

TAX YEAR: 2019
OFFICE : The Practice Lab

PROCESS DATE: 12/02/2020

CLIENT : XXX-XX-1234 MICHAEL E DAVENPORT
SPOUSE : XXX-XX-1234 SOPHIA DAVENPORT

BIRTH DATE : XX/XX/1949 Age:70
BIRTH DATE : XX/XX/1952 Age:67

ADDRESS : 167 HOLLAND AVE
: SEASIDE PARK NJ 08752

PREPARER : 995

Home : (619) 555-2356
Work : -
Cell : -
STATUS : MARRIED JOINT
FED TYPE: Direct Deposit
ST TYPE : Direct Deposit
E-MAIL :

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 10.69%

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
STATE & LOCAL REFUNDS
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
FORM 1099-MISC (Miscellaneous Income)
SCHEDULE A (ITEMIZED DEDUCTIONS)
SCHEDULE B (INTEREST/DIVIDEND INCOME)
SCHEDULE D (CAPITAL GAINS/LOSSES)
SCHEDULE E (SUPPLEMENTAL INCOME/LOSS)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8453 (E-FILE TRANSMITTAL ATTACHMENTS)
FORM 8949 (SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	2	2
TOTAL INCOME	69384	39487
TOTAL ADJUSTMENTS	0	41613
ADJUSTED GROSS INCOME	69384	0
DEDUCTIONS	38020	21820
EXEMPTIONS	0	11000
TAXABLE INCOME	31364	0
TAX	3353	0
CREDITS	0	0
PAYMENTS	6190	600
REFUND	2837	600
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

RTN: XXXXX0760	ACCOUNT: XXXXX3655	AMOUNT: \$2,837.00
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CLIENT : MICHAEL DAVENPORT
SPOUSE : SOPHIA DAVENPORT

XXX-XX-1234
XXX-XX-1234

PREPARER : 995 DATE : 12/02/2020

* 1099-R INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	T	DEFENSE FINANCE AND AC	13567	13567	1390	0
2.	T	CALVERT COUNTY SHERIFF	42670	36887	3500	500 NJ
TOTALS.....			56237	50454	4890	500

* 1099-MISC INCOME FORMS SUMMARY *

	[T/S]	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPLOYEE COMPENSATION
1.	T	JERRYS HONEY JAR	700	0	0	0	0
TOTALS.....			700	0	0	0	0

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	T	U.S.	13650	1300	2038
2.	S	U.S.	9650	0	1608
TOTALS.....			23300	1300	3646

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JERRYS HONEY JAR 142 COUNTY ROAD 16 SEASIDE PARK NJ 08752		1 Rents		OMB No. 1545-0115		Miscellaneous Income
		\$ 700		2019 Form 1099-MISC		
		2 Royalties				
		\$				
		3 Other income		4 Federal income tax withheld		
		\$		\$		
PAYER'S TIN 44-5003215		RECIPIENT'S TIN XXX-XX-1234		5 Fishing boat proceeds		6 Medical and health care payments
				\$		\$
RECIPIENT'S name MICHAEL DAVENPORT Street address (including apt. no.) 167 HOLLAND AVE City or town, state or province, country, and ZIP or foreign postal code SEASIDE PARK NJ 08752		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		\$		\$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds		
				\$		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		11		12
				13 Excess golden parachute payments		14 Gross proceeds paid to an attorney
				\$		\$
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.
\$		\$		\$		18 State income
				\$		\$

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. DEFENSE FINANCE AND ACCOUNTING 8899 E 56TH STREET INDIANAPOLIS IN 46249			1 Gross distribution \$ 13567 2a Taxable amount \$ 13567		OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>				
PAYER'S TIN 34-0727612		RECIPIENT'S TIN XXX-XX-1234		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1390			
RECIPIENT'S name MICHAEL E DAVENPORT Street address (including apt. no.) 167 HOLLAND AVE City or town, state or province, country, and ZIP or foreign postal code SEASIDE PARK NJ 08752			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$				
			7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %		
			9a Your percentage of total distribution %		9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. 0		FATCA filing requirement <input type="checkbox"/> 0		12 State tax withheld \$		13 State/Payer's state no. \$	
Account number (see instructions)		Date of payment		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	

Form **1099-R** (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. CALVERT COUNTY SHERIFFS DEPTMENT 18 COUNTY RD 16 TOMS RIVER NJ 08753			1 Gross distribution \$ 42670 2a Taxable amount \$ 36887		OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>				
PAYER'S TIN 87-6005678		RECIPIENT'S TIN XXX-XX-1234		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 3500			
RECIPIENT'S name MICHAEL E DAVENPORT Street address (including apt. no.) 167 HOLLAND AVE City or town, state or province, country, and ZIP or foreign postal code SEASIDE PARK NJ 08752			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 1500		6 Net unrealized appreciation in employer's securities \$				
			7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %		
			9a Your percentage of total distribution %		9b Total employee contributions \$ 110650				
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. 0		FATCA filing requirement <input type="checkbox"/> 0		12 State tax withheld \$ 500		13 State/Payer's state no. NJ 876005678	
Account number (see instructions)		Date of payment		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$ 36887	

Form **1099-R** (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I MICHAEL & SOPHIA DAVENPORT authorize The Practice Lab:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software-to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season.

This means-you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year.

This consent is valid-through November 13, 2021

The tax return information that will be disclosed includes, but is not limited to,-demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return.

This information includes-your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return.

The tax return information that will be disclosed also includes-the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year- Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent-of the disclosure of tax return information to a date earlier than presented above (November 13, 2021). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I will deny consent.

