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 / NoSP: 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** | \_\_\_\_\_\_\_\_ AmountUse 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” |