Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Item** | **Enter Answer(s)** | **Wording on Line Used to Enter Answer in TSO** |
| --- | --- | --- |
| **Screen: Basic Information** | | |
| **Municipality Code**  As of return date | County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Use [NJ Municipality Code Lookup Tool](http://taxprep4free.org/Tools/NJ%20Muni%20Lookup/NJMuni.html) | “Select the County or Municipality of your current residence” |
| **Health Insurance for Children -** Insurance status for dependents as of return date | Yes / No | “If claiming dependents on your federal return, are the dependents covered by health insurance coverage?” |
| **Disabled –** Disabled for extra NJ exemption | TP: Yes / No  SP: Yes / No | “Were you Disabled as of December 31, 2018?” |
| **Dependents under age 22 that attended college full time** | Number: \_\_\_\_ | “Enter the number of dependents under age 22 claimed on your federal return that attended college” |
| **Gubernatorial Elections Fund** | TP: Yes / No  SP: Yes / No | “Gubernatorial Elections Fund” |
| **Health insurance for Taxpayer and Spouse** | TP: Yes / No  SP: Yes / / No | “Has Health Insurance Coverage?” |
| **Veteran** | TP: Yes / No  SP: Yes / No | “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?” |
| **Income Subject to Tax** | | |
| **NJ Line 24 - Gambling Winnings** | **+**\_\_\_\_\_\_\_\_ Total Gambling Winnings (W-2G + other winnings)  **-**\_\_\_\_\_\_\_\_ NJ Lottery (<= $10,000 in 1 instance)  **-**\_\_\_\_\_\_\_\_ Gambling Losses  **=**\_\_\_\_\_\_\_\_ Net Total | “Enter taxable Gambling Winnings that are taxable to New Jersey” |
| **Adjustments to Line 20a - Taxable Amounts of IRAs, Pensions, and Annuities**  (Separate amounts for TP (Taxpayer) / SP (Spouse) | **-**\_\_\_\_\_\_\_\_ TP / SP Military Pension  **-**\_\_\_\_\_\_\_\_ TP / SP Disability (Under 65)  **-**\_\_\_\_\_\_\_\_ TP / SP Govt. Employee Pension  **-**\_\_\_\_\_\_\_\_ TP / SP IRA/403b/457b/TSP  **+**\_\_\_\_\_\_\_\_ TP / SP Public Safety Officer (PSO) Insurance  **-**\_\_\_\_\_\_\_\_ TP / SP 3 Year Rule (first 3 years)  **+**\_\_\_\_\_\_\_\_ TP / SP 3 Year Rule (later years)  **+**\_\_\_\_\_\_\_\_ TP / SP Qualified Charitable Distribution  **=**\_\_\_\_\_\_\_\_ TP Total  **=**\_\_\_\_\_\_\_\_ SP Total | “Enter Military Pension, Survivors Benefit Payments, other Qualifying Income Exempt from NJ Tax, or Nonresidency Pension income; enter the excluded amount as a negative number” |
| **Adjustments to Line 20b - Excludable Amounts of IRAs, Pensions and Annuities** | **+**\_\_\_\_\_\_\_\_ Pension with After-Tax Contributions  **+**\_\_\_\_\_\_\_\_ Govt. Employee Pension  **+**\_\_\_\_\_\_\_\_ IRA/403b/457b/TSP  **+**\_\_\_\_\_\_\_\_ 3 Year Rule (first 3 years)  **=**\_\_\_\_\_\_\_\_ Total | “Tax-Exempt Pensions, Annuities, and IRA Withdrawals” |
| **Adjustments to Line 26 – Other Income** | +\_\_\_\_\_\_\_\_ Taxable Scholarships  +\_\_\_\_\_\_\_\_ Medicaid Waiver Payment on W-2  **-**\_\_\_\_\_\_\_\_ PTR Recovery  **-**\_\_\_\_\_\_\_\_ Homestead Benefit Recovery  **-**\_\_\_\_\_\_\_\_ Non-W-2G Gambling Winnings  **-**\_\_\_\_\_\_\_\_ Jury Duty Pay Returned to Employer  **=**\_\_\_\_\_\_\_\_ Total | “Taxable Amount of Scholarships included on Federal Return” |
| **Screen: Subtractions from Income** | | |
| **Adjustments to Capital Gains** | \_\_\_\_\_\_\_\_ Amount | “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  **+**\_\_\_\_\_\_\_\_ Public Safety Officer Health Insurance in 1099-R box 5  **-**\_\_\_\_\_\_\_\_ Non-dependent costs  **=**\_\_\_\_\_\_\_\_ Total | “Enter any medical insurance premiums that you did not include on your federal return because they were deducted on a pre-tax basis.” |
| **Screen: Credits** | | |
| **Property Tax (Primary Residence Only)** | **+**\_\_\_\_\_\_\_\_ Gross Property Tax paid (Use PTR base amount if TP in PTR program)  **+**\_\_\_\_\_\_\_\_ 18% of Rent paid  **=**\_\_\_\_\_\_\_\_ Total | “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 % | “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 | “Credit for Taxes Paid to Another State” |
| **Screen: Tax** | | |
| **Use Tax** | \_\_\_\_\_\_\_\_ Amount  Use NJ Worksheet H or NJ Use Tax Calculator | “Use Tax Due on Out-of-State Purchases” |
| **Screen: Payments** | | |
| **Wounded Warrior Caregiver Credit** | \_\_\_\_\_\_\_\_ Amount | “Wounded Warrior Caregiver Credit” |
| **Refund Amount to Apply to 2019** | \_\_\_\_\_\_\_\_ Amount | “Amount of state refund that you would like to apply to your 2019 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#\_\_\_\_\_\_\_\_\_\_\_\_ | “Enter the W-2 Federal ID Number associated with Private Plan Number”  “Private Plan Number” |
| **Screen: Miscellaneous Forms** | | |
| **NJ Estimated Payment Vouchers** | \_\_\_\_\_\_\_\_ Due 04-15-2019  \_\_\_\_\_\_\_\_ Due 06-15-2019  \_\_\_\_\_\_\_\_ Due 09-15-2019  \_\_\_\_\_\_\_\_ Due 01-15-2020 | “Estimated Payment Vouchers, Form NJ‑1040‑ES” |