Limitation on the Scope of Disclosure:-I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Taxpayer PIN: 12345

PIN Date 9/30/2020

Signature: _____ Date: _____

Spouse PIN: 12345

PIN Date 9/30/2020

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

IRS e-file Signature Authorization

OMB No. 1545-0074

► ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID) ►

Taxpayer's name MICHAEL E DAVENPORT	Social security number XXX-XX-1234
Spouse's name SOPHIA DAVENPORT	Spouse's social security number XXX-XX-1234

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	69384
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	3353
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	6190
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	2837
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize PRACTICE LAB to enter or generate my PIN

1	1	2	3	4
---	---	---	---	---

 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 12/02/2020

Spouse's PIN: check one box only

☒ I authorize PRACTICE LAB to enter or generate my PIN

1	1	2	3	4
---	---	---	---	---

 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► 12/02/2020

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► IRS PREPARER Date ► 12/02/2020

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2019)

U.S. Individual Income Tax Transmittal for an IRS e-file Return

For the year January 1–December 31, 2019

► See instructions on back.

► Go to www.irs.gov/Form8453 for the latest information.

OMB No. 1545-0074

2019

Please
print or
type.

P
R
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T

C
L
E
A
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L
Y

Your first name and initial

MICHAEL E

Last name

DAVENPORT

Your social security number

XXX-XX-1234

If a joint return, spouse's first name and initial

SOPHIA

Last name

DAVENPORT

Spouse's social security number

XXX-XX-1234

Home address (number and street). If you have a P.O. box, see instructions.

167 HOLLAND AVE

Apt. no.

City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)

SEASIDE PARK, NJ 08752

Foreign country name

Foreign province/state/county

Foreign postal code

▲ **Important!** ▲
You **must** enter
your SSN(s) above.

**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE
OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.**

Check the applicable box(es) to identify the attachments.

- ☐ Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- ☐ Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- ☐ Form 3115, Application for Change in Accounting Method
- ☐ Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2—Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- ☐ Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☐ Form 5713, International Boycott Report
- ☐ Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- ☐ Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement that went into effect after 1984 and before 2009) (see instructions)
- ☐ Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
- ☐ Form 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☐ Form 8885, Health Coverage Tax Credit, and all required attachments
- ☒ Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

DON'T SIGN THIS FORM.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.

QNA

Form **8453** (2019)

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box.
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial MICHAEL E		Last name DAVENPORT	Your social security number XXX-XX-1234
If joint return, spouse's first name and middle initial SOPHIA		Last name DAVENPORT	Spouse's social security number XXX-XX-1234
Home address (number and street). If you have a P.O. box, see instructions. 167 HOLLAND AVE			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SEASIDE PARK, NJ 08752			
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☒ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☒ Was born before January 2, 1955 ☒ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	2b 43
3a Qualified dividends	3a 214	3b Ordinary dividends. Attach Sch. B if required	3b 357
4a IRA distributions	4a	4b Taxable amount	4b
c Pensions and annuities	4c 56237	4d Taxable amount	4d 50454
5a Social security benefits	5a 23300	5b Taxable amount	5b 19805
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6	6 -3000
7a Other income from Schedule 1, line 9		7a	7a 1725
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b	7b 69384
8a Adjustments to income from Schedule 1, line 22		8a	8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	8b 69384
9 Standard deduction or itemized deductions (from Schedule A)	9 38020		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10		11a	11a 38020
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	11b 31364

4d: PSO

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	3353
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	3353
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	3353
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0
16	Add lines 14 and 15. This is your total tax	16	3353
17	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	17	6190
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	6190

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	2837									
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	2837									
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>0</td><td>7</td><td>6</td><td>0</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	0	7	6	0		
X	X	X	X	X	0	7	6	0				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>3</td><td>6</td><td>5</td><td>5</td></tr></table>	X	X	X	X	X	3	6	5	5		
X	X	X	X	X	3	6	5	5				
22	Amount of line 20 you want applied to your 2020 estimated tax	22										

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶						
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Sign Here

Joint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)						
	12/02/20	RETIRED	<table border="1"><tr><td>6</td><td>9</td><td>7</td><td>3</td><td>2</td><td>9</td></tr></table>	6	9	7	3	2	9
6	9	7	3	2	9				
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)						
	12/02/20	RETIRED	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no. (619) 555-2356	Email address								

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
		12/02/20	S23051413	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ PRACTICE LAB	Phone no. 202-202-2022	<input type="checkbox"/> Self-employed		
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005	Firm's EIN ▶ -			

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2019)

QNA

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040 or 1040-SR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

MICHAEL & SOPHIA DAVENPORT

Your social security number

XXX-XX-1234

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	45
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	700
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► SEE STATEMENT	8	980
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	1725

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2019
Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

MICHAEL & SOPHIA DAVENPORT

Your social security number

XXX-XX-1234

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	20320	
2	Enter amount from Form 1040 or 1040-SR, line 8b	2	69384	
3	Multiply line 2 by 7.5% (0.075)	3	5204	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		15116

**Taxes You
Paid**

5 State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒

5a 845

b State and local real estate taxes (see instructions)

5b 7742

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d 8587

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 8587

6 Other taxes. List type and amount ►

6

7 Add lines 5e and 6

7

8587

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited (see instructions).

8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited

8a 9699

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address
►

8b

c Points not reported to you on Form 1098. See instructions for special rules

8c

d Mortgage insurance premiums (see instructions)

8d

e Add lines 8a through 8d

8e 9699

9 Investment interest. Attach Form 4952 if required. See instructions.

9

10 Add lines 8e and 9

10

9699

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11 4200

12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500.

12 418

13 Carryover from prior year

13

14 Add lines 11 through 13

14

4618

**Casualty and
Theft Losses**

15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15

**Other
Itemized
Deductions**

16 Other—from list in instructions. List type and amount ►

16

**Total
Itemized
Deductions**

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9

17

38020

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Name(s) shown on return

MICHAEL & SOPHIA DAVENPORT

Your social security number

XXX-XX-1234

Part I
Interest

(See instructions
and the
instructions for
Forms 1040 and
1040-SR, line 2b.)

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

STATE SERVICES LLC

Amount

43

1

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

43

3

43

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

(See instructions
and the
instructions for
Forms 1040 and
1040-SR, line 3b.)

