, go to PTR-1A Part II, enter figure from LINE 8 (bold line box). **If figure is already entered on line 14, but does not agree with worksheet DO NOT CHANGE! Leave figure in Line 14 as it is.**

9. **Line 15,** Page 3. Reimbursement amount. If blank, subtract line 14 from 13. Enter amount on this line. **If figure is already entered on line 15, DO NOT CHANGE! Leave figure in Line 15 as it is.**

Attachment 1 - Screening Instructions

2013 PTR-2

PO Box 635

Property Tax Reimbursement Application

SCREENING INSTRUCTIONS

ALL PTR APPS MUST BE STAMPED WITH A "POSTMARK" DATE STAMP

1. Check for pre-printed address on return.
   a. If pre-printed, verify that the Social Security Number has been entered. If yes, go to step "2". If not, check back-up documents to see if social security number is available. If not, send the return for **Look-Up**.
   b. When not pre-printed, Social Security number (9 digits), applicant's name and address **MUST all** be entered. If unable to obtain from attachments or envelope, send return for **Look-Up**.

Verifying income Line 4

2. Verify that 2013 income has been reported on Page 2 line 4
   a. If Lines a. through q. are BLANK enter a "**B**" code in **Box 1.**
   b. If Line 4 is BLANK enter a "**B**" code in **Box 1.**

3. **Line 9**. Total of 2013 property tax paid. If blank, go to PTR-2A Part II, enter figure from LINE **8** (bold-lined box) here. **If figure is already entered on Line 9, but does not agree with PTR-2A DO NOT CHANGE! Leave figure in Line 9 as it is.**

4. **Box 4.** Applicant must submit proof of payment of taxes for 2013. Examples of acceptable proof are: a stamped PTR-2A; a PTR-2B (stamped or unstamped); a form or statement from the co-op, continuing care or mobile home management listing amount of taxes/site fees paid; copies of receipts from taxing agency; copies of cancelled checks; copies of property tax bills.

   a. If Proof of Payment **is** submitted for 2013, enter a "**D**" code in **Box 4**.
   b. If Proof of payment **is not** submitted for 2013, enter an "**N**" code in **Box 4**.

5. **Line 10**. Pre-printed base year property taxes. A few may have handwritten amounts.

6. **Line 11**. Reimbursement amount. If blank, subtract line 10 from 9. Enter amount on this line. **If figure is already entered, DO NOT CHANGE! Leave figure in Line 11 as it is**

ALL DOCUMENTS MUST BE INITIALED IN THE LOWER RIGHT HAND CORNER AND MUST BE STAMPED WITH A 'POSTMARK' DATE.

NJ 500

(P.O. Box 248)

GIT Employer

Screening Instructions

Card size voucher document must have the following information:

Step	Action
1	Review the withholding period and due dates. Due the 15th of each month with a 5 day grace period.
2	Mail received starting on the 21st are stamp with a Received Date. Note: Date stamp after the 5 day grace period – starting on the 6th day.
3	Confirm check is payable to the order of State of New Jersey Division of Revenue; State of NJ.
4	Must have federal identification number, name and address.
5	Voucher amount and check amount must agree, if not change the amount on the voucher and return.
6	Checks received without a voucher, review Voucher processing.
7	1096s and 1099s received with the return or received separately are sent as a billable Outsort.

NJ 630/630M

(P.O. Box 282)

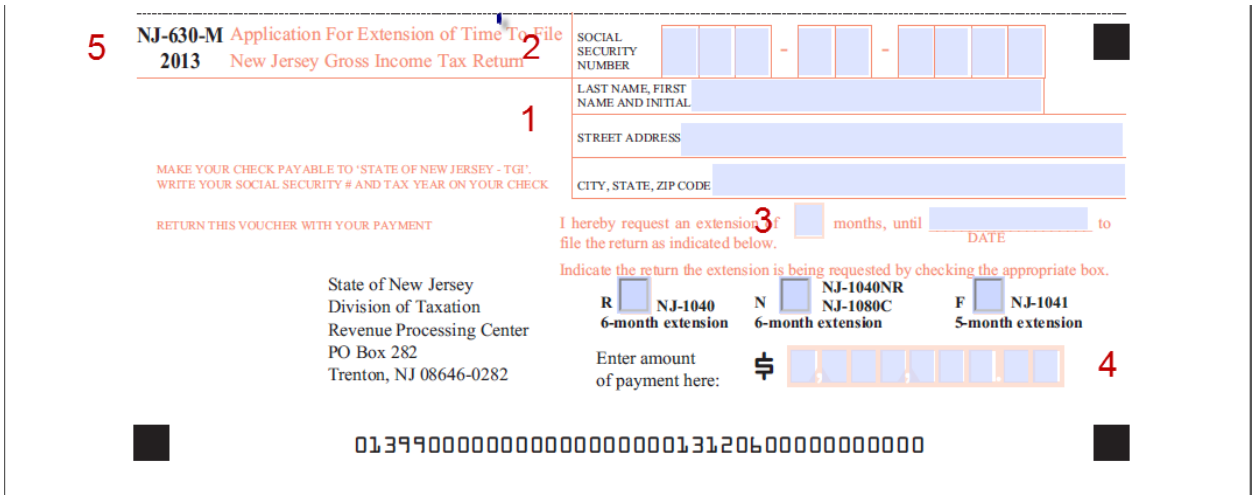
Application for Extension of Time to File
New Jersey Gross Income Tax Return

Screening Instructions

Hand Print and Machine Print

Step	Action
1	Federal Form 4868 can be accepted for NJ purposes, The information should be written up on form NJ-630 M, and once completed; the check and 630-M are sorted for processing.
2	Entire Name and Address **MUST** be completed. • If all information is not filled in, copy information from check, if available. • If no check is attached, send return for **LOOK-UP (TGI)**.
3	Entire nine (9) digit Social Security Number **MUST** be completed. • If not, copy information from check, if available. • If no check is attached, send return for **LOOK-UP (TGI)**.
4	Number of months' requested, **MUST** be entered (6, 12). • 6 month will read October 15, 2014
5	NYC-630/630M received as a standalone form: Confirm a value is entered in the field "I hereby request an extension…" box. If TP leaves this box blank or a value cannot be determined, enter the number "6" in this box. If a check is attached, compare the amount reflected on the check with the amount on the document, if different, change amount on document to match check amount.
6	NYC-630/630M received as an attachment to a primary form: Do not remove the extension from the primary form. Enter the value provided by the TP from the field "I hereby request an extension…" in Box 4 on the primary return division use box. If a value cannot be determined, enter the number "6" in Box 4 on the primary return.

2013 Samples



5 **NJ-630-M** Application For Extension of Time To File
2013 New Jersey Gross Income Tax Return

2 SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND INITIAL

1 STREET ADDRESS

CITY, STATE, ZIP CODE

MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'.
WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK

RETURN THIS VOUCHER WITH YOUR PAYMENT

3 I hereby request an extension of months, until DATE to file the return as indicated below.

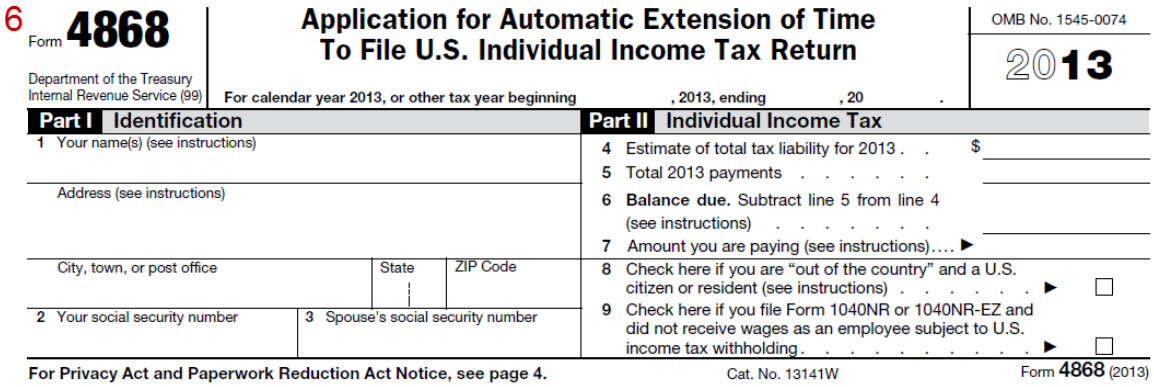
Indicate the return the extension is being requested by checking the appropriate box.

R NJ-1040 6-month extension
N NJ-1040NR NJ-1080C 6-month extension
F NJ-1041 5-month extension

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 282
Trenton, NJ 08646-0282

Enter amount of payment here: $ 4

01399000000000000000001312060000000000



6 Form **4868**

Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2013, or other tax year beginning , 2013, ending , 20 .

OMB No. 1545-0074

2013

Part I Identification

1 Your name(s) (see instructions)

Address (see instructions)

City, town, or post office | State | ZIP Code

2 Your social security number | 3 Spouse's social security number

Part II Individual Income Tax

4 Estimate of total tax liability for 2013 . . $

5 Total 2013 payments . . . . . .

6 **Balance due.** Subtract line 5 from line 4 (see instructions) . . . . . .

7 Amount you are paying (see instructions) . . . . ▶

8 Check here if you are "out of the country" and a U.S. citizen or resident (see instructions) . . . . . ▶ ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding . . . . . ▶ ☐

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 13141W Form **4868** (2013)

NJ 1040

(P.O. Box 111 - Payment
P.O. Box 555 - Refund)
Hand Print
Income Tax Resident Form

Screening Instructions

They should be initialed, prepped and boxed for scanning!!
Do not code until screening is completed for the primary form and attachments!!!

Step	Action
1	**ALL 2014 NJ-1040 RETURNS** (with or without NJ-1040H) **& PRIOR YEARS** **A.** Check for a label at top of the return. If label is attached go to Step B. When there is **NO LABEL** the following **MUST** be entered: 1. Social Security number (9 digits) **MUST** be entered. 2. Name, Street, City and State **MUST** be entered. If all of the above items are not filled in, copy information from W-2 form. **B.** If a check is attached, prepare a **NJ-1040-VM** (see instruction for "Vouchers"). **C. All W-2s MUST be the same year as the 1040.** 1. W-2s TP must match the TPs on the primary return. **D. Line 14** Compare State wages (line 16) and Federal wages (line 1) on each W-2. If the figure reported on Line 14 is greater than total W-2 amount, accept as a "Good Return". **NEVER DECREASE WAGES**. If different, add up state wages from W-2s: 1. If the total wages calculated are within $500 of the amount reported on Line 14, process as received. 2. If the total wages calculated is more than $500 greater than the amount reported on Line 14, line out amount on Line 14, place calculated figures to the left of the line and place **"J" code in box 5**, located at the bottom of **page 1 in the "Division Use" area**. 3. **NEVER DECREASE LINE 14.** Increase wages if the calculated value is more than $500. **E. If there is an amount on Line 46**, confirm that form **NJ-2210** has been enclosed with the NJ-1040. If the form **NJ-2210 has been enclosed**, screen and code appropriately (see screening instruction for NJ-2210). **If not enclosed** zero out **line 46**. **F. Line 48**

