



New Jersey Amended Resident Income Tax Return

	7x	K For Tax Year January 1, 2024 – December 31, 2024, Or Other Tax Year Beginning, 2024, Ending, 2025								
	Your	r Social Security Number	cial Security Number Last Name, First Name, and Initial (Joint filers enter first name and initial of each – Enter spouse/CU partner							
	Spou	ouse's/CU Partner's Social Security Number	Home Address (Number	er and Street, incl. apt. # or rural route) Change of address						
		1 1				F	oreign address 🗖			
S	Cour	unty/Municipality Code	City, Town, Post Office	State ZIP Code						
ΤÜ										
STA				24		24				
ND			ents, provide months/d sident during 2024:	ays you were a From <u>24</u> MONTH DAY YEAR	To MONTH					
Ν	31	· · · · ·			MONTH	As Originally				
1IO		Filing Status		Exemptions		Reported	Amended			
FICA		On On Original Amended	6. Regular	Yourself □ Spouse/ □ Domestic CU Partner Partner	6.					
TAXPAYER IDENTIFICATION AND STATUS		Return Return	7. Age 65 o		7.					
Q	1.		8. Blind or I	Disabled Yourself Spouse/CU Partner	8.					
ΥEF	2.		ble	Exemption Yourself Spouse/CU Partner	9.	1				
(PA		filing joint return		of your qualified dependent children	10.	+				
Æ	3.		ner,	5 1 1						
		filing separate re		of other dependents	11.					
	4.	Head of Househ	old .	nts attending colleges (See instr. NJ-1040)	12					
	5.	Qualifying Widov	(or)/	es 6, 7, 8, and 12.	13a.					
	0.	Surviving CU Pa	rtner		13b.					
			13c. Enter a	nount from line 9.	13c.					
	14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year Check box i have health have health have health have health have health									
L	NFORMATION	a		///						
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						0				
		a		//						
		ERNATORIAL Do you want to		ʻyes" box(es), it wi	ll not increase					
E	LEC	TIONS FUND If joint return, do	es your spouse/CU par	mer want to designate \$1? Yes your tax or	reduce your	refund.				
	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									
		nowledge.		Pay amount on line 70 in						
				full. Write Social Security						
	·	Your Signature	H must sign)	number(s) on check or money order and make payable to:						
SIGN HERE	I IF	enclosing copy of death certificate	Otata of Novel							
"	1"	enclosing copy of death certificate	<u>-</u> ∣	State of New Jersey – TGI Division of Taxation						
Z	D	Privers License #		Revenue Proc PO Box 664	essing Center					
S	(\	Voluntary. See instructions NJ-1040	Trenton, NJ, 0	8646-0664						
	1 a	authorize the Division of Taxation to	discuss my return and	enclosures with my preparer (below) 🗖		You can also make a payment				
	Pa	aid Preparer's Signature	Federal Identification Number		on our website: nj.gov/taxation					
				Firm's Federal Employer Identification Number						
	Fi	irm's Name								
Di	visic Use	on 1 2 3	4	5 6 7			8			



Name(s) and Social Security Number

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		Both Columns I	s Must Be Fully Completed				
	As Originally	/ Reported	Amended (See Instructions)				
15. Wages, salaries, tips, and other employee compensation	15.						
16a. Taxable interest income	16a.						
16b. Tax-exempt interest income. Do not include on line 16a	16b.						
17. Dividends	17.						
18. Net profits from business	18.						
19. Net gains or income from disposition of property	19.						
20a. Taxable pension, annuity, and IRA distributions/withdrawals	20a.						
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.						
21. Distributive Share of Partnership Income	21.						
22. Net pro rata share of S Corporation Income	22.						
23. Net gains or income from rents, royalties, patents, and copyrights	23.						
24. Net gambling winnings	24.						
25. Alimony and separate maintenance payments received	25.						
26. Other	26.						
27. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 through 26)	27.						
28a. Pension/Retirement Exclusion	28a.						
28b. Other Retirement Income Exclusion	28b.						
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.						
29. New Jersey Gross Income (Subtract line 28c from line 27)	29.						
30. Total Exemption Amount (See instructions)	30.						
31. Medical Expenses (See instructions NJ-1040)	31.						
32. Alimony and separate maintenance payments	32.						
33. Qualified Conservation Contribution	33.						
34. Health Enterprise Zone Deduction	34.						
35. Alternative Business Calculation Adjustment (See instructions NJ-1040)	35.						
36. Organ/Bone Marrow Donation Deduction (See instr. NJ-1040)	36.						
37a. NJBEST Deduction	37a.						
37b. NJCLASS Deduction	37b.						
37c. NJ Higher Education Tuition Deduction	37c.						



