

New Jersey Checklist – TaxSlayer Online (TSO) TY2017

Name: ANDREA ANDERSON

Item	Enter Answer(s)	TaxSlayer Question
Screen: Basic Information		
Municipality Code As of when return prepared	County: <u>BERGEN</u> Municipality: <u>EDGEWATER</u> Use NJ Municipality Code Lookup Tool	Question: Select the County or Municipality of your current residence
Health Insurance for Children Insurance status for dependents as of when return prepared	Yes <input checked="" type="radio"/> No (Circle One)	Question: If claiming dependents on your federal return, are the dependents covered by health insurance coverage?
Disabled Whether disabled for extra NJ exemption	TP: Yes / <input checked="" type="radio"/> No (Circle One) SP: Yes / <input checked="" type="radio"/> No (Circle One) See also: Disability status, below	Question: Were you Disabled as of December 31, 2017?
Dependents under age 22 that attended college full time	Number: <u>0</u>	Question: Enter the number of dependents under age 22 claimed on your federal return that attended college
Gubernatorial Elections Fund	TP: Yes / <input checked="" type="radio"/> No (Circle One) SP: Yes / No (Circle One)	Question: Gubernatorial Elections Fund
Veteran	TP: Yes / <input checked="" type="radio"/> No (Circle One) SP: Yes / No (Circle One)	Question: Were you are a military veteran who was honorably discharged or released under honorable circumstances from active duty in the Armed Forces of the United States by the last day of the tax year?
Part Year Resident?	Yes / <input checked="" type="radio"/> No (Circle One) Note: Part Year Residents are Out of Scope	Question: Several
Screen: Income Subject to Tax		
NJ Line 23 - Gambling Winnings	+ _____ Total Gambling Winnings - _____ NJ Lottery (<= 10,000) - _____ Gambling Losses = _____ Net Total	Question: Enter taxable Gambling Winnings that are taxable to New Jersey
Adjustments to Line 19a (Separate amounts for T(Taxpayer) / S(Spouse))	- _____ T / S Military Pension - _____ T / S Disability (Under 65) - _____ T / S 414H Pension - _____ T / S IRA/403b/457b/TSP + _____ T / S PSO Insurance - _____ T / S 3 Year Rule (first 3) + _____ T / S 3 Year Rule (later) = _____ T Total = _____ S Total	Question: Enter Military Pension, Survivors Benefit Payments, or other Qualifying Income Exempt from NJ Tax; enter the excluded amount as a negative number
Adjustments to Line 19b	+ _____ Contributory Pension (line 1 - 2a) + _____ 414H Pension + _____ IRA/403b/457b/TSP + _____ 3 Year Rule (first 3) = _____ Total	Question: Tax-Exempt Pensions, Annuities, and IRA Withdrawals
Adjustments to Line 25	+ _____ Taxable Scholarships + _____ Medicaid Waiver Payment on W-2 - _____ PTR Recovery - _____ Homestead Benefit Recovery - _____ Non-W-2G Gambling Winnings - _____ Other Fed income not taxed in NJ = _____ Total	Question: Taxable Amount of Scholarships included on Federal Return

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Screen: Subtractions from Income		
Adjustments to Capital Gains	_____ Amount	Question: Adjustments to Capital Gains or Losses (Example would be securities that are exempt from NJ Income tax).
Pre-Tax (Federal) / Post-Tax (NJ) Medical	+ _____ W-2 pre-tax medical premiums (aka Cafeteria Plan, Sec. 125) + _____ FSA / HSA distributions + _____ PSO Health Ins in 1099-R box 5 - _____ Non-dependent costs = _____ Total	Question: Enter any medical insurance premiums that you did not include on your federal return because they were deducted on a pre-tax basis.
Disability status Used to determine eligibility for line 27 Pension Exclusion	TP: Yes / No (Circle One) SP: Yes / No (Circle One)	Question: Disabled as per SSA Guidelines (After clicking Begin for Pension Exclusion)
Screen: Credits		
Property Tax (Primary Residence Only)	+ _____ Property Tax paid (Use PTR base amount if TP in PTR program) + <u>2160</u> 18% of Rent paid = <u>2160</u> Total	Question: Enter Property Taxes Paid and/or 18% of Net Rent Paid "(enter only the amount of property taxes paid that reflects your percentage of ownership in the property or percentage of the property you occupied)
Property Tax (Homeowner Only)	_____ Block _____ Suffix _____ Lot _____ Suffix _____ Qualifier _____ County / Municipality _____ Owner % _____ Unit %	Question: If were you a Homeowner, Please enter the information related to the property below: Note: Block and Lot are required to be completed.
Credit for Taxes Paid to Another State	_____ Other Jurisdiction - Name _____ Other Jurisdiction - AGI _____ Other Jurisdiction - Tax	Question: Credit for Taxes Paid to Another State
Screen: Tax		
Use Tax	_____ Amount Use NJ Worksheet H or NJ Use Tax Calculator	Question: Use Tax Due on Out-of-State Purchases
Screen: Payments		
Refund amount to apply to 2018	_____ Amount	Question: Amount of state refund that you would like to apply to your 2018 return
Private Plan Number(s) from W-2 for NJ-2450	1 W-2 EIN _____ PP# _____ 2 W-2 EIN _____ PP# _____ 3 W-2 EIN _____ PP# _____ 4 W-2 EIN _____ PP# _____	Question: Enter the W-2 Federal ID Number associated with Private Plan Number Question: Private Plan Number
Screen: Miscellaneous Forms		
NJ Estimated Payment Vouchers	_____ Due 04-15-2018 _____ Due 06-15-2018 _____ Due 09-15-2018 _____ Due 01-15-2019	Question: Estimated Payment Vouchers, Form NJ-1040-ES