Note: If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5** List name of payer ► STATE SERVICES LLC
ACME HOLDINGS

270

87

5

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ►

357

6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If
required, failure
to file FinCEN
Form 114 may
result in
substantial
penalties. See
instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a** At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE D
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

- Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2019

Attachment
Sequence No. **12**

Name(s) shown on return

MICHAEL & SOPHIA DAVENPORT

Your social security number

XXX-XX-1234

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	41200	52482		-11282
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (1309)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -12591

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	26327	23772		2555
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	3569	2625		944
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 1045
13 Capital gain distributions. See the instructions				13 3512
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 8056

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-4535
<ul style="list-style-type: none">• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.			
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><ul style="list-style-type: none">• The loss on line 16; or• (\$3,000), or if married filing separately, (\$1,500)</div><div style="font-size: 3em; margin-right: 10px;">}</div><div>21 (3000)</div></div> Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

MICHAEL & SOPHIA DAVENPORT

Social security number or taxpayer identification number

XXX-XX-1234

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	STATE SERVICES	VARIOUS	11/21/2019	41200	52482	M		-11282
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				41200	52482			-11282

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

MICHAEL & SOPHIA DAVENPORT

Social security number or taxpayer identification number

XXX-XX-1234

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	STATE SERVICES	VARIOUS	02/15/2019	26327	23772	M		2555
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				26327	23772			2555

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

MICHAEL & SOPHIA DAVENPORT

Social security number or taxpayer identification number

XXX-XX-1234

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
25	IBM	INHERIT	08/19/2019	3569	2625			944
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				3569	2625			944

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Name(s) shown on return

MICHAEL & SOPHIA DAVENPORT

Your social security number

XXX-XX-1234

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Forms 1099? ☐ **Yes** ☐ **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	10 HONEY ST SEASIDE PARK NJ 08752				Link:1000
B					Link:0
C					Link:0
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	5		365		<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:	Properties:	A	B	C
3 Rents received	3	700		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities.	17			
18 Depreciation expense or depletion	18			
19 Other (list) ►	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	700		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	700		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			700
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 NPA=700	26			700

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

QNA

<u>Description of Income</u>	<u>Amount</u>
PTR RECOVERY	555
HOMESTEAD BENEFIT RECOVER	425
<hr/>	
TOTALS	980

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	5262
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	3967
Prescription Medicine, Drugs, or Insulin	1796
Hospital Care including Meals and Lodging	3790
Medical Aids (Crutches, Hearing Aids, Wheelchairs, etc.)	3195
Mileage (1843 miles x 0.200)	369
OTHER MEDICAL EXPENSES	<u>1941</u>
TOTALS:	20320

MICHAEL & SOPHIA DAVENPORT
State and Local General Sales Tax Deduction
Worksheet—Line 5a

XXX-XX-1234

Keep for Your Records



Instead of using this worksheet, you can find your deduction by using the Sales Tax Deduction Calculator at [IRS.gov/SalesTax](https://www.irs.gov/SalesTax).

Before you begin: See the instructions for line 1 of the worksheet if you:

- ☒ Lived in more than one state during 2019, or
- ☒ Had any **nontaxable** income in 2019.

Zip: 07834 State: NJ County: NEW JERSEY STATE City: DENVILLE Days Lived in: 365

1. Enter your **state** general sales taxes from the 2019 Optional State Sales Tax Table 1. \$ 845

Next. If, for all of 2019, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2019?

☒ **No.** Enter -0-.

☐ **Yes.** Enter your base **local** general sales taxes from the 2019 Optional Local Sales Tax Tables.

} 2. \$

3. Did your locality impose a **local** general sales tax in 2019? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

☒ **No.** Skip lines 3 through 5, enter -0- on line 6, and go to line 7.

☐ **Yes.** Enter your **local** general sales tax rate, but omit the percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2019, see the instructions for line 3 of the worksheet 3.

4. Did you enter -0- on line 2?

☐ **No.** Skip lines 4 and 5 and go to line 6.

☒ **Yes.** Enter your **state** general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0 4. 6.6250

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places) 5.

6. Did you enter -0- on line 2?

☐ **No.** Multiply line 2 by line 3.

☒ **Yes.** Multiply line 1 by line 5. If you lived in more than one locality in the same state during 2019, see the instructions for line 6 of the worksheet.

} 6. \$

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet 7. \$

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5a. Be sure to check the **box** on that line 8. \$ 845

Worksheet 2. Applying the Deduction Limits

Caution: Don't use this worksheet to figure the contributions you can deduct this year if you have a carryover of a charitable contribution from an earlier year.

Step 1. Enter any qualified conservation contributions (QCCs) made during the year.		
1. If you are a qualified farmer or rancher, enter any QCCs subject to the limit based on 100% of adjusted gross income (AGI)	1	
2. Enter any QCCs not entered on line 1	2	
Step 2. Enter your other charitable contributions made during the year.		
3. Enter cash contributions payable for California wildfires that you elect to treat as qualified contributions	3	
4. Enter your contributions of capital gain property "for the use of" any qualified organization	4	
5. Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	5	
6. Enter your contributions of capital gain property to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	6	
7. Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	7	
8. Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	8	
9. Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	9	418
10. Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	10	4200
Step 3. Figure your deduction for the year (if any result is zero or less, enter -0-)		
11. Enter your adjusted gross income (AGI)	11	69384
Cash contributions subject to the limit based on 60% of AGI (If line 10 is zero, enter -0- on lines 12 through 14)		
12. Multiply line 11 by 0.6	12	41630
13. Deductible amount. Enter the smaller of line 10 or line 12	13	4200
14. Carryover. Subtract line 13 from line 10	14	
Noncash contributions subject to the limit based on 50% of AGI (If line 9 is zero, enter -0- on lines 15 through 18)		
15. Multiply line 11 by 0.5	15	34692
16. Subtract line 13 from line 15	16	30492
17. Deductible amount. Enter the smaller of line 9 or line 16	17	418
18. Carryover. Subtract line 17 from line 9	18	
Contributions (other than capital gain property) subject to limit based on 30% of AGI (If lines 5 and 7 are both zero, enter -0- on lines 19 through 25)		
19. Multiply line 11 by 0.5	19	
20. Add lines 8, 9, and 10	20	
21. Subtract line 20 from line 19	21	
22. Multiply line 11 by 0.3	22	
23. Add lines 5 and 7	23	
24. Deductible amount. Enter the smallest of line 21, 22, or 23	24	
25. Carryover. Subtract line 24 from line 23	25	
Contributions of capital gain property subject to limit based on 30% of AGI (If line 8 is zero, enter -0- on lines 26 through 31)		
26. Multiply line 11 by 0.5	26	
27. Add lines 9 and 10	27	
28. Subtract line 27 from line 26	28	
29. Multiply line 11 by 0.3	29	
30. Deductible amount. Enter the smallest of line 8, 28, or 29	30	
31. Carryover. Subtract line 30 from line 8	31	
Contributions subject to the limit based on 20% of AGI (If lines 4 and 6 are both zero, enter -0- on lines 32 through 41)		
32. Multiply line 11 by 0.5	32	
33. Add lines 13, 17, 24, and 30	33	
34. Subtract line 33 from line 32	34	
35. Multiply line 11 by 0.3	35	
36. Subtract line 24 from line 35	36	
37. Subtract line 30 from line 35	37	
38. Multiply line 11 by 0.2	38	
39. Add lines 4 and 6	39	
40. Deductible amount. Enter the smallest of line 34, 36, 37, 38, or 39	40	
41. Carryover. Subtract line 40 from line 39	41	
QCCs subject to limit based on 50% of AGI (If line 2 is zero, enter -0- on lines 42 through 46)		
42. Multiply line 11 by 0.5	42	
43. Add lines 13, 17, 24, 30, and 40	43	
44. Subtract line 43 from line 42	44	
45. Deductible amount. Enter the smaller of line 2 or line 44	45	
46. Carryover. Subtract line 45 from line 2	46	

