

TAX YEAR: 2019  
OFFICE : The Practice Lab

PROCESS DATE: 10/04/2020

CLIENT : 721-00-1234 CHARLES T CONWAY  
SPOUSE : 722-00-1234 CAROL M CONWAY

BIRTH DATE : 03/15/1989 Age:30  
BIRTH DATE : 02/28/1991 Age:28

ADDRESS : 910 BIRCH ST  
: JERSEY CITY NJ 07310

PREPARER : 995

Home : (973) 999-9999  
Work : -  
Cell : -  
STATUS : MARRIED JOINT  
FED TYPE: Direct Deposit  
ST TYPE : Direct Deposit  
E-MAIL :

PREPARER FEE :  
ELECTRONIC :  
TOTAL FEES :

EFFECTIVE RATE: 10.74%

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LISTING OF FORMS FOR THIS RETURN

FORM 1040  
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)  
SCHEDULE 3 (NONREFUNDABLE CREDITS)  
FORM W-2  
FORM 1099-G (UNEMPLOYMENT COMPENSATION)  
SCHEDULE B (INTEREST/DIVIDEND INCOME)  
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
FORM 8880 (RETIREMENT SAVINGS CREDIT)  
NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

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<u>SUMMARY</u>	<u>FEDERAL</u>	<u>NJ RESIDENT</u>
FILING STATUS	2	2
TOTAL INCOME	63137	53892
TOTAL ADJUSTMENTS	23	0
ADJUSTED GROSS INCOME	63114	53892
DEDUCTIONS	24400	3780
EXEMPTIONS	0	2000
TAXABLE INCOME	38714	48112
TAX	4259	871
CREDITS	100	0
PAYMENTS	6686	1424
REFUND	2527	553
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

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RTN: 031207607      ACCOUNT: 12345678901      AMOUNT: \$2,527.00

CLIENT : CHARLES CONWAY  
SPOUSE : CAROL CONWAY

721-00-1234  
722-00-1234

PREPARER : 995 DATE : 10/04/2020

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\* W-2 INCOME FORMS SUMMARY \*

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	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T	VAMPIRE ENGINEERING	32867	4500	2100	491	1020 NJ
2.	S	SMART KIDS CHARTER	20176	1200	1251	293	404 NJ
		TOTALS.....	53043	5700	3351	784	1424

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\* FORM 1099-G INCOME FORMS SUMMARY \*

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	<u>[T/S]</u>	<u>PAYER</u>	<u>UNEMPLOYMENT</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	NEW JERSEY DEPARTMENT OF LAB	9860	986	0
		TOTALS.....	9860	986	0

<b>a</b> Employee's social security number 721-00-1234		OMB No. 1545-0008		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) 72-9002540		<b>1</b> Wages, tips, other compensation 32867		<b>2</b> Federal income tax withheld 4500	
<b>c</b> Employer's name, address, and ZIP code VAMPIRE ENGINEERING 32 BLOOD AVE JERSEY CITY NJ 07310		<b>3</b> Social security wages 33867		<b>4</b> Social security tax withheld 2100	
		<b>5</b> Medicare wages and tips 33867		<b>6</b> Medicare tax withheld 491	
		<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number		<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial Last name Suff. CHARLES T CONWAY 967 WATER ST HOBOKEN NJ 07030		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 D 1000	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>12b</b>	
		<b>14</b> Other WD HC 142 DI 57 FLI 27		<b>12c</b>	
<b>f</b> Employee's address and ZIP code		<b>12d</b>			
<b>15</b> State Employer's state ID number NJ 729002540	<b>16</b> State wages, tips, etc. 33505	<b>17</b> State income tax 1020	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury—Internal Revenue Service

<b>a</b> Employee's social security number 722-00-1234		OMB No. 1545-0008		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) 72-8002540		<b>1</b> Wages, tips, other compensation 20176		<b>2</b> Federal income tax withheld 1200	
<b>c</b> Employer's name, address, and ZIP code SMART KIDS CHARTER SCHOOL 98 WILLOW LANE BOSTON MA 02108		<b>3</b> Social security wages 20176		<b>4</b> Social security tax withheld 1251	
		<b>5</b> Medicare wages and tips 20176		<b>6</b> Medicare tax withheld 293	
		<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number		<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial Last name Suff. CAROL M CONWAY 910 BIRCH ST JERSEY CITY NJ 07310		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>	
		<b>14</b> Other WD HC 86 DI 34 FLI 16		<b>12c</b>	
<b>f</b> Employee's address and ZIP code		<b>12d</b>			
<b>15</b> State Employer's state ID number NJ 728002540	<b>16</b> State wages, tips, etc. 20176	<b>17</b> State income tax 404	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> 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 CHARLES & CAROL CONWAY 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 10/4/2020

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse PIN: 12345

PIN Date 10/4/2020

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](mailto:complaints@tigta.treas.gov).

