

## New Jersey Checklist – TaxSlayer Online (TSO) TY2019

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

Item	Enter Answer(s)	Box Used to Enter into TSO
<b>Screen: Basic Information</b>		
<b>Municipality Code</b> As of return date	County: _____ Municipality: _____ Use <a href="#">NJ Municipality Code Lookup Tool</a>	“Select the County or Municipality of your current residence”
<b>Disabled</b> (for extra NJ exemption)	TP: Yes / No    SP: Yes / No	“Were you Disabled as of December 31, 2019?”
<b>Dependents under age 22 that attended college full time</b>	Number: _____	“Enter the number of dependents under age 22 claimed on your federal return that attended college”
<b>Gubernatorial Elections Fund</b>	TP: Yes / No    SP: Yes / No	“Gubernatorial Elections Fund”
<b>Veteran</b>	TP: Yes / No    SP: Yes / No	“Were you are [sic] a military veteran who was honorably discharged ...?”
<b>Screen: Income Subject to Tax</b>		
<b>NJ Line 24 - Gambling Winnings</b>	+ _____ Total Gambling Winnings (W-2G + other winnings) - _____ NJ Lottery (<= \$10,000 per instance) - _____ Gambling Losses = _____ Net Total	“Enter taxable Gambling Winnings that are taxable to New Jersey”
<b>Adjustments to Line 20a - Taxable Amounts of IRAs, Pensions, and Annuities</b> (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”
<b>Adjustments to Line 20b - Excludable Amounts of IRAs, Pensions and Annuities</b>	+ _____ 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”
<b>Adjustments to Line 26 – Other Income</b>	+ _____ Taxable Scholarships + _____ Medicaid Waiver Payment on W-2 - _____ PTR Recovery - _____ Homestead Benefit Recovery - _____ HSA distributions (NOT qualified) - _____ Non-W-2G Gambling Winnings - _____ Jury Duty Pay Returned to Employer = _____ Total	“Taxable Amount of Scholarships included on Federal Return”

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Item	Enter Answer(s)	Box Used to Enter into TSO
<b>Screen: Subtractions from Income</b>		
<b>Adjustments to Capital Gains</b>	_____ Amount	“Adjustments to Capital Gains ...”
<b>Pre-Tax (Federal) / Post-Tax (NJ) Medical</b>	+ _____ W-2 pre-tax medical premiums (aka Cafeteria Plan, Sec. 125) + _____ FSA / HSA distributions (qualified) + _____ 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.”
<b>Other Retirement Income Exclusion (62 or older)</b>	Yes / No – At least one spouse 62 or older and line 27 <= \$100,000 and line 29 > 0	“Pension Exclusion” - Begin
<b>Screen: Credits</b>		
<b>Property Tax Credit/Deduction (Primary Residence Only)</b>	+ _____ 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 ...”
	Homeowner / Renter / Both	“Type of rent or taxes paid for Property Tax Deduction in 2019?”
	_____ Block _____ Suffix _____ Lot _____ Suffix _____ Qualifier _____ County/Municipality	“If were you [sic] a Homeowner or Both, Please enter the information related ...: Note: Block and Lot are required to be completed.”
	Yes / No – Eligible for HB	“Are you eligible and file for a homestead benefit ...?”
	_____ Owner % _____ Unit %	“Owners Percentage” and “Unit Percentage”
<b>Credit for Taxes Paid to Another State</b>	_____ Name _____ AGI _____ Tax	“Credit for Taxes Paid to Another State”
<b>Wounded Warrior Caregiver Credit</b>	_____ Amount (Plus a bunch of other stuff)	“Wounded Warrior Caregiver Credit”
<b>Screen: Tax</b>		
<b>Use Tax</b>	_____ Amount Use NJ Worksheet K or NJ Use Tax Calculator	“Use Tax Due on Out-of-State Purchases”
<b>Everyone had MEC</b>	Yes / No – If No, Use NJ HCC / SRP Worksheet	“Did you and, if applicable, all members of your health care shared responsibility family, have qualifying coverage for every month in 2019?”
<b>Screen: Payments</b>		
<b>Refund Amount to Apply to 2020</b>	_____ Amount	“Amount of state refund that you would like to apply to your 2020 return”
<b>Private Plan Number(s) from W-2 for NJ-2450</b>	1 W-2 EIN _____ PP# _____ 2 W-2 EIN _____ PP# _____	“Enter the W-2 Federal ID ...” and “Private Plan Number” itself
<b>Screen: Miscellaneous Forms</b>		
<b>NJ Estimated Payments (next year)</b>	_____ Due 04-15-2020 _____ Due 06-15-2020 _____ Due 09-15-2020 _____ Due 01-15-2021	“Estimated Payment Vouchers, Form NJ-1040-ES”