<table>
<tr><td></td><td>Verify that all claimed withholdings (found on the W-2's, box 17) are New Jersey withholdings and NOT New Jersey Unemployment withheld (FLI) or withholdings for another state. Add up New Jersey withholdings from all W-2s, W-2Ps and/.or 1099Rs. If the withholding figure does not agree with the amount on Line 48:
1. Re-check addition of New Jersey withholdings;
2. Search return and attachments for any possible missing W-2s, W-2Ps or 1099Rs;
3. If a discrepancy still exists between Line 48 withholdings and the total state tax withheld on W-2s, W-2Ps or 1099Rs, compare total wages reported on Line 14 to that of the total calculated on all W-2s, W-2Ps and 1099Rs:
a. Changes are not required for $10 tolerance.
b. If calculated wages DO NOT AGREE with Line 14 amount, assume that a W-2, W-2Ps or 1099Rs is missing. If the calculated wages from the W-2s are greater than Line 14 amount and total withholdings from the W-2s are less than Line 48 amount, reduce Line 48 to match calculated withholding amount from W-2s, then place an "X" code in box 5, located at the bottom of page 1 in the "Division Use" area.
c. NEVER INCREASE LINE 48. Decrease withholdings if the calculated withholding amount is less than the amount provided by the TP.
4. Handwritten W-2 forms are not accepted if received with a 1040 web return (noted with a "CF" in the barcode). If receive, assume that a W-2 is missing and follow the instructions detailed in 3b above.
5. If the NAME OF STATE block of the W2, W-2P or 1099R is blank and either the employer or the employee address is NOT a New Jersey address, taxes cannot be verified as withheld for New Jersey. Cross out Line 48 and place correct amount withheld to the left of the boxes, and then place an "X" code on line 5, located at the bottom of page 1 in the "Division Use" area.</td></tr>
<tr><td>2</td><td>Codes used in box 5, located at the bottom of page 1 in the "Division Use" area:
<table><tr><th>Line with Error</th><th>Code</th></tr><tr><td>14</td><td>J</td></tr><tr><td>48</td><td>X</td></tr><tr><td>14 and 48</td><td>M</td></tr></table></td></tr>
<tr><td>3</td><td>Excess UI/DI/FLI Withheld:</td></tr>
</table>

<table>
<tr><td></td><td>
a. If Line 52, 53 and/or 54 is greater than zero, confirm that form NJ-2450 has been enclosed with the NJ-1040. If the form NJ-2450 has been submitted accept the amounts(s) entered on Lines 52, 53 and/or 54.
b. Confirm the NJ-2450 is submitted with data/values on the form. Comparing the values on Lines 52, 53 and/or 54 with the values on the NJ-2450 form is not required.
c. A blank form provided by the TP is not considered a valid submitted form.
d. If the form NJ-2450 has not been submitted, zero out Lines 52, 53 and 54 then place an “L” code in box 2, located at the bottom of page 1 in the “Division Use” area.
e. For a combination of the 2210 and a UI/DI/FLI denial (NJ-2450), place a “G” code in box 2, located at the bottom of page 1 in the “Division Use” area.
</td></tr>
<tr><td>4</td><td>
Codes used in box 2, located at the bottom of page 1 in the “Division Use” area:
<table>
<tr><th>Forms with Error</th><th>Code</th></tr>
<tr><td>NJ-2210</td><td>E</td></tr>
<tr><td>NJ-2210 & NJ-2450</td><td>G</td></tr>
<tr><td>NJ-2450</td><td>L</td></tr>
</table>
</td></tr>
<tr><td>5</td><td>
If return contains an Extension, screen and code appropriately according to screening instructions for NJ-630, and Federal Extension IRS form 4868.

Note: Retain extensions with the primary return.
</td></tr>
<tr><td>6</td><td>
DO NOT SCREEN FOR SIGNATURE
Screening initials should be placed in the box that is located at the bottom right hand corner of page 1 for both Machine and Hand Print returns.
</td></tr>
<tr><td>7</td><td>
If the return has been stapled, remove the staples and batch the returns per the Sort Requirements.
</td></tr>
<tr><td>8</td><td>
Return MUST be prepped in the following order:

Page 1
Page 2
Page 3
Page 4 (1040-H, if any)
All other schedules, attachments, etc.
W-2 form

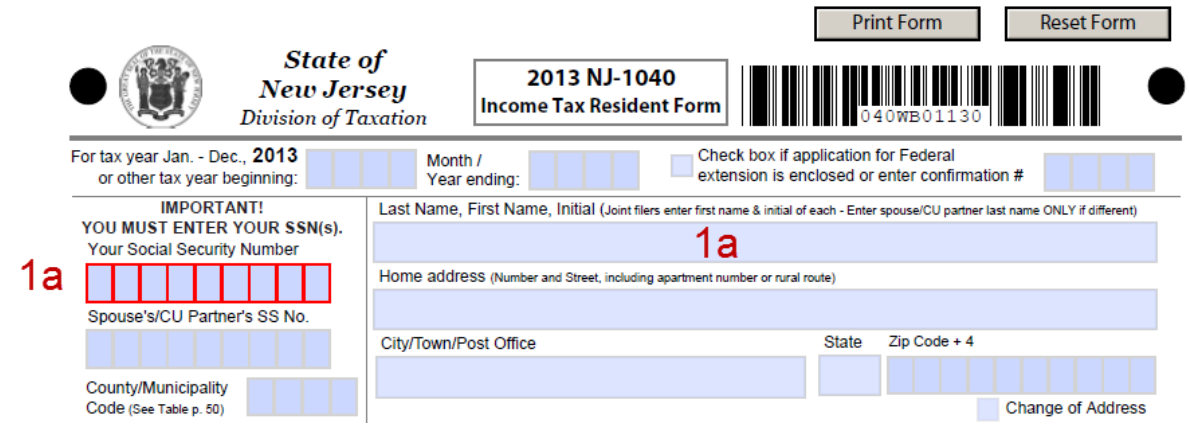
</td></tr>
</table>

	Hand print returns that are going to Scanning must have page 1, 2, 3 and 4. If page 3 and/or 4 is missing, insert copy of missing page before prepping and batch for Control. If page 2 is missing the return is routed to Outsort (TGI).
9	NJ-1040-H with data on the page and received with the NJ-1040, remove the NJ-1040-H and process as a standalone return. Blank NJ-1040-H will remain with the NJ-1040 return. Note: NJ-1040-H is page 4 of the NJ-1040 return.
10	Review Line 66 and prepped separately within each sort: • Line 66 blank/zero balance • Line 66 value
11	2011 and prior NJ-1040 Returns are dated with "Received" in the box that is located at the bottom right hand corner of page 1. Screening and prepping is the same as current year. Process through CONTROL.

ADDITIONAL DIVISION USE CODES

CODE	TYPE	REASON
A	Estimated P&I Code – Box 6	2210 – Line 19 (also $ in Box 7 Est. P&I Amount)
E	Message Code – Box 2	2210 Exception
G	Message Code – Box 2	UI/DI/FLI Denied & 2210
J	W-2 Code – Box 5	Wages Adjusted
L	Message Code – Box 2	UI/DI/FLI Denied
M	W-2 Code – Box 5	Wages & Withholdings Adjusted
X	W-2 Code – Box 5	Withholdings Adjusted

2013 Samples



Print Form Reset Form

State of New Jersey
Division of Taxation

2013 NJ-1040
Income Tax Resident Form

040WB01130

For tax year Jan. - Dec., 2013 or other tax year beginning: Month / Year ending:

Check box if application for Federal extension is enclosed or enter confirmation #

IMPORTANT!
YOU MUST ENTER YOUR SSN(s).
Your Social Security Number

1a

Spouse's/CU Partner's SS No.

County/Municipality Code (See Table p. 50)

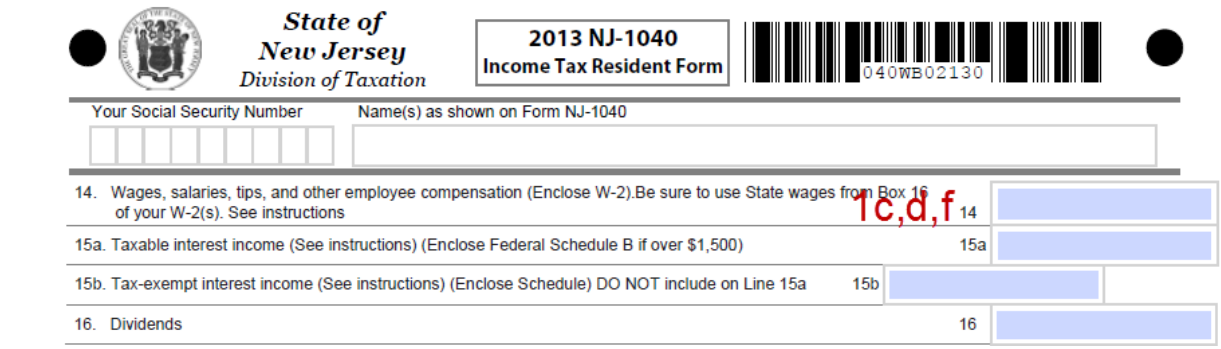
Last Name, First Name, Initial (Joint filers enter first name & initial of each - Enter spouse/CU partner last name ONLY if different)

1a

Home address (Number and Street, including apartment number or rural route)

City/Town/Post Office State Zip Code + 4

Change of Address



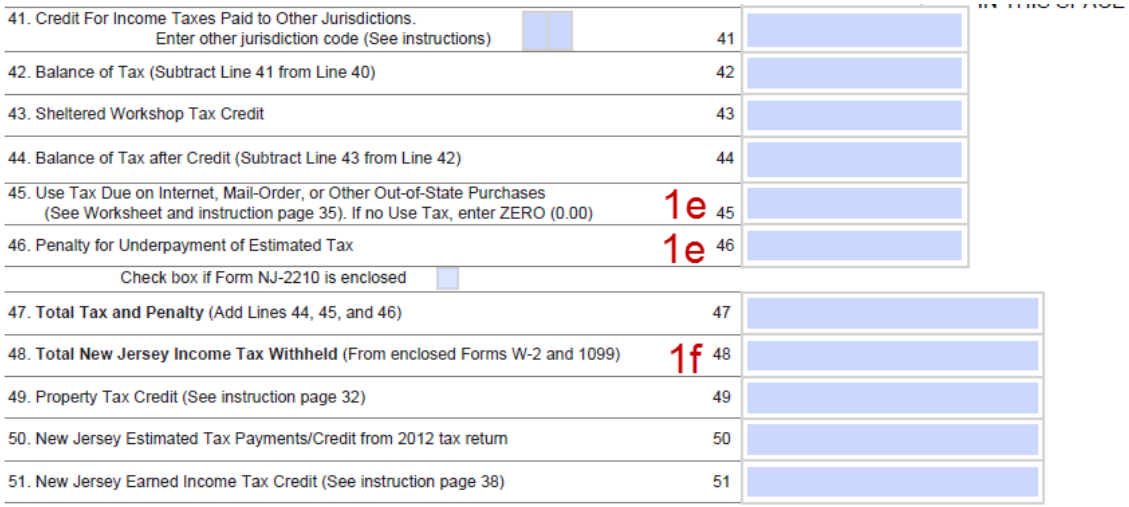
State of New Jersey
Division of Taxation

2013 NJ-1040
Income Tax Resident Form

040WB02130

Your Social Security Number Name(s) as shown on Form NJ-1040

14. Wages, salaries, tips, and other employee compensation (Enclose W-2).Be sure to use State wages from Box 16 of your W-2(s). See instructions	1c,d,f 14	
15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over $1,500)	15a	
15b. Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a	15b	
16. Dividends	16	



41. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions)	41	
42. Balance of Tax (Subtract Line 41 from Line 40)	42	
43. Sheltered Workshop Tax Credit	43	
44. Balance of Tax after Credit (Subtract Line 43 from Line 42)	44	
45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 35). If no Use Tax, enter ZERO (0.00)	1e 45	
46. Penalty for Underpayment of Estimated Tax	1e 46	
Check box if Form NJ-2210 is enclosed		
47. **Total Tax and Penalty** (Add Lines 44, 45, and 46)	47	
48. **Total New Jersey Income Tax Withheld** (From enclosed Forms W-2 and 1099)	1f 48	
49. Property Tax Credit (See instruction page 32)	49	
50. New Jersey Estimated Tax Payments/Credit from 2012 tax return	50	
51. New Jersey Earned Income Tax Credit (See instruction page 38)	51	

52. EXCESS New Jersey UI/WF/SWF Withheld (See instructions page 38) (Enclose Form NJ-2450)	52	
53. EXCESS New Jersey Disability Insurance Withheld (See instructions page 38) (Enclose Form NJ-2450)	53	
54. EXCESS New Jersey Family Leave Insurance Withheld (See instructions page 38) (Enclose Form NJ-2450)	54	
55. **Total Payments/Credits** (Add Lines 48 through 54)	55	
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE	56	

2

Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Date

Check Amount (see Line 56)

Pay amount on Line 56 in full. Write SS number(s) on check or money order and make payable to:
STATE OF NEW JERSEY - TGI
Mail your check or money order with your NJ-1040V payment voucher and your return to:
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111
IF REFUND:
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555
You may also pay by e-check or credit card. See instruction page 11.