Note: Worksheet 2 continues on the next page.

QCCs subject to limit based on 100% of AGI (If line 1 is zero, enter -0- on lines 47 through 51)		
47.	Enter the amount from line 11	
48.	Add lines 13, 17, 24, 30, 40, and 45	
49.	Subtract line 48 from line 47	
50.	Deductible amount. Enter the smaller of line 1 or line 49	
51.	Carryover. Subtract line 50 from line 1	
Qualified contributions for certain disaster relief efforts (If line 3 is zero, enter -0- on lines 52 through 56)		
52.	Enter the amount from line 11	
53.	Add lines 13, 17, 24, 30, 40, 45, and 50	
54.	Subtract line 53 from line 52	
55.	Deductible amount. Enter the smaller of line 3 or line 54	
56.	Carryover. Subtract line 55 from line 3	
Deduction for the year		
57.	Add lines 13, 17, 24, 30, 40, 45, 50, and 55. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12, whichever is appropriate. Also, enter the amount from line 55 on the dotted line next to the line 11 entry space.	4618
Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See <i>Carryovers</i> , later, for more information about how you will use them next year.		

QNA

Qualified Dividends and Capital Gain Tax Worksheet—Line 12a

Keep for Your Records

**Before you begin:**

- ✓ See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 6.

1.	Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>31364</u>
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>214</u>
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	<u> </u>
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4.	Add lines 2 and 3	4.	<u>214</u>
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	<u> </u>
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>214</u>
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>31150</u>
8.	Enter:		
	\$39,375 if single or married filing separately,		
	\$78,750 if married filing jointly or qualifying widow(er),	8.	<u>78750</u>
	\$52,750 if head of household.		
9.	Enter the smaller of line 1 or line 8	9.	<u>31364</u>
10.	Enter the smaller of line 7 or line 9	10.	<u>31150</u>
11.	Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>214</u>
12.	Enter the smaller of line 1 or line 6	12.	<u>214</u>
13.	Enter the amount from line 11	13.	<u>214</u>
14.	Subtract line 13 from line 12	14.	<u> </u>
15.	Enter:		
	\$434,550 if single,		
	\$244,425 if married filing separately,	15.	<u>488850</u>
	\$488,850 if married filing jointly or qualifying widow(er),		
	\$461,700 if head of household.		
16.	Enter the smaller of line 1 or line 15	16.	<u>31364</u>
17.	Add lines 7 and 11	17.	<u>31364</u>
18.	Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u> </u>
19.	Enter the smaller of line 14 or line 18	19.	<u> </u>
20.	Multiply line 19 by 15% (0.15)	20.	<u> </u>
21.	Add lines 11 and 19	21.	<u>214</u>
22.	Subtract line 21 from line 12	22.	<u> </u>
23.	Multiply line 22 by 20% (0.20)	23.	<u> </u>
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>3353</u>
25.	Add lines 20, 23, and 24	25.	<u>3353</u>
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	<u>3377</u>
27.	Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	<u>3353</u>

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

MICHAEL & SOPHIA DAVENPORT

XXX-XX-1234

28% Rate Gain Worksheet—Line 18

Keep for Your Records



- | | |
|---|--------------|
| 1. Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II | 1. _____ |
| 2. Enter as a positive number the total of:
• Any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code “Q” in column (f), that is 50% of the gain;
• $\frac{2}{3}$ of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code “Q” in column (f), that is 60% of the gain; and
• $\frac{1}{3}$ of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code “Q” in column (f), that is 75% of the gain.
Don’t make an entry for any section 1202 exclusion that is 100% of the gain. | 2. _____ |
| 3. Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824 | 3. _____ |
| 4. Enter the total of any collectibles gain reported to you on:
• Form 1099-DIV, box 2d;
• Form 2439, box 1d; and
• Schedule K-1 from a partnership, S corporation, estate, or trust. | 4. _____ |
| 5. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C | 5. (_____) |
| 6. If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- | 6. (12591) |
| 7. Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 | 7. _____ |

QNA

Unrecaptured Section 1250 Gain Worksheet—Line 19

Keep for Your Records

**If you aren't reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.**

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions	1.	
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2.	
3. Subtract line 2 from line 1	3.	
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year. See instructions	4.	
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain"	5.	
6. Add lines 3 through 5	6.	
7. Enter the smaller of line 6 or the gain from Form 4797, line 7	7.	
8. Enter the amount, if any, from Form 4797, line 8	8.	
9. Subtract line 8 from line 7. If zero or less, enter -0-	9.	
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain. See instructions	10.	
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R	11.	
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale. See instructions	12.	
13. Add lines 9 through 12	13.	
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14.	
15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15.	(12591)
16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C*	16.	()
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17.	12591
18. Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19	18.	