**IRS e-file Signature Authorization**

**2019**

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name CHARLES T CONWAY	Social security number 721-00-1234
Spouse's name CAROL M CONWAY	Spouse's social security number 722-00-1234

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

<b>1</b> Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	<b>1</b>	63114
<b>2</b> Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	<b>2</b>	4159
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	<b>3</b>	6686
<b>4</b> Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	<b>4</b>	2527
<b>5</b> Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	<b>5</b>	

**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
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 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 ▶ 10/04/2020

**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 ▶ 10/04/2020

**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
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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 ▶ 10/04/2020

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

**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 <b>CHARLES T</b>	Last name <b>CONWAY</b>	<b>Your social security number</b> 721-00-1234
If joint return, spouse's first name and middle initial <b>CAROL M</b>	Last name <b>CONWAY</b>	<b>Spouse's social security number</b> 722-00-1234
Home address (number and street). If you have a P.O. box, see instructions. <b>910 BIRCH ST</b>		<b>Presidential Election Campaign</b> 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). <b>JERSEY CITY, NJ 07310</b>		
Foreign country name	Foreign province/state/county	Foreign postal code

**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

<b>Dependents</b> (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.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	53043
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b> 234
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount . . . . .	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .			<b>7a</b> 9860
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .			<b>7b</b> 63137
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b> 23
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .			<b>8b</b> 63114
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>		24400
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .			<b>11a</b> 24400
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			<b>11b</b> 38714

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

QNA

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	4259	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	4259	
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	100	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	4159	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	0	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	4159	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 <b>FORM 1099</b>	<b>17</b>	6686	
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC)	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>		
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>		
<b>d</b>	Schedule 3, line 14	<b>18d</b>		
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>		
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	6686	

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

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	2527
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	2527
<b>b</b>	Routing number 031207607 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 12345678901		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

**Amount You Owe**

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

**Third Party Designee**

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

(Other than paid preparer) 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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	10/04/20	ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	10/04/20	TEACHER	<input type="text"/>

Phone no. (973) 999-9999 Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
		10/04/20	S23051413	<input type="checkbox"/> 3rd Party Designee
Firm's name <b>PRACTICE LAB</b>		Phone no. 202-202-2022		<input type="checkbox"/> Self-employed
Firm's address <b>15 PRACTICE LAB WAY WASHINGTON DC 20005</b>		Firm's EIN <b>-</b>		

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](http://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

CHARLES & CAROL CONWAY

Your social security number

721-00-1234

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**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	9860
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	9860

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	23
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	23

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

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **03**

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

CHARLES & CAROL CONWAY

Your social security number

721-00-1234

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	100
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	<b>7</b>	100

**Part II Other Payments and Refundable Credits**

<b>8</b>	2019 estimated tax payments and amount applied from 2018 return . . . . .	<b>8</b>	
<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> _____	<b>13</b>	
<b>14</b>	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d . . . . .	<b>14</b>	

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

Schedule 3 (Form 1040 or 1040-SR) 2019

QNA

**Itemized Deductions**

▶ Go to [www.irs.gov/ScheduleA](http://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.

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

Your social security number

CHARLES & CAROL CONWAY

721-00-1234

<b>Medical and Dental Expenses</b>	<b>Caution:</b> 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		
<b>Taxes You Paid</b>	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 <input type="checkbox"/>	5a	1786			
	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	1786			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	1786			
	6 Other taxes. List type and amount ▶	6				
7 Add lines 5e and 6				7	1786	
<b>Interest You Paid</b> <b>Caution:</b> 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 <input type="checkbox"/>					
	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	
	<b>Gifts to Charity</b> <b>Caution:</b> 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 <b>must</b> attach Form 8283 if over \$500.	12			
13 Carryover from prior year		13				
14 Add lines 11 through 13					14	
<b>Casualty and Theft Losses</b>	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	
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount ▶				16	
<b>Total Itemized Deductions</b>	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	1786
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE B**  
**(Form 1040 or 1040-SR)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

Name(s) shown on return  
**CHARLES & CAROL CONWAY**

Your social security number  
**721-00-1234**

**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.

- 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 ►  
PNC BANK
- 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 . . . . . ►

		Amount
<b>1</b>		234
<b>2</b>		234
<b>3</b>		
<b>4</b>		234

**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.

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

		Amount
<b>5</b>		
<b>6</b>		

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

**Part III**

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.

