TAX YEAR: 2019 PROCESS DATE: 10/01/2020
OFFICE : The Practice Lab

CLIENT : 711-00-1234 ANDREA DICKERSON BIRTH DATE : 07/21/1983 Age:36

ADDRESS : 127 HARBOR AVE PREPARER : 995
: EDGEWATER NJ 07020

Home : (973) 555-0001 PREPARER FEE :
Work : - ELECTRONIC :
Cell : - TOTAL FEES :
STATUS : SINGLE
FED TYPE: Electronic Mail
ST TYPE : Electronic Mail EFFECTIVE RATE: 10.70%
E-MAIL : adickerson@mymail.com

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
FORM W-2
SCHEDULE B (INTEREST/DIVIDEND INCOME)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
STUDENT LOAN INTEREST DEDUCTION WORKSHEET
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	1	1
TOTAL INCOME	27231	27231
TOTAL ADJUSTMENTS	167	0
ADJUSTED GROSS INCOME	27064	27231
DEDUCTIONS	12200	0
EXEMPTIONS	0	1000
TAXABLE INCOME	14864	26231
TAX	1591	389
CREDITS	0	0
PAYMENTS	2600	451
REFUND	1009	62
AMOUNT DUE	0	0

* W-2 INCOME FORMS SUMMARY *

T/S EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST

CLIENT : ANDREA DICKERSON 711-00-1234

PREPARER : 995 DATE : 10/01/2020

* W-2 INCOME FORMS SUMMARY *

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST
1.	T	BILLINGS MARKET	26298	2600	1630	381	401	NJ
		TOTALS......	26298	2600	1630	381	401	

a Employee's social security number	OMB No. 1545-0008	Visit the IRS website at *www.irs.gov/efile*
711-00-1234		

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
71-9002540	26298	2600
c Employer's name, address, and ZIP code BILLINGS MARKET 123 RIVER ROAD EDGEWATER NJ 07020	3 Social security wages 26298	4 Social security tax withheld 1630
	5 Medicare wages and tips 26298	6 Medicare tax withheld 381
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff. ANDREA DICKERSON 127 HARBOR AVENUE EDGEWATER NJ 07020	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee / Retirement plan / Third-party sick pay	12b Code
	14 Other DI 45 WD HC 112 FLI 21	12c Code
f Employee's address and ZIP code		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NJ	719002540	26298	401			

Form **W-2** **Wage and Tax Statement** **2019**

Department of the Treasury—Internal Revenue Service

a Employee's social security number	OMB No. 1545-0008	Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee / Retirement plan / Third-party sick pay	12b Code
	14 Other	12c Code
f Employee's address and ZIP code		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** **2019**

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 ANDREA DICKERSON 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 10/1/2020

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.

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

2019

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ANDREA DICKERSON	711-00-1234
Spouse's name	Spouse's social security number

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	27064
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	1591
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	2600
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	1009
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 (**ERO firm name**) to enter or generate my PIN 1 1 2 3 4 (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2019 electronically filed income tax return.

☐ 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 ▶ 10/01/2020

Spouse's PIN: check one box only

☐ I authorize ____________ (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2019 electronically filed income tax return.

☐ 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 ▶

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 ▶ 10/01/2020

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

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return 2019
OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
[X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

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	Last name	Your social security number
ANDREA	DICKERSON	711-00-1234
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
127 HARBOR AVE
Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
EDGEWATER, NJ 07020

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. [ ] You [ ] Spouse

Foreign country name | Foreign province/state/county | Foreign postal code | If more than four dependents, see instructions and ✓ here ▶ [ ]

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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]

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	26298
2a	Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b	933
3a	Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
c	Pensions and annuities	4c	d Taxable amount	4d	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			6	
7a	Other income from Schedule 1, line 9			7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶			7b	27231
8a	Adjustments to income from Schedule 1, line 22			8a	167
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶			8b	27064
9	**Standard deduction or itemized deductions** (from Schedule A)	9	12200		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a	Add lines 9 and 10			11a	12200
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-			11b	14864

QNA

12a	**Tax** (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a 1591		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶		12b	1591
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	1591
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	1591
17	Federal income tax withheld from Forms W-2 and 1099		17	2600
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	2600

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**		20	1009
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		21a	1009
▶ b	Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings			
▶ d	Account number XXXXXXXXXXXXXXXXX			
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22		

Direct deposit? See instructions.