* If you are filing Form 2555 (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR before completing this line.

QNA

Capital Loss Carryover Worksheet—Lines 6 and 14

Keep for Your Records



Use this worksheet to figure your capital loss carryovers from 2019 to 2020 if your 2019 Schedule D, line 21, is a loss and **(a)** that loss is a smaller loss than the loss on your 2019 Schedule D, line 16, **or (b)** if the amount on your 2019 Form 1040, line 11b (or your 2019 Form 1040-NR, line 41, if applicable) would be less than zero if you could enter a negative amount on that line. Otherwise, you don't have any carryovers.

If you and your spouse once filed a joint return and are filing separate returns for 2019, any capital loss carryover from the joint return can be deducted only on the return of the spouse who actually had the loss.

If you excluded canceled debt from income in 2019, see Pub. 4681.

1. Enter the amount from your 2019 Form 1040, line 11b, or your 2019 Form 1040-NR, line 41. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses	1. <u>31364</u>
2. Enter the loss from your 2019 Schedule D, line 21, as a positive amount	2. <u>3000</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3. <u>34364</u>
4. Enter the smaller of line 2 or line 3	4. <u>3000</u>
If line 7 of your 2019 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.	
5. Enter the loss from your 2019 Schedule D, line 7, as a positive amount	5. <u>12591</u>
6. Enter any gain from your 2019 Schedule D, line 15. If a loss, enter -0-	6. <u>8056</u>
7. Add lines 4 and 6	7. <u>11056</u>
8. Short-term capital loss carryover for 2020. Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6	8. <u>1535</u>
If line 15 of your 2019 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.	
9. Enter the loss from your 2019 Schedule D, line 15, as a positive amount	9. _____
10. Enter any gain from your 2019 Schedule D, line 7. If a loss, enter -0-	10. _____
11. Subtract line 5 from line 4. If zero or less, enter -0-	11. _____
12. Add lines 10 and 11	12. _____
13. Long-term capital loss carryover for 2020. Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 14	13. _____

whole dollars, you must round all amounts. To round, drop amounts under 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

If you have to add two or more amounts to figure the amount to enter on a line, include cents when adding the amounts and round off only the total.

Disposal of QOF investment. If you disposed of any investment in a QOF during the tax year, check the box on page 1 of Schedule D and see the Instructions for Form 8949 for additional reporting requirements. You must also complete Part III of Form 8997. See the Instructions for Form 8997 for details.

Lines 1a and 8a— Transactions Not Reported on Form 8949

You can report on line 1a (for short-term transactions) or line 8a (for long-term transactions) the aggregate totals from any transactions (except sales of collectibles) for which:

- You received a Form 1099-B (or substitute statement) that shows basis was reported to the IRS and doesn't show any adjustments in box 1f or 1g;
- The Ordinary box in box 2 isn't checked;
- The QOF box in box 3 isn't checked;
- You aren't electing to defer income due to an investment in a QOF and aren't terminating deferral from an investment in a QOF; and

• You don't need to make any adjustments to the basis or type of gain or loss reported on Form 1099-B (or substitute statement), or to your gain or loss. See *How To Complete Form 8949, Columns (f) and (g)* in the Form 8949 instructions for details about possible adjustments to your gain or loss.

If you choose to report these transactions on lines 1a and 8a, don't report them on Form 8949. You don't need to attach a statement to explain the entries on lines 1a and 8a and, if you *e-file* your return, you don't need to file Form 8453.

Figure gain or loss on each line. Subtract the cost or other basis in column (e) from the proceeds (sales price) in column (d). Enter the gain or loss in column (h). Enter negative amounts in parentheses.



Simplified Method Worksheet—Lines 4c and 4d

Keep for Your Records

Before you begin: ✓ If you are the beneficiary of a deceased employee or former employee who died **before** August 21, 1996, include any death benefit exclusion that you are entitled to (up to \$5,000) in the amount entered on line 2 below.

More than one pension or annuity. If you had more than one partially taxable pension or annuity, figure the taxable part of each separately. Enter the total of the taxable parts on Form 1040 or 1040-SR, line 4d. Enter the total pension or annuity payments received in 2019 on Form 1040 or 1040-SR, line 4c.

1. Enter the total pension or annuity payments from Form 1099-R, box 1. Also, enter this amount on Form 1040 or 1040-SR, line 4c	1.	42670
2. Enter your cost in the plan at the annuity starting date	2.	110650
Note. If you completed this worksheet last year, skip line 3 and enter the amount from line 4 of last year's worksheet on line 4 below (even if the amount of your pension or annuity has changed). Otherwise, go to line 3.		
3. Enter the appropriate number from Table 1 below. But if your annuity starting date was after 1997 and the payments are for your life and that of your beneficiary, enter the appropriate number from Table 2 below	3.	310
4. Divide line 2 by the number on line 3	4.	356.94
5. Multiply line 4 by the number of months for which this year's payments were made. If your annuity starting date was before 1987, skip lines 6 and 7 and enter this amount on line 8. Otherwise, go to line 6	5.	4283
6. Enter the amount, if any, recovered tax free in years after 1986. If you completed this worksheet last year, enter the amount from line 10 of last year's worksheet	6.	24271
7. Subtract line 6 from line 2	7.	86379
8. Enter the smaller of line 5 or line 7	8.	4283
9. Taxable amount. Subtract line 8 from line 1. Enter the result, but not less than zero. Also, enter this amount on Form 1040 or 1040-SR, line 4d. If your Form 1099-R shows a larger amount, use the amount on this line instead of the amount from Form 1099-R. If you are a retired public safety officer, see <i>Insurance Premiums for Retired Public Safety Officers</i> before entering an amount on line 4d	9.	38387
10. Was your annuity starting date before 1987? <input type="checkbox"/> Yes. Do not complete the rest of this worksheet. <input checked="" type="checkbox"/> No. Add lines 6 and 8. This is the amount you have recovered tax free through 2019. You will need this number if you need to fill out this worksheet next year	10.	28554
11. Balance of cost to be recovered. Subtract line 10 from line 2. If zero, you won't have to complete this worksheet next year. The payments you receive next year will generally be fully taxable	11.	82096

Table 1 for Line 3 Above

IF the age at annuity starting date was . . .