☐ I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature

Federal ID Number

Firm's Name

Federal Employer ID No.

NJ 1040 Rev 3 01/2014 Division Use

1 2 3 4 5 6 7

2 1c,d,f,g

Page 1 of 4

NJ 1040

(P.O. Box 111 - Payment
P.O. Box 555 - Refund)
Machine Print
Income Tax Resident Return

Screening Instructions

Machine Print returns **must have pages 1 and 2** in order to be prepped!!
All Returns should be initialed!!

Step	Action
1	Open and extract the contents of the envelope
2	Return **MUST** be prepped in the following order: • Page 1 • Page 2 • Page 3 • Page 4 (NJ-1040-H) • Form 2210 (if any) • Form 2450 (if any) • Form 630 (Extension) • All other schedules, attachments, etc. • 1099 form • W-2 form – Should be prepped at bottom left corner of the return • Patch page
3	All returns (primary page 1) must be initialed on the bottom right corner with your approved initials.
4	Review Line 66 and prepped separately within each sort: • Line 66 blank/zero balance • Line 66 value
5	The 2d barcode on page 1 is required for processing if pages 2 or 3 are missing.
6	Insert the “Developer Prep page 1” if the TP’s page 1 is missing and pages 2 and 3 are available. Insert the “Developer Prep page 2” if the TP’s page 2 is missing and pages 1 and 3 are present. Insert the “Developer Prep page 3” if the TP’s page 3 is missing and pages 1 and 2 are present.

NJ 1040-H

(P.O. Box 555)
Property Tax Credit Application

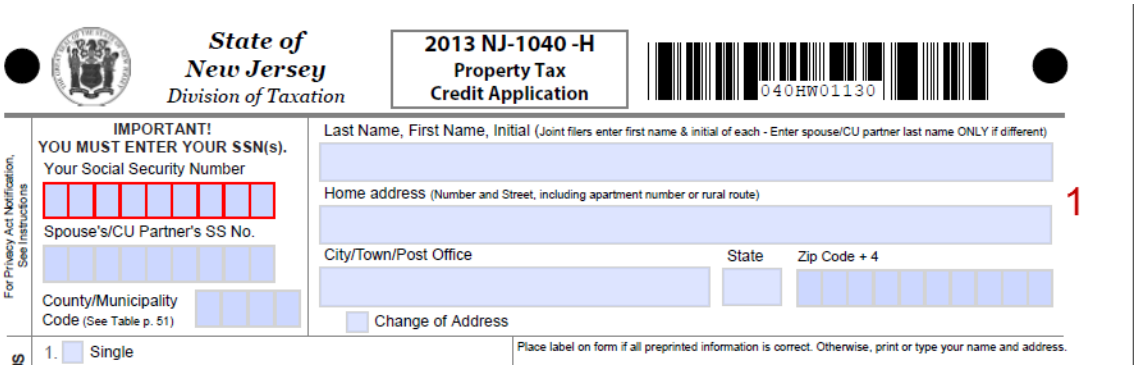
Screening Instructions

Hand Print and Machine Print

Step	Action
1	Check for a label at top of return. If label is attached, go to Step 2. When there is **NO LABEL**, the following **MUST** be entered. a. Social Security number (9 digits), taxpayer's name and address **MUST all** be entered. If unable to obtain from W-2 or envelope, send return for **LOOK-UP (TGI)**.
2	All current and prior year returns are prepped for Control for manual process. • NJ1040-H • All other schedules, attachments, etc. • W-2 forms

DO NOT SCREEN FOR SIGNATURE!! If there is no signature on the return, DO NOT MAKE ANY MARKS ON THE SIGNATURE LINE!!!!!

Samples



State of New Jersey
Division of Taxation

2013 NJ-1040 -H
Property Tax
Credit Application

040HW01130

1

For Privacy Act Notification, See Instructions

IMPORTANT!
YOU MUST ENTER YOUR SSN(s).
Your Social Security Number

Spouse's/CU Partner's SS No.

County/Municipality Code (See Table p. 51)

Last Name, First Name, Initial (Joint filers enter first name & initial of each - Enter spouse/CU partner last name ONLY if different)

Home address (Number and Street, including apartment number or rural route)

1

City/Town/Post Office

State

Zip Code + 4

Change of Address

1. Single

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

NJ 1040NR

(P.O. Box 244)
Non-Resident Returns (5-N)
Income Tax Nonresident Return

Screening Instructions

Hand Print and Machine Print

Do not code until screening is completed for the primary form and attachments!!!

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>All 2014 NJ-1040-NR Returns
Check for a label at top of the return. If label is attached, go to Step 2. When there is NO LABEL, the following MUST be entered.

a. Social Security number (9 digits), MUST be entered.
b. Name, Street, City and State MUST be entered.

Note: If all the above items are not filled in, copy information from W-2 form.</td></tr>
<tr><td>2</td><td>If a check is attached, prepare a NJ-1040-NR VM (See instructions for Vouchers).</td></tr>
<tr><td>3</td><td>If there is an amount on Line 43, confirm that form NJ-2210 has been enclosed with the NJ-1040NR. If form NJ-2210 has been enclosed, screen and code appropriately (see screening instructions for NJ-2210). If not enclosed, zero out Line 43.</td></tr>
<tr><td>4</td><td>Line 45:

a. Verify the amount of withholdings on Line 45 of the return with the amount of New Jersey withholdings reflected on the W-2, W-2P or 1099$ forms(s).
b. All W-2’s MUST be the same year as the 1040. W-2’s must match figure on Line 45.
c. W-2s TP must match the TPs on the primary return.
d. If total withholdings from the W-2’s are less than the Line 45 amount, reduce Line 45 to match calculated withholding amount from W-2s. Code X on Line 5 at bottom of page 2 of the return.
e. NEVER INCREASE LINE 45. Decrease withholdings if the calculated withholding amount is less than the amount provided by TP.</td></tr>
<tr><td>5</td><td>Codes used in box 5, located at the bottom of page 1 in the “Division Use” area:

<table><tr><th>Line with Error</th><th>Code</th></tr><tr><td>45</td><td>X</td></tr></table></td></tr>
<tr><td>6</td><td>Excess UI/DI/FLI Withheld:</td></tr>
</table>

<table>
<tr><td></td><td>a. If Line 48, 49 and/or Line 50 is greater than zero, confirm that form NJ-2450 has been enclosed with the NJ-1040NR. If the form NJ-2450 has been submitted, accept the amount(s) entered on Line 48, 49 and/or 50.
b. If the form NJ-2450 has not been submitted, zero out Lines 48, 49 and 50 then place an L code on Line 2 in the Division Use are of the return.
c. Place a G code on line 2 for a combination of the 2210 and a UI/DI/FLI denial.</td></tr>
<tr><td>7</td><td>Codes used in box 2, located at the bottom of page 1 in the “Division Use” area:

<table><tr><th>Forms with Error</th><th>Code</th></tr><tr><td>NJ-2210</td><td>A or E</td></tr><tr><td>NJ-2210 & NJ-2450</td><td>G</td></tr><tr><td>NJ-2450</td><td>L</td></tr></table></td></tr>
<tr><td>8</td><td>If return contains an Extension, screen and code appropriately (see screening instructions for NJ-630).

Note: Retain extensions with the primary return.</td></tr>
<tr><td>9</td><td>For Machine print returns, if page 2 is missing, insert copy of “Developer Prep Page 2” if the 2d barcode is included on page 1.</td></tr>
</table>

DO NOT SCREEN FOR SIGNATURE!! If there is no signature on the return, DO NOT MAKE ANY MARKS ON THE SIGNATURE LINE!!!!!

2013 Samples

NJ-1040NR
2013

040NW01130

5-N

STATE OF NEW JERSEY

INCOME TAX - NONRESIDENT RETURN

For Taxable Year January 1, 2013 - December 31, 2013

Or Other Taxable Year Beginning _____, 2013

Ending _____, 20____

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

SEE INSTRUCTIONS

Your Social Security Number — 1

Spouse's/CU Partner's Social Security Number

You **must** enter your SSN(s) above

State of Residency (outside NJ)

Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different) — 1

Home Address (Number and Street, incl. apt. # or rural route) — Change of Address ☐

City, Town, Post Office | State | Zip Code

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

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 _____ (MONTH DAY YEAR) To _____ (MONTH DAY YEAR)

39.	Income Percentage B. (Line 29) / A. (Line 29) = _____ %			
40.	NEW JERSEY TAX (Multiply amount from Line 38 _____ x _____ % from Line 39		40	
41.	Sheltered Workshop Tax Credit (Enclose Form GIT-317. See Instruction page 27)		41	
42.	Balance of Tax After Credit (Subtract Line 41 from Line 40)		42	
43.	Penalty for Underpayment of Estimated Tax. Check box ☐ if Form NJ-2210 is enclosed. — 3		43	
44.	Total Tax and Penalty (Add Line 42 and Line 43)		44	
45.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) — 4	45		
46.	New Jersey Estimated Tax Payments/Credit from 2012 tax return	46		
47.	Tax paid on your behalf by Partnership(s)	47		
48.	EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450. See Instr.) — 5	48		
49.	EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450. See Instr.)	49		
50.	EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450. See Instr.)	50		
51.	Total Payments/Credits (Add Lines 45 through 50) ENTER TOTAL →		51	
52.	If Line 51 is LESS THAN Line 44, enter AMOUNT YOU OWE (Enter check amount on Page 1) — 6		52	
53.	If Line 51 is MORE THAN Line 44, enter OVERPAYMENT		53	

← Also enter on Line 46:
- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

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 _____ Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 9) ☐

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ☐

Paid Preparer's Signature _____ Federal Identification Number _____

Firm's name _____ Federal Employer Identification Number _____

Pay amount on Line 52 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.

Division Use 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____

5 4

NJ 1040X

(P.O. Box 111 - Payment
P.O. Box 555 - Refund)
Amended Returns (7-X)
Amended Income Tax Resident Return

Screening Instructions

Hand Print Returns
ALL AMENDED RETURNS MUST BE DATE STAMPED WITH A RECEIVED DATE
Do not code until screening is completed for the primary form and attachments!!!

Step	Action
1	**Social Security Number:** Verify or enter Social Security number from W-2 when handwritten. If Social Security number cannot be determined, send return for **LOOK-UP (TGI)**.
2	If name and/or address is blank, enter from W-2. If it cannot be determined, send return for **LOOK-UP (TGI)**.
3	**If Return is being Amended to change Wages**, verify the amount of Wages in the **Amended** column, **Line 14** of the return with the amount of **New Jersey** wages reflected on the W-2 or withholding forms. If the figure reported on Line 14 is greater than the total W-2 amount accept as a **good return. Never Decrease Wages.** a. If the total wages calculated are within $500 of the amount reported on Line 14, process as received. b. **Never Decrease Line 14.** Increase wages if the calculated value is more than $500. **Note: If you make any changes to Line 14, you must put a J code in division use Box 5 at bottom of the return on page 1.**
4	**If Return is being Amended to Change Withholdings,** verify the amount of withholdings in the **Amended** column, **Line 47** of the return with the amount of **New Jersey** withholdings reflected on the W-2 forms. If the total withholdings from the W-2's are less than **Line 47** reduce **Line 47** to match calculated withholdings. **a. Never increase withholdings.** Decrease withholding if the calculated withholding amount is less than the amount provided by the TP. **Note: If you make any changes to Line 47, you must put an X code in division use Box 5 at the bottom of page 1.**

<table>
<tr><td></td><td>Note: If you make changes to both Lines 14 and 47, put an M code in division use Box 5 at the bottom of page 1.</td></tr>
<tr><td>5</td><td>Codes used in box 5, located at the bottom of page 1 in the “Division Use” area:

<table><tr><th>Line with Error</th><th>Code</th></tr><tr><td>14</td><td>J</td></tr><tr><td>47</td><td>X</td></tr><tr><td>14 and 47</td><td>M</td></tr></table></td></tr>
<tr><td>~~6~~</td><td>~~If a check is attached, compare the amount reflected on the check with the amount on Line 58 Amount of Tax You Owe. If amounts are different, cross out figure on Line 58 and place the check amount to the left of the line.~~</td></tr>
<tr><td>7</td><td>If return contains an Extension NJ-630 or NJ-220, screen and code appropriately.