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) ▶

Sign Here

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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	10/01/20	CLERK	
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.)

Phone no. (973) 555-0001 Email address adickerson@mymail.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
		10/01/20	S23051413	☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022

Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005 Firm's EIN ▶ -

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: ANDREA DICKERSON
Your social security number: 711-00-1234

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	
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	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	

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	167
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	167

SCHEDULE A
(Form 1040 or 1040-SR)
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

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: ANDREA DICKERSON
Your social security number: 711-00-1234

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040 or 1040-SR, line 8b | 2 |				
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
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	579		
	b	State and local real estate taxes (see instructions)	5b			
	c	State and local personal property taxes	5c			
	d	Add lines 5a through 5c	5d	579		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	579		
	6	Other taxes. List type and amount ▶	6			
	7	Add lines 5e and 6			7	579
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			
	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			
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	
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			
	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			
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	
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	579
	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: ANDREA DICKERSON
Your social security number: 711-00-1234

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.

			Amount
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 ▶		
	BIG CITY BANK	1	933
2	Add the amounts on line 1	2	933
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	4	933

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

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.

			Amount
5	List name of payer ▶	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	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

State and Local General Sales Tax Deduction Worksheet—Line 5a

Keep for Your Records

TIP *Instead of using this worksheet, you can find your deduction by using the Sales Tax Deduction Calculator at 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:07020 State:NJ County:NEW JERSEY STATE City:EDGEWATER Days Lived in:365

1. Enter your **state** general sales taxes from the 2019 Optional State Sales Tax Table . . . . . **1.** $ 440

   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?

   [X] **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.

   [X] **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.

   [X] **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.

   [X] **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.** $ 440

QNA

Worksheet 4-1. **Student Loan Interest Deduction Worksheet**

Keep for Your Records

*Use this worksheet instead of the worksheet in the Form 1040 or 1040-SR instructions if you are filing **Form 2555** or **4563**, or you are excluding income from sources within Puerto Rico. Before using this worksheet, you must complete **Form 1040 or 1040-SR**, line 7b, and Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19, plus any amount to be entered on the dotted line next to line 22.*

1.	Enter the total interest you paid in 2019 on qualified student loans. **Don't enter more than $2,500**			1. 167
2.	Enter the amount from Form 1040 or 1040-SR, line 7b		2. 27231	
3.	Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19	3.		
4.	Enter the total of any amounts entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22, other than any amount identified as "DPAD"	4.		
5.	Add lines 3 and 4		5.	
6.	Subtract line 5 from line 2		6. 27231	
7.	Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45)		7.	
8.	Enter any foreign housing deduction (Form 2555, line 50)		8.	
9.	Enter the amount of income from Puerto Rico you are excluding		9.	
10.	Enter the amount of income from American Samoa you are excluding (Form 4563, line 15)		10.	
11.	Add lines 6 through 10. This is your **modified adjusted gross income**			11. 27231
12.	Enter the amount shown below for your filing status • Single, head of household, or qualifying widow(er)—$70,000 • Married filing jointly—$140,000			12. 70000
13.	Is the amount on line 11 more than the amount on line 12? ☒ **No.** Skip lines 13 and 14, enter -0- on line 15, and go to line 16. ☐ **Yes.** Subtract line 12 from line 11			13.
14.	Divide line 13 by $15,000 ($30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000			14. .
15.	Multiply line 1 by line 14			15.
16.	**Student loan interest deduction.** Subtract line 15 from line 1. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 20. **Don't** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)			16. 167

QNA

2019 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040
2019
Page 1

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Your Social Security Number (required)
711001234

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.)
DICKERSON ANDREA

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

Home Address (Number and Street, including apartment number)
127 HARBOR AVE

County/Municipality Code (See Table page 50)
0213

City, Town, Post Office: EDGEWATER
State: NJ
ZIP Code: 07020-

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.
X 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.	4
dd2.	Account type (C for checking, S for savings)	dd2.	
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.	