55 or under
 56–60
 61–65
 66–70
 71 or older

AND your annuity starting date was—
before November 19, 1996,
enter on line 3 . . .

300
 260
 240
 170
 120

after November 18, 1996,
enter on line 3 . . .

360
 310
 260
 210
 160

Table 2 for Line 3 Above

IF the combined ages at annuity starting date were . . .

110 or under
 111–120
 121–130
 131–140
 141 or older

THEN enter on line 3 . . .

410
 360
 310
 260
 210

QNA

Social Security Benefits Worksheet—Lines 5a and 5b

Keep for Your Records



Before you begin:

- ✓ Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 22 (see the instructions for Schedule 1, line 22).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2019, enter “D” to the right of the word “benefits” on line 5a. If you don’t, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 5a and 5b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1. Enter the total amount from **box 5** of **all** your **Forms SSA-1099** and **RRB-1099**. Also, enter this amount on Form 1040 or 1040-SR, line 5a **1.** 23300
2. Multiply line 1 by 50% (0.50) **2.** 11650
3. Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 4d, 6, and Schedule 1, line 9 **3.** 49579
4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a **4.**
5. Combine lines 2, 3, and 4 **5.** 61229
6. Enter the total of the amounts from Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22 **6.**
7. Is the amount on line 6 less than the amount on line 5?
 - ☐ **No.** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b.
 - ☒ **Yes.** Subtract line 6 from line 5 **7.** 61229
8. If you are:
 - Married filing jointly, enter \$32,000
 - Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019, enter \$25,000
 - Married filing separately and you lived with your spouse at any time in 2019, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17
 **8.** 32000
9. Is the amount on line 8 less than the amount on line 7?
 - ☐ **No.** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you are married filing separately and you **lived apart** from your spouse for all of 2019, be sure you entered “D” to the right of the word “benefits” on line 5a.
 - ☒ **Yes.** Subtract line 8 from line 7 **9.** 29229
10. Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019 **10.** 12000
11. Subtract line 10 from line 9. If zero or less, enter -0- **11.** 17229
12. Enter the **smaller** of line 9 or line 10 **12.** 12000
13. Enter one-half of line 12 **13.** 6000
14. Enter the **smaller** of line 2 or line 13 **14.** 6000
15. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- **15.** 14645
16. Add lines 14 and 15 **16.** 20645
17. Multiply line 1 by 85% (0.85) **17.** 19805
18. **Taxable social security benefits.** Enter the **smaller** of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 5b **18.** 19805



If any of your benefits are taxable for 2019 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.

QNA

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**** SUPPORTING NOTES FOR SCHEDULE A

XXX-XX-1234

MICHAEL & SOPHIA DAVENPORT

Schedule of Payments to Doctors/Dentists:

<u>Description</u>	<u>Amount</u>
DOCTORS	1,789
DENTAL CROWNS	2,178
<hr/> Total Payments to Doctors/Dentists:	<hr/> 3,967

Schedule of Other Medical Expenses:

<u>Description</u>	<u>Amount</u>
AMBULANCE	961
INSULIN	980
<hr/> Total Other Medical Expenses:	<hr/> 1,941



1038

Your Social Security Number (required)
XXXXXX1234

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
DAVENPORT MICHAEL E & SOPHIA

Spouse's/CU Partner's SSN (if filing jointly)
XXXXXX1234

County/Municipality Code (See Table page 50)
1528

Home Address (Number and Street, including apartment number)
167 HOLLAND AVE

City, Town, Post Office
SEASIDE PARK

State ZIP Code
NJ 08752-

Driver's License Number (Voluntary) (Instructions page 42)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

☒ Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)

dd1. 1

dd2. Account type (C for checking, S for savings)

dd2. C

dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States

dd3.

dd4. Routing number

dd4.

dd5. Account number

dd5.

325070760
XXXXXX3655





Name(s) as shown on Form NJ-1040

DAVENPORT MICHAEL E & SOPHIA

Your Social Security Number

XXXXXX1234

1038

Part-year residents, provide months/days you were a New Jersey resident during 2019:

From: To:

Fiscal year filers only:

Enter month of your year end

Filing Status

Fill in only one.

1. Single
 2. ☒ Married/CU Couple, filing joint return
 3. Married/CU Partner, filing separate return
 4. Head of Household
 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2017 2018

Enter spouse's/CU partner's SSN

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	2000
7.	Senior 65+ (Born in 1954 or earlier)	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner		2	x \$1,000 =	2000
8.	Blind/Disabled		Self	<input checked="" type="checkbox"/>	Spouse/CU Partner		1	x \$1,000 =	1000
9.	Veteran	<input checked="" type="checkbox"/>	Self		Spouse/CU Partner		1	x \$6,000 =	6000
10.	Qualified Dependent Children							x \$1,500 =	
11.	Other Dependents							x \$1,500 =	
12.	Dependents Attending Colleges (See instructions)							x \$1,000 =	
13.	Total Exemption Amount (Add totals from the lines at 6 through 12)						13.		11000