Note: See screening instruction for NJ-630 and NJ-2210.</td></tr>
<tr><td>8</td><td>Do not Screen for Signature!!! If there is no signature on the return.</td></tr>
<tr><td>9</td><td>Amended returns are sent to Control. Returns with missing page 2 are sent to Outsort (TGI).</td></tr>
<tr><td>10</td><td>Date stamp with a received date in the lower right hand corner of the primary return.</td></tr>
</table>

2013 Samples

NJ-1040X
2013

STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN

7x

For Tax Year Jan.- Dec. 31, 2013, Or Other Tax Year Beginning _____, 2013, Ending _____, 20____

You must enter your social security number below

Your Social Security Number	Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)
1	2
Spouse's/CU Partner's Social Security Number	Home address (Number and Street, incl. apt. # or rural route) Change of Address ☐
County/Municipality Code	City, Town, Post Office State Zip Code

STATUS

Name(s) and Social Security Number

NJ-1040X (2013) Page 2

		BOTH COLUMNS MUST BE FULLY COMPLETED		
		As Originally Reported	Amended (See Instructions)	
14. Wages, salaries, tips, and other employee compensation	14.		3	
15a. Taxable Interest Income	15a.			
15b. Tax-exempt interest income. DO NOT include on Line 15a	15b.			
16. Dividends	16.			
47. **Total New Jersey Income Tax Withheld**	47.		4	
48. Property Tax Credit (See instructions NJ-1040)	48.			
49. New Jersey Estimated Tax Payments/Credit from 2012 tax return	49.			
50. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	50.			
51. EXCESS New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	51.			
52. EXCESS New Jersey Disability Insurance Withheld (See instructions NJ-1040)	52.			
53. EXCESS New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	53.			
54. Amount Paid with original return, assessments, and/or with request for extension to file	54.			
55. Total payments (Add Lines 47 through 54)	55.			
56. Refund previously issued from Original Return	56.			
57. Net Payments (Subtract Line 56 from Line 55)	57.			
58. If payments (Line 57) are LESS THAN tax (Line 46) **enter AMOUNT OF TAX YOU OWE**. *(Remember to enter the Check Amount on Page 1)*	58.		5	
59. If payments (Line 57) are MORE THAN tax (Line 46) **enter OVERPAYMENT**	59.			

SIGN HERE

Under the 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

Spouse's/CU Partner's signature (If filing jointly, BOTH must sign.)

If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040)

Check Amount (see line 58) . . . . . , , .

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature | Federal Identification Number

Firm's Name | Federal Employer Identification Number

Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

Pay amount on Line 58 in full. Write social security number(s) on check or money order and make payable to:
STATE OF NEW JERSEY-TGI

Mail your return to:
Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

If REFUND:
Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

You may also pay by e-check or credit card.

3,4

NJ 1041

(P.O. Box 888)
Fiduciary Returns (5-F)
Gross Income Tax Fiduciary Return

Screening Instructions

Hand Print and Machine Print

Step	Action
1	**Federal Employer Identification Number** Verify that 9-digits are entered. If incomplete or no Federal Employer Identification number appears, check back-up documents to see if number is available. If Federal Identification Number cannot be determined, send return for **LOOK-UP (TGI)**.
2	If name and/or address are blank, check back-up documents to see if it is available. If it cannot be determined, send return for **LOOK-UP (TGI)**. Note: Name fields are "Name of Estate or Trust" and "Name of Title of Fiduciary" are both blank.
3	If a check is attached, prepare a **NJ-1041-VM** (see instruction for "Vouchers").
4	If return contains an Extension **NJ-630 and/or a 2210,** screen and code appropriately (see screening instructions for **NJ-2210 and NJ-630**)**.** If there is an NJ-630 attached, always code a 5 in box 4 in the division use box (page 2) on the Fiduciary Return. Note: NJ-630 extension document is retained with the primary return. .
5	Multiples with 1 check and a list of taxpayers (No Vouchers) generate the vouchers according to the "Voucher" instructions.
6	Pages 1 and 2 are required for processing. Filler pages are provided if page 1 is missing.
7	If TP writes "Amended" on the return, change the 5-F value to 7-F in the upper left hand corner of the page.
8	Returns are separated per the Sorting requirements.

DO NOT SCREEN FOR SIGNATURE!! If there is no signature on the return, DO NOT MAKE ANY MARKS ON THE SIGNATURE LINE!!!!!

2013 Samples

NJ-1041
2013

040FW01130

State of New Jersey
GROSS INCOME TAX
FIDUCIARY RETURN
For Taxable Year January 1, 2013 - December 31, 2013
Or Other Taxable Year Beginning _____, 2013,
Ending _____, 20____

5-F Check this box ☐ if application for Federal extension is enclosed or enter confirmation number _____

Federal Employer Identification Number 1 **You must enter your FEIN above** *For Privacy Act Notification, see instructions*	Name of Estate or Trust Name and Title of Fiduciary 2 Address of Fiduciary (Number and Street or Rural Route) Change of Address ☐ City, Town, Post Office / State / Zip Code
Check Amount (See Line 35) ☐☐☐,☐☐☐,☐☐☐.☐☐	

NJ 1041-SB

(P.O. Box 648)

Fiduciary Return Electing Small Business

Screening Instructions

Hand Print and Machine Print

Step	Action
1	**Federal Employer Identification Number** Verify that 9-digits are entered. If incomplete or no Federal Employer Identification number appears, check back-up documents to see if number is available. If Federal Identification Number cannot be determined, send return for **LOOK-UP (TGI)**.
2	If name and/or address are blank, check back-up documents to see if it is available. If it cannot be determined, send return for **LOOK-UP (TGI)**. Note: Name fields are "Name of Estate or Trust" and "Name of Title of Fiduciary" are both blank.
3	If a check is attached, prepare a **NJ-1041-VM** (see instruction for "Vouchers").
4	If return contains an Extension **NJ-630 and/or a 2210,** screen and code appropriately (see screening instructions for **NJ-2210 and NJ-630**)**.** If there is an NJ-630 attached, always code a 5 in box 4 in the division use box (page 2) on the Fiduciary Return. Note: NJ-630 extension document is retained with the primary return. .
5	Multiples with 1 check and a list of taxpayers (No Vouchers) generate the vouchers according to the "Voucher" instructions.
6	Pages 1 and 2 are required for processing.
7	If TP writes "Amended" on the return, change the 5-F value to 7-F in the upper left hand corner of the page.
8	Returns are sent to Control.

DO NOT SCREEN FOR SIGNATURE!! If there is no signature on the return, DO NOT MAKE ANY MARKS ON THE SIGNATURE LINE!!!!!

NJ 1065

(P.O. Box 194 - Return
P.O. Box 642 - Payment)
Partnership Return

Screening Instructions

All documents are sent to CONTROL

Step	Action
1	Screen return for current year. Return must include Name, Address and Federal ID number. If missing, set aside for **Lookup (CORP).** Note: Name may be listed on the Part 100 form.
2	Check if return has a directory or a computerized directory form. This should be page 2. If there is a computerized directory, place that behind the blank directory. If the blank directory is missing, place the computerized directory behind page 1.
3	If return has NJ K1's place behind directory or computerized directory form.
4	Date stamp (postmark) in the middle of return, away from all number columns. Initial return at bottom right corner and process.
5	Tax Year 2014 dates on a 2007/8/9/10/11/12/13 return – accept as current year return.
6	Keep prior years separate .
7	3 Sorts: • 2014 • 2013 – 2007 • 2006 and prior years
8	If check comes in without a return and states that it is for as estimated payment write up the payment on a PART-ES Voucher for the upcoming year.
9	If check comes in without return and states it is for an estimated payment write up on a PART ES voucher for upcoming year.

Any partnership return that is received with a PART-100, the PART-100 needs to be separated and processed separately. If the PART-100 is blank do not remove from the partnership return.

If there's a money amount on Line 12 (Total Balance Due) and no check, write "NC" to the left of the money boxes. Separate money and no money. Generate a PART-100-V for checks received without a PART-100.

Money for current or prior years with a PART-100 needs to be written up on a PART-100V voucher.

Thick Return: Separate and staple 1st page and directory for the rest of the return. Staple remaining pages and rubber band entire return.

Keep all forms separate from Money return – No Money – Voucher.

NJ 1080-C

(P.O. Box 188)
Income Tax Non-Resident
Composite Return

Screening Instructions

Step	Action
1	Check for "Number of Individuals participating" in this return. If there are more than 25 participants you must have a tape or disk included with return.
2	If there are more than 25 participants and no tape or disk. Send entire return with envelope attached back to Revenue to Outsort (TGI).
3	For proof of receiving a tape or disk with return. Write the word Tape or Disk at the top of the return and send return to Control for processing and send only the tape or disk to Outsort (TGI).
4	Check for pre-printed FID #, name and address, has been entered on the return. If not, check back-up documents to see if FID, name and address is available and enter it on the return. Note: Name fields are "Legal Name" and "Trade Name" are both blank.
5	If there are less than 25 participants the return is good and can be sent to Control for processing.
6	If you receive a check with a return. Write the payment up on a NJTGI-6N voucher and send the payment to Dreams Scanning for processing and send the return to Control for processing.
7	All returns must be date stamped and stapled in the top left hand corner and initialed in the lower right hand corner.
8	If the form **NJ-2210 has been enclosed**, screen and code appropriately (see screening instruction for NJ-2210).
9	**If return contains an Extension**, screen and code appropriately according to screening instructions for **NJ-630**, and Federal Extension IRS form 4868. Note: Retain extensions with the primary return.

NJ 2210

(P.O. Box 111 - Payment
P.O. Box 555 - Refund)
Underpayment of Estimated Tax By Individuals, Estates or Trusts

Screening Instructions

If form NJ-2210 is attached to an NJ-1040(HP) return:

Do not code until screening is completed for the primary form and attachments!!!

Step	Action
1	Accept the form as is. Make no changes to Form NJ-2210 itself.
2	If there are **ANY** entries on Line 14, 15, 16, 17 or 19 of the NJ-2210, place an E code in Box 2 at the bottom of the NJ-1040. **DO NOT E** code if the only number in Lines 14 through 18 is in the box directly to the left of the box numbered 15. i.e. If Line 15 (left) has a value and Lines 14 through Lines 18 are blank. **Note: Place a G code in Box 2 for a combination of the 2210 and a UI/DI Denial.**
3	The dollar amount in Box 19 of the NJ-2210 must be brought forward to the bottom of the NJ-1040 or NJ-1040NR form in the division use box. **Place an A code in Box 6** at the bottom of the primary return in the division use box and enter the **dollar amount from Box 19 of NJ-2210 on the primary form in the division use Box 7**.
4	If Box 19 is blank but there are amounts in Lines 14 through 18, place an **A** code in Box 6 at the bottom of the return with a zero (0) in Box 7.
5	If the NJ-2210 is completed blank from **block 5 through 19** no codes are necessary. Leave box 7 blank in the division use box.
6	The division use boxes are located on the 2nd page of the primary return. Confirm all codes prior to entering the values in the division use box.
7	NJ-2210 received as a standalone form or without the primary form is sent to Outsort (TGI).

2013 Samples

PART II EXCEPTIONS

(See instructions, complete worksheets for exceptions 2, 3 and 4 and enclose computations for each exception claimed.)
If you meet exception 1 at line 15 do not file this form.
These amounts will be automatically verified by the Division of Taxation.

14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2013.) (See instructions) 2	14.	APRIL 15, 2013	JUNE 15, 2013	SEPT 15, 2013	JAN 15, 2014
15. Exception 1 - Enter 2012 tax (Line 44) $	15.	25% of 2012 Tax	50% of 2012 Tax	75% of 2012 Tax	100% of 2012 Tax
16. Exception 2 - Tax on 2012 gross income using 2013 exemptions and tax rates	16.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 - Tax on annualized 2013 income	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 - Tax on 2013 income over 3, 5 and 8-month periods	18.	90% of Tax	90% of Tax	90% of Tax	

IF THE AMOUNT OF ANY EXCEPTION IS EQUAL TO OR LESS THAN THE CORRESPONDING AMOUNT AT LINE 14 INTEREST WILL **NOT** BE CHARGED FOR THAT PERIOD.