**Foreign Accounts and Trusts**

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

- 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 . . . . .
- 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 . . . . .

	Yes	No
<b>7a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Credit for Qualified Retirement Savings Contributions**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.**

**2019**  
Attachment  
Sequence No. **54**

Name(s) shown on return

CHARLES & CAROL CONWAY

Your social security number

721-00-1234



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35, is more than \$32,000 (\$48,000 if head of household; \$64,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2002; **(b)** is claimed as a dependent on someone else's 2019 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2019. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2019 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2016 and **before** the due date (including extensions) of your 2019 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040 or 1040-SR, line 8b,\* or Form 1040-NR, line 35 . . . . .
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
<b>1</b>		
<b>2</b>	1000	
<b>3</b>	1000	
<b>4</b>		
<b>5</b>	1000	
<b>6</b>	1000	
<b>7</b>		1000
<b>8</b>	63114	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$19,250	0.5	0.5	0.5
\$19,250	\$20,750	0.5	0.5	0.2
\$20,750	\$28,875	0.5	0.5	0.1
\$28,875	\$31,125	0.5	0.2	0.1
\$31,125	\$32,000	0.5	0.1	0.1
\$32,000	\$38,500	0.5	0.1	0.0
\$38,500	\$41,500	0.2	0.1	0.0
\$41,500	\$48,000	0.1	0.1	0.0
\$48,000	\$64,000	0.1	0.0	0.0
\$64,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9 . . . . .
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040 or 1040-SR), line 4; or Form 1040-NR, line 48 . . . . .

<b>9</b>	x 0.1
<b>10</b>	100
<b>11</b>	4259
<b>12</b>	100

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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



*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. \$ 781

**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. \$ 781



For Privacy Act Notification, See Instructions

1038

Your Social Security Number (required)  
721001234

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.)  
CONWAY CHARLES T & CAROL M

Spouse's/ CU Partner's SSN (if filing jointly)  
722001234

County/Municipality Code (See Table page 50)  
0906

Home Address (Number and Street, including apartment number)  
910 BIRCH ST

City, Town, Post Office State ZIP Code  
JERSEY CITY NJ 07310-

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.		031207607
dd5. Account number	dd5.		12345678901





Name(s) as shown on Form NJ-1040  
CONWAY CHARLES T & CAROL M

Your Social Security Number  
721001234

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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. 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	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
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.	<u>2000</u>

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  
**CONWAY CHARLES T & CAROL M**

Your Social Security Number  
**721001234**

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	53681 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	211 .
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 NJ-K-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.	53892 .
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.	53892 .
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000 .
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.	2000 .
37. Taxable Income (Subtract line 36 from line 29)	37.	51892 .
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	3780 .
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 <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Both <input type="checkbox"/>		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	3780 .
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	48112 .
41. Tax on Amount on line 40 (Tax Table page 52)	41.	772 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code	42.	. .
43. Balance of Tax (Subtract line 42 from line 41)	43.	772 .
44. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	44.	. .
45. Balance of Tax (Subtract line 44 from line 43)	45.	772 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract line 46 from line 45)	47.	772 .
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.	772 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	99 .
51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	51.	. .



Name(s) as shown on Form NJ-1040  
**CONWAY CHARLES T & CAROL M**

Your Social Security Number  
**721001234**

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52. Shared Responsibility Payment (See instructions)		52.	.
<b>REQUIRED</b> Enclose Schedule HCC and fill in	<b>X</b>		
53. Total Tax Due (Add lines 49 through 52)		53.	871 .
54. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		54.	1424 .
55. Property Tax Credit (See instructions page 23)		55.	.
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.	1424 .
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.	553 .
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.	553 .

**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](http://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 e-file Signature Authorization**

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

**2019**

Taxpayer's name <b>CHARLES T CONWAY</b>	Social security number 721-00-1234
Spouse's name <b>CAROL M CONWAY</b>	Spouse's social security number 722-00-1234

**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	48112
2 Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	2	871
3 New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	3	1424
4 Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	4	553
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 ◆ 10/04/2020

**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 ◆ 10/04/2020

**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 ◆ 10/04/2020

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