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Name(s) as shown on Form NJ-1040
DICKERSON ANDREA

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2019
Page 2

Your Social Security Number
711001234

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

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

6.	Regular	X Self	Spouse/CU Partner	Domestic Partner	1	x $1,000 =	1000
7.	Senior 65+ (Born in 1954 or earlier)	Self	Spouse/CU Partner			x $1,000 =	
8.	Blind/Disabled	Self	Spouse/CU Partner			x $1,000 =	
9.	Veteran	Self	Spouse/CU Partner			x $6,000 =	
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.	1000

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.				

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Name(s) as shown on Form NJ-1040
DICKERSON ANDREA

Your Social Security Number
711001234

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	26298 .
16a.	Taxable interest income (Enclose federal Schedule B if over $1,500) (See instructions)	16a.	933 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.
17.	Dividends	17.	.
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.	.
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.
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.	.
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.	27231 .
28a.	Retirement/Pension Exclusion (See instructions)	28a.	.
28b.	Other Retirement Income Exclusion (Worksheet D and instructions page 19)	28b.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	27231 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (Worksheet F and instructions page 22)	31.	.
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.	1000 .
37.	Taxable Income (Subtract line 36 from line 29)	37.	26231 .
38a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	2160 .
38b.	Block .		
38b.	Lot .		
38b.	Qualifier		
38c.	County/Municipality Code		
	Fill in if you completed Worksheet G		
38d.	Indicate your residency status during 2019 (fill in only one) Homeowner X Tenant Both		
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.	.
40.	New Jersey Taxable Income (Subtract line 39 from line 37)	40.	26231 .
41.	Tax on Amount on line 40 (Tax Table page 52)	41.	389 .
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.	389 .
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.	389 .
46.	Sheltered Workshop Tax Credit	46.	.
47.	Balance of Tax (Subtract line 46 from line 45)	47.	389 .
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.	389 .
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		

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Name(s) as shown on Form NJ-1040
DICKERSON ANDREA

Your Social Security Number
711001234

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52.	Shared Responsibility Payment (See instructions)					52.	.
	REQUIRED Enclose Schedule HCC and fill in	X					
53.	Total Tax Due (Add lines 49 through 52)					53.	389 .
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					54.	401 .
55.	Property Tax Credit (See instructions page 23)					55.	50 .
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return					56.	.
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.	451 .
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 53from line 62and enter the overpayment					64.	62 .
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.	62 .

Gubernatorial Elections Fund

Do you want to designate $1 to the Gubernatorial Elections Fund?	You	Yes	X	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
PRACTICE LAB
15 PRACTICE LAB WAY WASHINGTON DC 20005

Federal Employer Identification Number

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

NJ-8879

Department of the Treasury
Division of Revenue

NJ *e-file* Signature Authorization

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

2019

Taxpayer's name	Social security number
ANDREA DICKERSON	711-00-1234
Spouse's name	Spouse's social security number

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	26231
2	Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	2	389
3	New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	3	401
4	Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	4	62
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

[X] I authorize PRACTICE LAB (ERO firm name) to enter my PIN 1 1 2 3 4 (do not enter all zeros) as my signature on my tax year 2019 electronically filed income tax return.

[ ] 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 10/01/2020

Spouse's PIN: check one box only

[ ] I authorize ______________________ (ERO firm name) to enter my PIN [ ][ ][ ][ ][ ] (do not enter all zeros) as my signature on my tax year 2019 electronically filed income tax return.

[ ] 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 ______________

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 10/01/2020

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