19. TOTAL INTEREST (Include this amount on Line 46, Form NJ-1040). $ 3

Firm's Name 2

Federal Employer ID No. 3,4

PO Box 555
Trenton, NJ 08647-0555
You may also pay by e-check or credit card. See instruction page 11.

NJ 1040 Rev 3 01/2014 Division Use 1 2 3 4 5 6 7

Page 1of 4

		PAYMENT DUE DATES			
		(A) APRIL 15, 2013	(B) JUNE 15, 2013	(C) SEPT 15, 2013	(D) JAN 15, 2014
5. Use the lesser amount on either line 4a or 4b and divide by four. Enter the result in each column	5.				
6. Estimated tax paid and tax withheld per period (see instr.) If each column on Line 6 is greater than the corresponding column on Line 5, do not complete the rest of this form	6.				
7. Enter the overpayment (Line 13) from the previous column (Complete Lines 7 through 13 for one column before completing the next column.)	7.				
8. Add Line 6 and Line 7	8.				
9. Enter the total underpayment (Line 11 plus Line 12) from the previous column	9.				
10. Enter Line 8 minus Line 9. If zero or less, enter zero	10.				
11. Remaining underpayment from previous period. If Line 10 is zero enter Line 9 minus Line 8 otherwise enter zero	11.				
12. UNDERPAYMENT (If Line 5 is greater than Line 10, enter Line 5 minus Line 10)	12.				
13. OVERPAYMENT (If Line 10 is greater than Line 5, enter Line 10 minus Line 5)	13.				

PART II EXCEPTIONS

(See instructions, complete worksheets for exceptions 2, 3 and 4 and enclose computations for each exception claimed.)

If you meet exception 1 at line 15 do not file this form.

These amounts will be automatically verified by the Division of Taxation.

		APRIL 15, 2013	JUNE 15, 2013	SEPT 15, 2013	JAN 15, 2014
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2013.) (See instructions)	14.				
15. Exception 1 - Enter 2012 tax (Line 44) $	15.	25% of 2012 Tax	50% of 2012 Tax	75% of 2012 Tax	100% of 2012 Tax
16. Exception 2 - Tax on 2012 gross income using 2013 exemptions and tax rates	16.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 - Tax on annualized 2013 income	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 - Tax on 2013 income over 3, 5 and 8-month periods	18.	90% of Tax	90% of Tax	90% of Tax	

IF THE AMOUNT OF ANY EXCEPTION IS EQUAL TO OR LESS THAN THE CORRESPONDING AMOUNT AT LINE 14 INTEREST WILL **NOT** BE CHARGED FOR THAT PERIOD.

19. TOTAL INTEREST (Include this amount on Line 46, Form NJ-1040). $

Cape May

(P.O. Box 192)

Screening Instructions

Step	Action
1	All documents must be date stamped received on the front.
2	Must have name, address and federal identification number.
3	Document $ amount (Line 20) and check $ amount must agree. If return is different than check put a line through the amount and to the left of that figure write the amount that matches the check.
4	Initial the return in the lower right hand corner.
5	If the return has a $ amount but there is no check put a line through the amount and to the left of that figure write”0”.
6	When there are multiple returns and a check or multiple checks and a return run a check tape and staple the check tape to the check, then paper clip the check and tape to the return.
7	If there is no tax period on the return date stamp the front of the return with received and attach the envelope to the back of the return.

CBT 100/100S

(P.O. Box 666 and 644)
Instructions for Developer Forms
Corporation Business Tax Return

Screening Instructions

Machine Print

ALL CORP MUST BE STAMPED WITH A "**POSTMARK**" DATE STAMP

Step	Action
1	CBT 100 and CBT 100S Developer returns have a total of two bar-coded pages. They are prepped and batched separately for scanning.
2	Check return for correct return year and form type (C corp and S corp), company name and federal identification number. If any of these are incorrect or missing, put aside for **LOOK-UP (CORP).**
3	Stamp return in middle with a "Postmark" date stamp. Place initials in this area as well. Note: Do not stamp near barcode.
4	Look for checks and/or vouchers for payments of a corporation tax. If there is a check without a pre-printed voucher, a CBTVM should be completed so the payment can be processed. The money amount on the voucher must match the amount on the check. If not, line out voucher and write correct amount. Note: CBTVM (CBT Voucher) Note: Do not circle "NP" at the top of the return; this is no longer required.
5	A "Good" return will have the two bar-coded pages and can be prepped and sent to the scanners. Beginning pages must be in order 1 – 3, and 4, 5 and 6 if included with the return. All other pages are considered attachments and have no specific sequence. i.e. Statements, additional attachments, copy of federal return. If page one is missing, but 2-3 are present, complete prep page one with required four lines of information.
6	Insert the "Developer Prep page 1" if the TP's page 1 is missing and pages 2 and 3 are available. Insert the "Developer Prep page 2" if the TP's page 2 is missing and pages 1 and 3 are present. Note: Only one "Developer Prep Page" is inserted for a return with one missing page, if multiple pages are missing, the return is Outsort (CORP).

7	Complete Developer Prep page 1 as detailed below: • Name Control is the first four letter/characters of the corporation name. ○ i.e. “The ABC Company” “THEA”. Located on page 2 of the primary return. If information is blank leave blank on the Developer’s Prep page 1: • Column 1 FID Number • Column 1 CBT • Column 1 VC
8	Remove staples, paper clips, and sticky tabs. Place a green patch page on bottom of all pages. Batch in groups of 25.
9	If page 2 is missing and at least one other page is missing, the return should be sent to **LOOK-UP (CORP).**
10	Remove from the return and process separately if the CBT-150 is received with a check.

CBT 100/100S

(P.O. Box 666; 644)

Corporation Business Tax Return

Screening Instructions for Web Forms

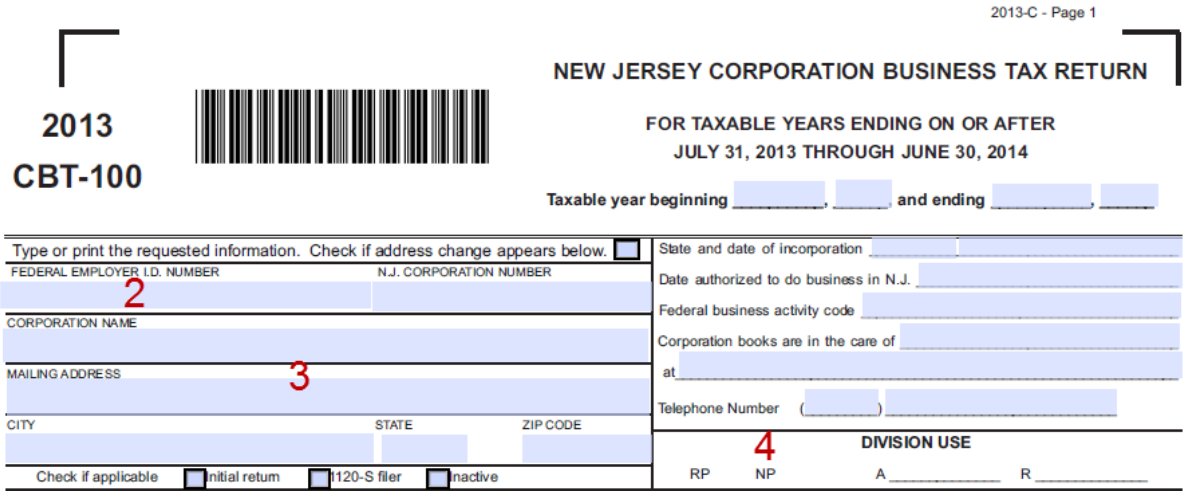
Hand Print

Step	Action
1	Extract return from envelope, date stamp above line 12 and away from money lines with "Postmarked Date". Note: Ending date is verified to determine current year or prior year return.
2	Federal ID number must have 9 digits. If return does not have a Federal ID number, set aside for **LOOK-UP (CORP).**
3	Return must contain Corporation's complete name and address. • If all information is not filled in, copy from check or possibly federal return attached. If unable to find information, set aside for **LOOK-UP.**
4	Code return as follows: • If line 1 and 3 agree, enter a "4-" in the area marked "Division Use" at the bottom of the return. OR • If line 1 and 3 do not agree, enter a "5-" in the area marked "Division Use" at the bottom of the return. OR • If there is a figure on line 2 other than "1" enter a "5-" in the area marked "Division use" at the bottom of the return. Flip through the return to page 8 and find Schedule E. Find the answer to question 2 and determine: • If answer is "No" code the return with a zero ("0-") in the area marked "Division Use" at the bottom of the return next to the 4 or 5 code. • If answer is "Yes" code the return with a one ("1-"). • If the question is not answered or if there is no Schedule E, treat it as if the answer was "No" and code with a zero ("0-").
5	Check the return for the form CBT 160. If there is a CBT 160 and there is a figure in line 12 (any box), write code E in the "Division Use" box at the bottom of the return after your 4 or 5 and 0 or 1 codes.
6	**Go to Line 22/15 Total Balance Due** The amount on this line must agree with the amount of the taxpayer's check. If a voucher is submitted with the return, verify that taxpayer and check information matches. If no voucher is found, write up on a CBT100V.

	• If money amount does not agree, put a line through the amount on line 22/15 and change it to agree with the amount written on the check. • If there is a balance due but no check is evident, page through the rest of the return to verify no check is enclosed. Also, re-check the envelope. If a check is still not located, write **"NC"** (No Check) to the left of the money line.
7	Place your initials at the bottom right corner of return.
8	Returns with missing pages are sent to Outsort (CORP).

2013 Samples

CBT-100



2013-C - Page 1

NEW JERSEY CORPORATION BUSINESS TAX RETURN

2013
CBT-100

FOR TAXABLE YEARS ENDING ON OR AFTER
JULY 31, 2013 THROUGH JUNE 30, 2014

Taxable year beginning _____, _____ and ending _____, _____

Type or print the requested information. Check if address change appears below. ☐

FEDERAL EMPLOYER I.D. NUMBER 2 | N.J. CORPORATION NUMBER

CORPORATION NAME

MAILING ADDRESS 3

CITY | STATE | ZIP CODE

Check if applicable ☐ Initial return ☐ 1120-S filer ☐ Inactive

State and date of incorporation

Date authorized to do business in N.J.

Federal business activity code

Corporation books are in the care of

at

Telephone Number (_____) _____

4 **DIVISION USE**

RP NP A _____ R _____

1.	Entire net income from Schedule A, line 38 (if a net loss, enter zero) 5	1.
2.	Allocation factor from Schedule J, Non-allocating taxpayers enter 1.000000.	2.
3.	Allocated net income - Multiply line 1 by line 2. Non-allocating taxpayers must enter the amount from line 1	3.
4.	a) Total nonoperational income $_____ (Schedule O, Part I) (see instruction 38)	
	b) Allocated New Jersey nonoperational income (Schedule O, Part III)	4(b).
5.	Total operational and nonoperational income (line 3 plus line 4(b))	5.
6.	Investment Company - Enter 40% of line 1	6.
7.	Real Estate Investment Trust - Enter 4% of line 1	7.
8.	Tax Base - Enter amount from line 5 or line 6 plus 4(b), or line 7 plus 4(b), whichever is applicable	8.
9.	Amount of Tax - Multiply line 8 by the applicable tax rate (see instruction 11(a))	9.
10.	Tax Credits (from Schedule A-3) (see instruction 44)	10.
11.	TOTAL CBT TAX LIABILITY - line 9 minus line 10	11.
12.	Alternative Minimum Assessment (Schedule AM, Part VI, line 5) ☐ Check and enter zero if AMA paid by a Key Corporation (see instruction 23)	12.
13.	Tax Due (greater of line 11 or 12 or minimum tax due from Schedule A-GR or instruction 11(d))	13.
14.	Key Corporation AMA Payment (Form 401, Part II, line 5)	14.
15.	Subtotal - (Sum of lines 13 and 14)	15.
16.	Installment Payment - (Only applies if line 13 is $500 - see instruction 45)	16.
17.	Professional Corporation Fees (Schedule PC, line 5)	17.
18.	TOTAL TAX AND PROFESSIONAL CORPORATION FEES (sum of lines 15, 16, and 17)	18.
19.	Payments & Credits (see instruction 46)	19.
	a) Payments made by Partnerships on behalf of taxpayer (attach copies of all NJK-1's)	19(a).
20.	Balance of Tax Due - line 18 minus line 19 and 19(a) 7,8	20.
21.	Penalty and Interest Due - (see instructions 7(e) and 47)	21.
22.	Total Balance Due - line 20 plus line 21	22.
23.	If line 19 plus 19(a) is greater than line 18 plus line 21, enter the amount of overpayment $	DIVISION USE 5,6
24.	Amount of Item 23 to be: Credited to 2014 return $ ____ Refunded $ ____	9

SCHEDULE E **GENERAL INFORMATION (See Instruction 26)**
ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.