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial

Social Security Number

Birth Year

No Health Insurance

- a. _____
- b. _____
- c. _____
- d. _____



Name(s) as shown on Form NJ-1040

DAVENPORT MICHAEL E & SOPHIA

Your Social Security Number

XXXXXX1234

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	43 .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.
17. Dividends	17.	357 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	38387 .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	4283 .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	700 .
24. Net Gambling Winnings (See instructions)	24.	.
25. Alimony and Separate Maintenance Payments received	25.	.
26. Other (Enclose documents) (See instructions)	26.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	39487 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	38387 .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 19)	28b.	41613 .
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	80000 .
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	11000 .
31. Medical Expenses (Worksheet F and instructions page 22)	31.	21820 .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.
33. Qualified Conservation Contribution	33.	.
34. Health Enterprise Zone Deduction	34.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.
36. Total Exemptions and Deductions (Add lines 30 through 35)	36.	32820 .
37. Taxable Income (Subtract line 36 from line 29)	37.	.
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	5000 .
38b. Block	.	.
38b. Lot	.	.
38b. Qualifier		
38c. County/Municipality Code	1528	
Fill in if you completed Worksheet G		
38d. Indicate your residency status during 2019 (fill in only one) <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> Both		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	.
41. Tax on Amount on line 40 (Tax Table page 52)	41.	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	.
Enter Code		
43. Balance of Tax (Subtract line 42 from line 41)	43.	.
44. Child and Dependent Care Credit (See instructions)	44.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract line 44 from line 43)	45.	.
46. Sheltered Workshop Tax Credit	46.	.
47. Balance of Tax (Subtract line 46 from line 45)	47.	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.
49. Balance of Tax After Credit (Subtract line 48 from line 47) If zero or less, make no entry	49.	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	.
51. Interest on Underpayment of Estimated Tax	51.	.
Fill in if Form NJ-2210 is enclosed		



Name(s) as shown on Form NJ-1040

DAVENPORT MICHAEL E & SOPHIA

Your Social Security Number

XXXXXX1234

1038

52.	Shared Responsibility Payment (See instructions)	52.	.
REQUIRED Enclose Schedule HCC and fill in			
53.	Total Tax Due (Add lines 49 through 52)	53.	.
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	54.	500 .
55.	Property Tax Credit (See instructions page 23)	55.	.
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return	56.	100 .
57.	New Jersey Earned Income Tax Credit (See instructions)	57.	.
Fill in if you had the IRS calculate your federal earned income credit			
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
58.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61.	Wounded Warrior Caregivers Credit (See instructions)	61.	.
62.	Total Withholdings, Credits, and Payments (Add lines 54 through 61)	62.	600 .
63.	If line 62 is less than line 53, you have tax due. Subtract line 62 from line 53 and enter the amount you owe	63.	.
If you owe tax, you can still make a donation on lines 66 through 73.			
64.	If the total on line 62 is more than line 53, you have an overpayment. Subtract line 53 from line 62 and enter the overpayment	64.	600 .
65.	Amount from line 64 you want to credit to your 2020 tax	65.	.
66.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20 Other 66. .
67.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20 Other 67. .
68.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20 Other 68. .
69.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20 Other 69. .
70.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20 Other 70. .
71.	Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code 71. .
72.	Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code 72. .
73.	Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code 73. .
74.	Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through 73)	74.	.
75.	Balance due (If line 63 is more than zero, add line 63 and line 74)	75.	.
76.	Refund amount (If line 64 is more than zero, subtract line 74 from line 64)	76.	600 .

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes ☒ No
If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes ☒ No

This does not reduce your refund or increase your balance due.

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

S23051413

Firm's Name Federal Employer Identification Number

PRACTICE LAB
15 PRACTICE LAB WAY WASHINGTON DC 20005

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey – TGI

You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

Worksheet D
Unclaimed Pension Exclusion
Age Requirement: 62 or older

Part-year residents, do not complete this worksheet. (See instructions below.)

Is income on line 27, NJ-1040 **MORE than \$100,000?**

- ☐ Yes. You are not eligible for the unclaimed pension exclusion.
☐ No. Continue with line 1.

1. Enter the amount from line 15, NJ-1040 1. _____
 2. Enter the amount from line 18, NJ-1040 2. _____
 3. Enter the amount from line 21, NJ-1040 3. _____
 4. Enter the amount from line 22, NJ-1040 4. _____
 5. Add lines 1, 2, 3, and 4 5. _____

Is the amount on line 5 MORE than \$3,000?

- ☐ Yes. You are not eligible for the unclaimed pension exclusion. See "Special Exclusion" below.
☐ No. Continue with line 6.

6. **Enter: if your filing status is:**
 \$80,000 Married/CU couple, filing joint return
 \$60,000 Single; Head of household; Qualifying widow(er)/
 surviving CU partner
 \$40,000 Married/CU partner, filing separate return 6. 80000
 7. Enter the amount from line 28a, NJ-1040..... 7. 38387
 8. Unclaimed Pension Exclusion. Subtract line 7 from line 6. Include this amount on line 28b, NJ-1040 8. 41613

Joint filers: If only one spouse is 62 or older, only the income of that spouse can be excluded.

Special Exclusion. If you (and your spouse if filing jointly) will **never** be able to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, you may qualify for this exclusion. See GIT-1 and 2, *Retirement Income*, before entering an amount on line 28b.

(Keep for your records)

Special Exclusion. If you (and your spouse if filing jointly) will **never** be able to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, you may qualify for the Special Exclusion. If you qualify, you can claim \$6,000 (married, filing joint; head of household; qualifying widow(er)) or \$3,000 (single; married, filing separate).

Note: Do not claim the Special Exclusion if you (or your spouse if filing jointly) will **ever** be eligible for Social Security or Railroad Retirement benefits.

See GIT-1 and 2, *Retirement Income*, for more information.

Part-Year Residents. If you did not use your entire *pro-rated* retirement/pension exclusion on line 28a, you may be able to use the unclaimed portion. Complete Worksheet E to determine if you are eligible and the amount to include on line 28b.

Line 28c – Total Exclusion Amount

Add lines 28a and 28b and enter the total.

Line 29 – New Jersey Gross Income

Subtract line 28c from line 27 and enter the result. If zero or less, make no entry.