Name(s) and Social Security Number

					ns Must Be Fully Completed				
		As Originally Reported		Amended (See Instructions)					
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.							
39.	Taxable Income (Subtract line 38 from line 29)	39.							
40a	. Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)	40a.							
40b	Indicate your residency status during 2024 (check only one box)	C	Homeowner	-	Tenant		Bot	h	
41.	Property Tax Deduction (See instructions NJ-1040)	41.							
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.							
43.	Tax on amount on line 42 (See instructions)	43.							
44.	Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instr. NJ-1040)	44.							
45.	Balance of Tax (Subtract line 44 from line 43)	45.							
46.	Sheltered Workshop Tax Credit (See instructions NJ-1040)	46.							
47.	Gold Star Family Counseling Credit (See instructions NJ-1040)	47.							
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	48.							
49.	Total Credits (Add lines 46 through 48)	49.							
50.	Balance of tax after credits (subtract line 49 from line 45) If zero or less, make no entry	50.							
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	51.							
52.	Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form NJ-2210 is enclosed	52.							
53a	53a. Check the box if anyone in your tax household did not have health insurance on the date the original return was filed. (Enclose NJ-EZ Enroll form)(See instructions NJ-1040)								
53b	If you indicated at line 53a that someone in your tax household did not have health insurance, check the box to allow Get Covered New Jersey to assist with obtaining coverage. (See instructions NJ-1040)								
53c.	Shared Responsibility Payment Check box if Schedule NJ-HCC is enclosed	53c.							
54.	Total Tax Due (Add lines 50 through 53c)	54.							
55.	Total NJ Income Tax Withheld (See instructions for required enclosures)	55.							
56.	Property Tax Credit (See instructions NJ-1040)	56.							
57.	New Jersey Estimated Tax Payments/Credit from 2023 tax return	57.							
58.	New Jersey Earned Income Tax Credit (See instructions NJ-1040)	58.							
59.	Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	59.							
60.	Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	60.	0	00			0	00	
61.	Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	61.							

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Name(s) and Social Security Number

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		Dette Octoren March D				ully Completed			
		Both Columns M			r				
		As	Originally Repor	ted	Amend	ed (Se	e Instructions)		
62.	Wounded Warrior Caregivers Credit (See instructions NJ-1040).	62.							
63.	Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	63.							
64.	Child and Dependent Care Credit (See instructions NJ-1040)	64.							
65.	New Jersey Child Tax Credit (See instructions NJ-1040)	65.							
66.	Amount paid with original return, assessments, and/or with request for extension of time to file	66.							
67.	Total payments/credits (Add lines 55 through 66)	67.							
68.	Refund previously issued from original return	68.							
69.	Net payments (Subtract line 68 from line 67)	69.							
70.	70. If line 69 is less than line 54, you have tax due. Subtract line 69 from line 54 and enter the amount you owe								
71. If line 69 is more than line 54, you have an overpayment. Subtract line 54 from line 69 and enter the overpayment						71.			
72. Amount of line 71 to be (A) REFUNDED						72a.			
(B) CREDITED to your 2025 tax						72b.			
Enter name, Social Security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for federal tax purposes.)									
Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change. You must enclose copies of your W-2s, 1099s, and supporting schedules.									
If amending line 44, complete calculations below and include a copy of the tax return filed with the other state (if one was filed or required to be filed):									
	(Income from Other Jurisdictions) X = (Income from New Jersey sources) (New Jersey Tax line 43)								