1. Type of business _____
   Principal products handled _____
   Internal Revenue Center where corresponding Federal tax return was filed _____

5

2. FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 15)
   Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey?
   "Yes" or "No" _____. **If "Yes", an amended return must be filed.**

3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?
   "Yes" or "No" _____. If "Yes", give full information below (Attach rider if necessary).

CBT-100S

2013 - S - Page 1

2013

CBT-100S

NEW JERSEY CORPORATION BUSINESS TAX RETURN

FOR TAXABLE YEARS ENDING ON AND AFTER
JULY 31, 2013 THROUGH JUNE 30, 2014

Taxable year beginning _____, _____, **and ending** _____, _____

Type or print the requested information. Check if address change appears below. ☐

FEDERAL EMPLOYER I.D. NUMBER 2 | NJ CORPORATION NUMBER

CORPORATION NAME

MAILING ADDRESS 3

CITY | STATE | ZIP CODE

Check if applicable ☐ Initial return ☐ Initial 1120-S ☐ Inactive

Date of NJ S Corporation election _____
State and date of incorporation _____
Date authorized to do business in NJ _____
Federal business activity code _____
Corporation books are in the care of _____
at _____
Telephone Number ( ) _____

4

DIVISION USE

RP NP A _____ R _____

1. Entire Net Income subject to Federal corporate income taxation from Schedule A, line 43 (if a net loss, enter zero)	1.	
2. Allocation factor from Schedule J, Non-allocating taxpayers enter 1.000000	2.	.
3. Allocated Entire Net Income subject to Federal corporate income taxation - Multiply line 1 by line 2. Non-allocating taxpayers must enter the amount from line 1	3.	
4. AMOUNT OF TAX - Multiply line 3 by the applicable tax rate (see instruction 10(b))	4.	
5. Tax Credits (from Schedule A-3) (see instruction 17)	5.	
6. TAX LIABILITY - Line 4 minus line 5 or enter the minimum tax from Schedule A-GR or instruction 10(d)	6.	
7. Installment Payment - (only applies if line 6 is $375 or less - see instruction 43)	7.	
8. Professional Corporation Fees (Schedule PC, line 5)	8.	
9. TOTAL TAX AND PROFESSIONAL CORPORATION FEES (sum of lines 6, 7 and 8)	9.	
10. Payments and Credits (see instruction 44)	10.	
a) Payments made by Partnerships on behalf of taxpayer (attach copies of all NJK-1's)	10a.	
11. Balance of Tax Due - line 9 minus line 10 and 10(a)	11.	
12. Pro Rata Share of S Corp Income for nonconsenting shareholders (from Sch K, Part VII, line 6, Column C or Schedule K Liquidated, Part VII, line 6 Columns C plus E)	12.	
13. Gross Income Tax paid on behalf of nonconsenting shareholders - refer to instruction 10(c)	13.	
14. Penalty and Interest Due - (see instructions 7(f) and 45)	14.	
15. Total Balance Due - line 11 plus line 13 plus line 14	15.	
16. If line 10 plus 10(a) is greater than line 9 plus line 13, plus line 14, enter the amount of overpayment		
17. Amount of Item 16 to be: Credited to 2014 return	Refunded	

DIVISION USE

5

7,8

5,6

9

SCHEDULE E **GENERAL INFORMATION (See Instruction 22)**
ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.

1. Type of business _____
Principal products handled _____
Internal Revenue Center where corresponding Federal tax return was filed _____

2. FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 13)
Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey?
Yes or No _____. **If Yes, an amended return must be filed.**

5

3. Is this corporation a Professional Corporation (PC) formed pursuant to NJSA 14A:17-1 et.seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? "Yes or No" _____ If yes, go to the next question.
How many licensed professionals are owners, shareholders, and/or employees from this PC as of the first day of the privilege period? _____.
Attach a rider providing the names, addresses, and FID or SS numbers of the licensed professionals in the PC. If the number of licensed professionals is greater than 2, complete Schedule PC-Per Capita Licensed Professional Fee. See instruction 36 for examples of licensed professionals.

NJ CN270

(P.O. Box 270)

Urban Enterprise Zone

Screening Instructions

Step	Action
1	All Returns Must Be Date Stamped.
2	Screen for month and year.
3	Must have identification number, name and address.
4	Check amount must agree with Line 11.
5	When no check is enclosed and calling for money, zero out check amount.
6	If no month or year, mark as incomplete for Outsort (Corp).
7	If a check is received without a return, a voucher must be written up.

Note:

- Paper clip check in the center of the forms.
- If you have a multiple checks, total out the checks. Once total is calculated on tape, take the tape and staple it on the left hand corner of the check. Then paper clip check at the top middle of the form.

NJ DEP

(P.O. Box 417, 638)
Employee Sec. Review Bureau of Revenue

Screening Instructions

Step	Action
1	Check must match the amount to be paid on voucher, if the values do not match Outsort all documents.
2	Check amount must be written in the “Amount Paid” line, even if the value matches the amount to be paid on the voucher.
3	Changes to the billing information written on the front or back of the voucher, Outsort all documents.
4	Checks received without a voucher, Outsort all documents.
5	Checks received with correspondence and no voucher, Outsort all documents.
6	An invoice for “Underground Storage Tank” is generally received with a form with checkboxes located in the upper right hand corner. The checkbox “Check was sent with the form”, must be checked as “yes” if received with the voucher.
7	Pesticide Licensing and Pesticide Product Registration invoices, process the check and voucher, Outsort all other corresponding documents.
8	Envelopes must be included with all Outsorts.

Sales and Use Tax Invoice Return

(P.O. Box 999)

For Sales

Monthly and Quarterly Returns

Screening Instructions

Card size voucher document must have the following information:

Step	Action
1	Must have federal identification number, name and address.
2	Document amount and check amount must agree on both monthly and quarterly, if not change the amount on the return and voucher.
3	Pay to the order of the State of New Jersey/Division of Revenue.

Late Mail
Same as above, documents and checks batched together. Remember each individual document must be stamped with "Received" date.

Note:

- All sales tax returns are due on the 20th.

Voucher:

- Quarterly
  - ST-58
  - ST-50
- Monthly
  - ST-51
- Billing
  - ST-57

Spill Compensation and Control Tax

(P.O. Box 265)

For Spill

Screening Instructions

Step	Action
1	All Returns Must Be Date Stamped received on the front lower right hand corner.
2	Must have name, address and federal identification number.
3	Document dollar ($) amount (Line 17) and check dollar ($) must agree. If return is different than check put a line through the amount and to the left of that figure write the amount that matches the check.
4	If the return has a dollar ($) amount but there is no check put a line through the amount and to the left of the figure write “0”.
5	When there are multiple returns and a check or multiple checks and a return run a check tape and staple the check tape to the check. Then paper clip the check and tape to the return.
6	If there is not tax period on the return date stamp the front of the return and **Out Sort.**

Returns received without the pertinent information that is needed in order to process should be **Out Sorted** to Latonya Mobley.

NJ Homestead Rebate Application

(P.O. Box 636)

For Homeowners

Screening Instructions

Step	Action
1	Screen for SSN.
2	Returns received with attachments, place a “T” code at the bottom of the return in the “Division Use” area.
3	Documents are routed to Control.

NJ Hotel and Motel

(P.O. Box 647)

Screening Instructions

Step	Action
1	All Returns Must Be Date Stamped.
2	Screen for month and year.
3	Must have identification number, name and address.
4	Check amount must agree with Balance Due line.
5	When no check is enclosed and calling for money, zero out check amount.
6	If no month or year, mark as incomplete for Outsort (Corp).
7	If a check is received without a return, a voucher must be written up.

Note:

- Paper clip check in the center of the forms.
- If you have a multiple checks, total out the checks. Once total is calculated on tape, take the tape and staple it on the left hand corner of the check. Then paper clip check at the top middle of the form.

State of New Jersey
Litter Control Fee

(P.O. Box 274)

LV Voucher and Check

Screening Instructions

Step	Action
1	All Returns Must Be Date Stamped in the upper right hand corner.
2	Screen for current year.
3	Screen for prior years returns and date stamp.
4	Prior year and current years cannot be mixed.
5	Screen for name and FID number.
6	Make sure the check and return match on the Balance Due line.
7	If you have no money returns and they are calling for money zero out the return and process them as regular returns.
8	If you have multiples returns staple the check tape to the check, then paper clip the check and tape to the return.

NJ
Motor Vehicle Commission Renewal Applications

Screening Instructions

Motor Vehicle Overview

Step	Action
1	ALL CHANGES made on vouchers send to Outsorts: • Address changes • Money amounts • Name changes
2	All multiples must be sent with Calculator Tape and totals must match checks and vouchers. Outsort if totals do not match.

PO Box 008

Motor Vehicle Registration

Step	Action
1	Motor Vehicle Licenses will have a check and voucher.
2	Vouchers received without a check are accepted if no money is due on the voucher.
3	Vouchers received without a check and money is due, send to Outsort.
4	Vouchers are sorted into: • Registrations with money due • Registrations without money due
5	Motor Vehicle Registrations with a weight code of 55,000 or over send to Outsort. Note: To ensure these vouchers do not go through the scanners, the vouchers should be fanned before being rubber-banned.

PO Box 010

Boat Registrations

Step	Action
1	Boat Registrations will have a check and voucher.
2	Vouchers received without a check are accepted if no money is due on the voucher.
3	Vouchers received without a check and money is due, send to Outsort.
4	Vouchers are sorted into: • Registrations with money due • Registrations without money due

PO Box 011

Motor Vehicle Licenses

Step	Action
1	Motor Vehicle Licenses must have check and voucher.
2	Outsort if check or voucher is missing.

PO Box 140

Motor Vehicle Violations

Step	Action
1	Motor Vehicle Violations must have check and voucher.

2	Outsort if check or voucher is missing.

PAAD

(P.O. Box 637)
Pharmaceutical Assistance to the Aged & Disabled

Screening Instructions

Step	Action
1	PAAD documents are separated into the following sorts.
2	Address: • Full address on the front.
3	No Address: • Address on the back.
4	Web – 1 sided: • Processed for scanning.
5	Web – 2 sided: • Cannot be processed.
6	Black and White • No copies are accepted – Send back to Revenue as an Outsort.
7	SLMB • Documents are sent to Control.
8	Pages 1 thru 11 are required and the pages must be in numerical order.
9	Attachments should be prepped in the following order and should be copies of the original documents. Do not process any original legal documents. • Health Card • Pharmaceutical documents • Social Security Card or Social Security Award letter • Income Tax forms • Bank statements • PSE&G • Any other pages
10	If applications are received with the original Social Security card or Medical cards send to Revenue as an Outsort.
11	Returns with missing pages route to Outsort.

Part 100; Part 200T

(P.O. Box 642)

Screening Instructions

Step	Action
1	Date stamp with a postmark in center of return avoiding money lines. Prep return years 2012,2013 and 2014 with a patch page and all staples and clips removed, and sort as MACHINE PRINT MONEY (with a check) and NO MONEY (without a check). HAND PRINT MONEY AND NO MONEY . Prep each year separately.
2	Return must have tax year, company name, Federal identification number and company address. If any of this information is missing and not listed on the check or envelope Out Sort. If the 1DBARCODE is missing from the Machine print return place a barcoded label made specifically for the PART 100'S under line 15 of the return without covering any information or any part of the 2DBARCODE. HAND PRINT returns (2012,2013 and 2014) are prepped with a patch page and require a PART 100 barcoded label to be placed on the bottom right hand side on the front of the return.
3	The check amount must match. If the check and total balance due line does not match, line out and write in amount from check.
4	If there is no check and an amount is in the balance due line, write "NC" to the left of the amount to indicate "No Check" and process as NO MONEY.
5	PART 200T's DO NOT require a patch page. All staples and clips must be removed. DO NOT USE THE PART 100LABELS ON THESE RETURNS.
6	If a check is sent in without a return, it needs to be written on a PARTV or PART ES.
7	For current and prior years, a PART V is used.
8	For estimated payment (prepayment for upcoming tax year) a PART ES will be used. All information must be filled out on the vouchers.
9	The applied date is the postmark date. The prepared date is the day you are writing the voucher. These are separated by PART ES, current year PART V and prior year PART V. The check is placed on top of the voucher, bundled, tagged and counted and sent to CONTROL. 2011 and PRIOR PART100'S AND 200'S, continue to process through CONTROL. Allmultiples go to CONTROL.