Required to file a return

You are **required** to file a return if your income on line 29 is more than the filing threshold:

- \$20,000 Married filing jointly, Head of Household, or Qualified Widow(er)
- \$10,000 Single or married/CU partner filing separate return

Line 31 – Medical Expenses

You can deduct certain unreimbursed medical expenses you paid during the year for yourself, your spouse or domestic partner, and any dependents you claim. You can only deduct expenses that are more than 2% of your gross income. In general, medical expenses allowed for federal tax purposes are allowed for New Jersey tax purposes. These can include:

- Physicians, dental, and other medical fees
- Prescription eyeglasses and contact lenses
- Hospital care
- Nursing care
- Medicines and drugs
- Prosthetic devices
- X-rays and other diagnostic services conducted by or directed by a physician or dentist
- Amounts paid for transportation primarily for and essential to medical care
- Insurance (including amounts paid as premiums under Part B of Title XVIII of the Social Security Act, relating to supplementary medical insurance for the aged) covering medical care

You can also deduct qualified Archer MSA contributions and self-employed health insurance costs. Information is available on our website at njtaxation.org.

Use Worksheet F below to calculate your medical expenses deduction.

Note: For federal purposes you may be able to deduct amounts paid for health insurance for any child of yours who was under age 27 at the end of 2019. However, for New Jersey purposes you can deduct these amounts only if the child was your dependent. For more information, see Technical Advisory Memorandum TAM 2011-14.

Part-Year Residents. Include only those expenses you incurred and paid while you were a resident of New Jersey.

Line 32 – Alimony and Separate Maintenance Payments

Enter any court-ordered alimony or separate maintenance payments you made. Do not include child support payments.

Part-Year Residents. Include only those payments made while you were a resident of New Jersey.

Line 33 – Qualified Conservation Contribution

Enter any qualified contribution you made of real property (land) in New Jersey for conservation purposes (e.g., protection of natural habitat, farmland, forest, or open space). The deduction is the amount of the contribution allowed as a deduction in calculating your taxable income for federal purposes.

Enclose document If you file federal Form 8283, enclose a copy with your return.

Part-Year Residents. Include only those contributions you made while you were a resident of New Jersey.

Line 34 – Health Enterprise Zone Deduction

If you provide primary care services in a qualified medical or dental practice you own that is located in or within five miles of a designated Health Enterprise Zone (HEZ), you may be able to deduct a percentage of the net income from that practice.

Enter the HEZ deduction for a qualified practice as follows:

- Partners – Use the amount from Part III of the Schedule NJK-1, Form NJ-1065, you received from the practice.

Worksheet F Deduction for Medical Expenses

1. Total unreimbursed medical expenses	1. <u>21820</u>
2. Enter line 29, Form NJ-1040 _____ × .02 =	2. _____
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero	3. <u>21820</u>
4. Enter the amount of your qualified Archer MSA contributions from federal Form 8853	4. _____
5. Enter the amount of your self-employed health insurance deduction	5. _____
6. Total Deduction for Medical Expenses. Add lines 3, 4, and 5. Enter the result here and on line 31, Form NJ-1040. If zero, enter zero here and make no entry on line 31, Form NJ-1040	6. <u>21820</u>

(Keep for your records)

NJ e-file Signature Authorization

Do not send to New Jersey. Keep for your records.
See instructions.

2019

Taxpayer's name MICHAEL E DAVENPORT	Social security number XXX-XX-1234
Spouse's name SOPHIA DAVENPORT	Spouse's social security number XXX-XX-1234

Part I Tax Return Information—Tax Year Ending December 31, 2019 (Whole Dollars Only)

1	New Jersey Taxable income (Form NJ-1040, line 40) (Form NJ-1040NR, Line 38)	-----	1	
2	Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	-----	2	
3	New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	-----	3	500
4	Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	-----	4	600
5	Amount you owe (Form NJ-1040, line 75) (Form NJ-1040NR, Line 55)	-----	5	

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize PRACTICE LAB to enter my PIN

1	1	2	3	4
---	---	---	---	---

 as my signature
ERO firm name
on my tax year 2019 electronically filed income tax return.
do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ♦ _____ Date ♦ 12/02/2020

Spouse's PIN: check one box only

☒ I authorize PRACTICE LAB to enter my PIN

1	1	2	3	4
---	---	---	---	---

 as my signature
ERO firm name
on my tax year 2019 electronically filed income tax return.
do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ♦ _____ Date ♦ 12/02/2020

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication—Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ♦ _____ Date ♦ 12/02/2020

ERO Must Retain This Form — See Instructions**Do Not Submit This Form to New Jersey Unless Requested To Do So**

Name(s) as shown on Form NJ-1040 DAVENPORT MICHAEL E & SOPHIA	Social Security Number
--	------------------------

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2019

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	25 IBM	VARIOUS	12/31/2019	3569	2625	944
	STATE SERVICES	VARIOUS	12/31/2019	41200	52482	-11282
	STATE SERVICES	VARIOUS	12/31/2019	26327	23772	2555
2.	Capital Gains Distributions					3512
3.	Other Net Gains.....					1045
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.).....					

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2019

Did you provide care for a relative who was a qualifying armed services member (see instructions)?

☐ Yes

☐ No

If "Yes," enter the name and Social Security number of the qualifying service member.

Last Name, First Name, Initial

Social Security number

Enter your relationship to the qualifying service member.

If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040.

1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered "Yes" at line 4, enter the amount from line 3 here and on line 61, NJ-1040. If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040	5.		

Name(s) as shown on Form NJ-1040 DAVENPORT MICHAEL E & SOPHIA	Social Security Number
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Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2019

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	BEE FARM 10 HONEY ST SEASIDE PARK NJ 08752	XXX-XX-1234	1	700
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4. 700

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 DAVENPORT MICHAEL E & SOPHIA	Social Security Number
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Schedule NJ-BUS-2
(Form NJ-1040)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2019

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.		1b.	
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	700	4b.	700
5.	Loss Carryforward From Tax Year 2018			5b.	()
6.	Totals	6a.	700	6b.	700
PART II Adjustment Calculation					
7.	Total Regular Business Income	7.	700		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	700		
9.	Business Increment (Line 7 minus line 8)	9.			
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.			
PART III Loss Carryforward to Tax Year 2020					
12.	Loss Carryforward to Tax Year 2020	12.	()		

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2018 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2019 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records