10	

PTR-1

(P.O. Box 635)
Property Tax Reimbursement Application

Screening Instructions

Hand Print

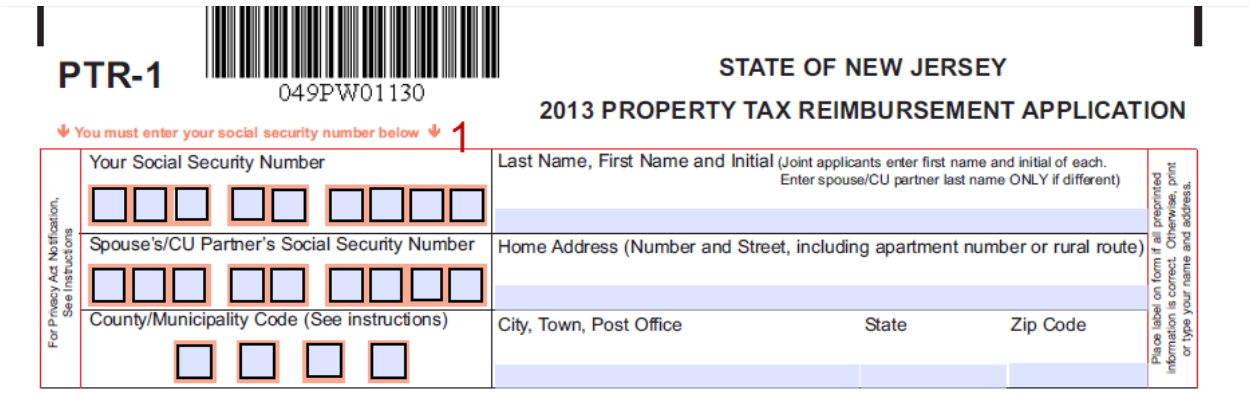
ALL PTR APPS MUST BE STAMPED WITH A "**POSTMARK**" DATE STAMP

Step	Action
1	Process PTR-1 as a Standalone form. Returns received with missing pages, send to Outsort (TGI).
2	Check for a label at top of return. a. If label is provided, verify that there is a Social Security Number on the label. If good label is attached, go to Step 2. b. If no label, check back-up documents to see if number is available. If not, send return for **LOOK-UP (TGI)**. When there is **NO LABEL**, Social Security number (9 digits), applicant's name and address **MUST all** be entered. If unable to obtain from attachments or envelope, send return for **LOOK-UP (TGI)**
3	**Verifying Income Line 7 and Line 8:** Verify that income has been reported on Page 2 a. Lines a through q, are blank enter a **B** code in **Box 1**. b. Lines a through q, and Line 7 or 8 are blank enter a **B** code in **Box 1.** c. Line 7 or 8 has a total written, but Lines a through q, are blank enter code **B** in **Box 1.** d. Line 7 or 8 is blank but there are entries on Lines a through q enter a **C** code in **Box 1**. Note: Line 7 is for tax year 2013 & Line 8 is for tax year 2014 page 2 of PTR-1.
4	Applicant must submit **proof of payment** of taxes for both 2012 and 2013. Examples of acceptable proof are: a PTR-1A, a PTR-1B, a form or statement from the co-op, continuing care or mobile home management listing amount of taxes/site feeds paid, copies of receipts from taxing agency, copies of cancelled checks or copies of property tax bills, marked/stamped as paid. Box 3 a. If Proof of Payment **IS** submitted for 2012 enter a **D** code in **Box 3**. b. IF Proof of Payment **IS NOT** submitted for 2012 enter an **N** code in **Box 3**. Box 4

	a. If Proof of Payment **IS** submitted for 2013 enter a **D** code in **Box 4**. b. IF Proof of Payment **IS NOT** submitted for 2013 enter an **N** code in **Box 4**.
5	Applicants must submit proof that they are 65 years of age or older on December 31, 2012 or that they are receiving Social Security Disability benefits. **a. Box 5 – Acceptable Proof of Age 65 or Older** A photocopy of any identification card or document issued by a Governmental agency (Federal, any State or Municipality, or Foreign) with the applicant's name (first and last) and their **year of birth is 1949 or earlier** is acceptable proof that the applicants was 65 years of age or older on December 31, 2012. For female applicants, a Birth or Baptismal certificate with a different last name (i.e., maiden name) is also acceptable. Common examples of documents which could be acceptable include a Driver's License, Birth Certificate, Baptismal certificate, Marriage License, Passport, and a Permanent Resident or Resident Alien Card. Enter one of the following **codes in Box 5**, located at the bottom of **page 1 in the "Division Use" area**. **D** – **there is a document** with the applicant's name **and the year of birth is 1949 or earlier** **U** – there is an identification card or document included with the applicant's name **but the birth year is 1949 or later or it is unreadable.** **N** – **No documents** with the applicant's name and their year of birth are included. **b. Box 6 – Acceptable Proof of Social Security Disability Benefits** A photocopy of any document from the Social Security Administration (SSA), except a Social Security Card, which shows the applicant's name (first and last), is acceptable proof that they were receiving Social Security benefits. A Medicare Card is also acceptable proof. Common examples of SSA documents include a Notice of Award, Benefit statement (Form 1099/1042S), or a copy of a monthly Social Security check. Enter one of the following **codes in Box 6**, located at the bottom of **page 1 in the "Division Use" area**. **D** – **there is a SSA document** or Medicare Card with the applicant's name and good date. **U** – there is a SSA document or Medicare Card but it **does not have** the applicant's name or it is **unreadable**. **N** – **No SSA document** is included.

6	Some Applicants must submit documents for the requirements for the 2 year move. **Box 7 – Acceptable Proof of 2 Year Move** Enter on of the following **codes in box 7**, located at the bottom of **page 1 in the "Division Use" area:** **D** – Form PTR1-C included **N** – Form PTR1-C not included

2013 Samples



PTR-1

049PW01130

STATE OF NEW JERSEY

2013 PROPERTY TAX REIMBURSEMENT APPLICATION

You must enter your social security number below 1

For Privacy Act Notification, See Instructions

Your Social Security Number

Spouse's/CU Partner's Social Security Number

County/Municipality Code (See instructions)

Last Name, First Name and Initial (Joint applicants enter first name and initial of each. Enter spouse/CU partner last name ONLY if different)

Home Address (Number and Street, including apartment number or rural route)

City, Town, Post Office | State | Zip Code

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

INCOME CATEGORIES	2012		2013	
a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant.				
b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount.	2			
c. Salaries, Wages, Bonuses, Commissions, and Fees				
d. Unemployment Benefits				
e. Disability Benefits, whether public or private (including veterans' and black lung benefits). .				
f. Interest (taxable and exempt).				
g. Dividends				
h. Capital Gains				
i. Net Rental Income				
j. Net Profits From Business				
k. Net Distributive Share of Partnership Income .				
l. Net Pro Rata Share of S Corporation Income .				
m. Support Payments				
n. Inheritances, Bequests, and Death Benefits . .				
o. Royalties				
p. Gambling and Lottery Winnings (including New Jersey Lottery)				
q. All Other Income				
7. Total 2012 Income (Add lines a-q above)	2 □□,□□□.□□			
8. Total 2013 Income (Add lines a-q above)			3 □□,□□□.□□	
Total annual income cannot → exceed amounts shown.	**2012 INCOME ELIGIBILITY** Was your total 2012 income on Line 7 $82,880* or less?		**2013 INCOME ELIGIBILITY** Was your total 2013 income on Line 8 $84,289* or less?	

PROPERTY TAXES

Proof of Property Taxes Due and Paid for 2012 and 2013 Must be Submitted With Application. See instructions.

13. Enter your total 2013 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18). . . . . 7 . . . . 13. , .

14. Enter your total 2012 property taxes due and paid on your principal residence. (For Mobile Home Owners, property taxes are your total site fees paid multiplied by 0.18). . . . . 8 . . . . 14. , .

REIMBURSEMENT AMOUNT (See "Impact of State Budget" on page 1 of instructions.)

15. Subtract Line 14 from Line 13 . . . . . 9 . . . . 15. , .

If Line 15 is zero or less, you are not eligible for a reimbursement and you should not file this application.

2,3,4 4 5

Trenton, NJ 08647-0555
You may also pay by e-check or credit card. See instruction page 11.

NJ 1040 Rev 3 01/2014 Division Use

1 2 3 4 5 6 7

Page 1 of 4

Public Water Tax

(P.O. Box 268)
Public Water

Screening Instructions

Step	Action
1	All Returns Must Be Date Stamped received on the front lower right hand corner.
2	Must have name, address and federal identification number.
3	Document dollar ($) amount (Line 17) and check dollar ($) must agree. If return is different than check put a line through the amount and to the left of that figure write the amount that matches the check.
4	If the return has a dollar ($) amount but there is no check put a line through the amount and to the left of the figure write “0”.
5	When there are multiple returns and a check or multiple checks and a return run a check tape and staple the check tape to the check. Then paper clip the check and tape to the return.
6	If there is not tax period on the return date stamp the front of the return and **Out Sort.**

Returns received without the pertinent information that is needed in order to process should be **Out Sorted to CORP.**

NJ DORES

Screen Instructions Overview

Screening Instructions

Step	Action
1	Name, Address, EIN/SSN are blank, check supporting documents and update with available TP data. Return to LOOK-UP, if data is missing.
2	Prepare Checks/Cash according to the Voucher instructions. Checks over $10,000 are processed as priority. Contact NJ DORES immediately for check amounts over $1,000,000 for pickup.
3	TP crosses off the tax year and enters a different tax year; these are considered Wrong Year forms and sent to Control.
4	TP changes the form numbers, the returns are sent to Outsort.
5	Documents received without the primary form are sent to Outsort.
6	2013 and prior year forms require a “Received” or “Postmark” date stamp.
7	All returns are initialed in the lower right hand corner with the exception of Vouchers and Checks.
8	Developer’s Prep pages are inserted as filler pages for machine print returns with the TP data filled in on the form for the applicable form types.
9	Hand print returns with missing pages are sent to Control.
10	All forms are reviewed for the same tax year on all forms. If TP submits a different tax year within the return, all documents include the envelope is sent to Outsort.
11	The TP submits the NJ-1040 and NJ-1040-NR in the same envelope; all documents are sent to Outsort (TGI).
12	Incomplete write-up returns are sent to Quality Control.
13	TP writes “Amended” on the TGI return: • Amended (MP or HP) – Write 7-R under the year (staple and send to Control); No screening is required • Amended (Fiduciary) – Write 7-F under the year (staple and send to Control); No screening is required

	• Amended (Non-resident) – Write 7-N under the year (staple and sent to Control); No screening is required • All Amended returns go to Control and require a date stamp for all tax years Note: Follow the screening instructions for NJ-1040X.
14	TP writes "Amended" on the CORP return: • All Amended returns goes to Outsort.
15	Bankruptcy returns are sent to Outsort.
16	Correspondence documents are date stamped and routed to Outsort.
17	Extensions received with the primary return will remain with the TP documents.
18	CD's received are sent to Outsort, the return is processed per the screening instructions.
19	When screening W-2s and Withholdings (1099, 1098, etc.), confirm the TP is not submitting duplicate copies and include the duplicate wage and withholding amounts on the primary return.
20	Returns and checks completed with red ink are sent to Control. Money Orders with red ink can be processed.
21	Returns over 20 years retain the envelope with the documents and route to Control.
22	Vouchers with tax years prior to 1987, keep the check with the return and sent to Outsort.
23	Discard "Post It" notes and "Sign-Here" stickers. If the Post It note contains pertinent information, attached to a blank page and include with the documents.
24	All values entered in the "Division Use Area' is written in capital letters, using a black pen.
25	TP requesting a status and provides a SASE (self-addressed stamp envelope), return the SASE to the TP.
26	Initial sort for returns are by tax year: • 2014 • 2013 • 2012

	• 2011 and prior are sent to Control Note: Include a patch page with each return
27	Based on form type, returns are sorted by Scanning, Control, Look-Up and Outsort and sent to TGI or CORP. Documents sent to Control must be stapled with the exception of Checks and Vouchers.

NJ State Pension Payments

(P.O. Box 654)

Screening Instructions

Step	Action
1	Process checks and vouchers
2	Checks received without vouchers are sent to Outsort. Note: New voucher write-ups are not applicable for State Pension Payments.

Tobacco Products Tax Return

(P.O. Box 280)

Tobacco

Screening Instructions

Step	Action
1	All Returns Must Be Date Stamped in the upper right hand corner.
2	Screen for current year.
3	Screen for prior years returns and date stamp.
4	Prior year and current years cannot be mixed.
5	Screen for name and FID number.
6	Make sure the check and return match on Line 9. (Short form Line 9 and Long form Line 15).
7	If you have no money returns and they are calling for money zero out the return and process them as regular returns.
8	If you have multiples returns staple the check tape to the check, then paper clip the check and tape to the return.

NJ DORES

Vouchers

Voucher Screening Instructions

Voucher Overview

Step	Action
1	Compare the information on the voucher and the check. Note: Never change anything on the check.
2	Preprinted vouchers confirm the amount paid line with the check amount.
3	Prep documents in the following order: • Check • Voucher Note: Place check on the front; bottom left hand side of the voucher.
4	Multiples received must be added together and a calculator tape stapled to the check and clipped to all vouchers. Number of checks and vouchers should be indicated on the first voucher of the multiple (eg: 1 CHK 2V). Multiples are sent to Control for processing. Note: Multiple vouchers and a check or Multiple checks and a voucher.
5	All 6N's must be date stamped with the "Received Date" without covering any information. Note: All prior year TGI Payments should be written up on a 6N.
6	Checks and Vouchers with missing or incomplete information will be sent to Revenue.
7	Name Control: • First four letters of the Business Name or Taxpayer's Last Name • If the Taxpayer's Last Name is only 3 characters, use the first letter of the First Name.

	• If the Business Name is only 3 characters, use the first letter of the second part of the Business Name.
8	All checks, vouchers and 6N vouchers are processed through scanning. Note: Checks hand-written in red ink are processed through Control. Money orders with red ink can be processed through scanning.

PO Box 046/601

6N Processing

Step	Action
1	Checks without vouchers are written up on a 6N voucher.
2	The following fields must be completed for 046/601: • The last two digits of the Year of the payment (eg: 12, 13, etc.) • SSN • Taxpayer's First and Last Name • Name Control • Check Amount (without dollar sign/symbol $) • Preparer's Name, Initials or Assigned Number • Date

PO Box 059

Collection (Labor Bills)

Step	Action
1	Make sure that check matches voucher.
2	If check and voucher don't match make voucher accommodate check.

PO Box 111, 555, 244, 888, 188, 643, 648

Voucher and 6N Processing

Step	Action
1	All checks and vouchers are processed as card size, medium size and long size.
2	Check amounts should match the voucher amount, if not change the amount on the voucher.
3	Checks without vouchers should be written up on the following: • 1040-V (111, 555, 643) • 1040-NR-V (244) • 1041-V (888) • 6N (188; 648) Note: 6N vouchers, write 1080-C above the return year on the voucher.
4	The following field must be completed on all 1040 vouchers: • Applied Date • Prepared Date • Preparer's Name, Initials or Assigned Number • Section • SSN • Name Control • Check Amount
5	1040-V, 1040-NR-V or 1041-V must have a check to be processed.
6	The following fields must be completed for 6N Vouchers: • The last two digits of the Year of the payment (eg: 12, 13, etc.) • SSN • Taxpayer's First and Last Name • Name Control • Check Amount (without dollar sign/symbol $) • Return Type (Must be checked, eg: R, N or F) • Preparer's Name, Initials or Assigned Number • Date

PO Box 193

CBT-150

Step	Action
1	Checks that do not have vouchers for Corporation Business Tax are written up on a CBT-150.
2	The pre-printed vouchers are processed as card size, medium size and long size.
3	The following fields must be completed on the CBT-150 to process the vouchers: • Name of Business • Preparer's Name, Initials or Assigned Number • Prepared Date • Applied Date • EIN Number (Must complete all 12 fields) • Name Control • Return Year • Check Amount

PO Box 222

Voucher and 6N Processing

Step	Action
1	All checks and vouchers are processed as card size, medium size and long size.
2	Check amounts should match the voucher amount, if not change the amount on the voucher.
3	Checks received without a voucher, must be written up on a 6N voucher with the following fields completed: • The last two digits of the Year of the payment (eg: 12, 13, etc.) • SSN • Taxpayer's First and Last Name

	• Name Control • Check Amount (without dollar sign/symbol $) • Preparer's Name, Initials or Assigned Number • Date

PO Box 248

GIT Employer Voucher Processing

Step	Action
1	Check amounts should match the voucher amount, if not change the amount on the voucher.
2	Checks received without a voucher, must be written up on a NJ-500 voucher with the following fields completed: • Name • EIN • Applied Date • Name Control • Return Year • Return Month • Check Amount (without dollar sign/symbol $) • Preparer's Name, Initials or Assigned Number • Date
3	Incomplete information, send all documents including envelope to Revenue as an incomplete write-up.

PO Box 257

NJ Corporation Tax Remittance Statement

Step	Action

1	Checks that do not have vouchers for Corporation Business Tax are written up on a CBT-100V.
2	The pre-printed vouchers are processed as card size, medium size and long size.
3	The following fields must be completed on the CBT-100V to process the vouchers: • Name of Business • Preparer's Name, Initials or Assigned Number • Prepared Date • Applied Date • EIN Number (Must complete all 12 fields) • Name Control • Return Year • Check Amount

PO Box 650

LWD-Labor and Work Force Development

Step	Action
1	Checks received without a voucher are hand written and require the following information: • Applied Date • Preparer's Name, Initials or Assigned Number • Name (Claimant name) • Name CNTL (First four letters of the last name) • Check Number • Mailing (Month and Year) • Claimant Identification (Nine digit account number/Not the SSN) • Amount Paid (Amount of the check)

PO Box 653

State Health Benefits Payments

Step	Action
1	Checks received without a voucher are hand written and require the following information: • Member Name • ID#, Sub ID-ST-CD-BT (Must all be completed) • Amount Paid (Check amount) • Preparer's Name, Initials or Assigned Number • Date Prepared
2	For checks without an ID, complete with all 7's and code BT as 00.

PO Box 663

Fire Code Enforcement

Step	Action
1	All vouchers must have an amount written on the voucher. This value may be different than the amount printed on the voucher.
2	Envelopes received without a voucher, retain all documents and Outsort.

PO Box 666/644

CBT-100V

Step	Action
1	Checks that do not have vouchers for Corporation Business Tax are written up on a CBT-100V.
2	The pre-printed vouchers are processed as card size, medium size and long size.
3	The following fields must be completed on the CBT-100V to process the vouchers:

	• Name of Business • Preparer's Name, Initials or Assigned Number • Prepared Date • Applied Date • EIN Number (Must complete all 12 fields) • Name Control • Return Year • Check Amount

PO Box 929

Labor Assessments

Step	Action
1	Make sure that check matches voucher.
2	If check and voucher don't match make voucher accommodate check.

NJ W3

(P.O. Box 333)
Gross Income Tax Reconciliation of Tax Withheld

Screening Instructions

Step	Action
1	W3 - Record of employers' withholdings and employee count. Employers may send W2s, 1099s, etc. to show individual components of the W3.
2	Remove staples from W2s and W3. Confirm Company Name on the W2s matches the W3.
3	Prior years are date stamped with received date.
4	Check for scan line/barcode, if missing place barcode sticker (01159) over NJ state mailing address and make sure not to obscure any other information. Scan line present, place the applicable sticker that matches the first 5 digits of scan line (01150 or 01151). Scan line present does NOT match (01150 or 01151) use default sticker (01159).
5	Prep documents as follows: • W3 • Correspondence Separator Sheet (white) • W2s • Patch Page Note: W3s received without W2s, the separator sheet and patch page are not required.
6	If W2s are not full sheet, place on bottom of patch page.
7	W3s and W3 amended are not routed to Control.

PO BOX 222
VOUCHER AND 6N PROCESSING

All checks and vouchers are processed as card size, medium size and long size. Checks are prepped on the left hand front side at the bottom of the voucher or 6N. Check amounts should match the voucher amount, if not change the amount on the voucher. Never change anything on a check. All vouchers and 6N's are processed through scanning.

Checks received without a voucher, must be written up on a 6N voucher with the following fields completed:

- **THE LAST TWO DIGITS OF THE YEAR OF THE PAYMENT.**
- **SOCIAL SECURITY NUMBER, TAXPAYERS FIRST AND LAST NAMES,NAME CONTROL, CHECK AMOUNT WITHOUT DOLLAR SIGN SYMBOL ($), PREPARED BY AND DATE. ALL 6N'S MUST BE DATE STAMPED RECEIVED WITHOUT COVERING ANY INFORMATION.**
- **ALL MULTIPLES ARE SENT TO CONTROL FOR PROCESSING WITH ADDING MACHINE TAPE STAPLED TO THE CHECK ONLY AND CLIPPED TO ALL VOUCHERS. NUMBER OF CHECKS AND VOUCHERS SHOULD BE INDICATED ON THE FIRST VOUCHER OF THE MULTIPLE. (EG. 1 CHK 2V)**
- **CHECKS WRITTEN IN RED INK ARE PROCESSED THROUGH CONTROL.**

PO BOX 111,555,244,888,188,643
VOUCHER AND 6N PROCESSING

All checks and vouchers are processed as cardsize, medium size and long size. Checks are prepped on the left hand side at the bottom of the voucher or 6N. Check amounts should match the voucher amount, if not change the amount on the voucher. Never change anything on a check.

- **Checks without vouchers should be written up on a 1040V (111,555,643) 1040NRV (244), 1041-V (888) or a 6N. The fields that must be completed on all 1040 vouchers are as follows:**
- **APPLIED DATE, PREPARED DATE, INITIALS OF PREPARER AND SECTION.**
- **SOCIAL SECURITY NUMBER, NAME CONTROL (FIRST FOUR LETTERS OF THE LAST NAME) AND CHECK AMOUNT.**
- **NOTE: IF THE LAST NAME OF THE NAME CONTROL IS ONLY 3 CHARACTERS, THE FIRST LETTER OF THE FIRST NAME SHOULD BE USED TO COMPLETE THAT FIELD.**
- **1040V,NRV OR 1041-V VOUCHERS MUST HAVE A CHECK TO BE PROCESSED.**
- **CHECKS WRITTEN IN RED INK ARE SENT TO CONTROL TO BE PROCESSED.**
- **ALL 1040 V VOUCHERS AND CHECKS AND 6N VOUCHERS AND CHECKS ARE SENT TO SCANNING.**
- **MULTIPLES ARE SENT TO CONTROL FOR PROCESSING.**
- **Checks written up on 6Nvouchers. The following fields must be completed:**
- **THE LAST TWO DIGITS OF THE YEAR OF THE PAYMENT.(Eg.12,13, etc.)**
- **SOCIAL SECURITY NUMBER, TAXPAYERS FIRST AND LAST NAMES, NAME CONTROL, CHECK AMOUNT WITHOUT DOLLAR SIGN SYMBOL ($), RETURN TYPE MUST BE CHECKED OFF (R,N,OR F),PREPARED BY AND DATE. ALL 6N'S MUST BE DATE STAMPED WITH RECEIVED DATE WITHOUT COVERING ANY INFORMATION.**
- **NOTE: ALL PRIOR YEAR TGI PAYMENTS SHOULD BE WRITTEN UP ON A 6N.**
- **MULTIPLES ARE SENT TO CONTROL FOR PROCESSING.**