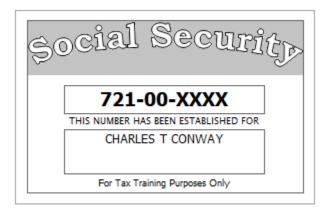
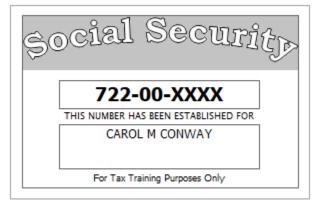
Step 0 Intake + Interview → Filing Status, Dependency





Step 1 Basic Information

TP Form / Note	TS Screen	Notes
SS Card	Start a New 2019 Tax Return Available Taxpayer Profiles	TS: Enter Social Security Number of Primary taxpayer twice. Hint: SSN format- Use any 4 digits for the last four numbers of the SSN. TS: Ignore the "Available Taxpayer Profiles"
Intake Sheet	What is your filing Status?	TS: Select "Start Return" Answer: Filing Status: Married filing jointly "Continue"
SS Card Intake Sheet	Personal Information Taxpayer Information Spouse Information Address & Phone Number	TS: Enter all information using "Caps Lock" Hint: Use Name and SSN from SS card. (Not Intake Sheet) Hint: SSN format - Use any 4 digits for the last four numbers of the SSN TS: Birth date can be entered using drop down menu or filling in the field. TS: Check any of the "Check here" questions that apply None TS: Spouses last name auto populates when field is selected. Change if required. TS: Enter Zip code- TaxSlayer fills in city and state. Correct if required TS: : New Jersey automatically populates as the Resident State TS: "Continue"

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TP Form /	TS Screen	Notes
Note		
Intake Sheet	New Jersey Return	Hint: Begin NJ Checklist
Silect	NJ Property Tax Credit or Deduction Do you meet Property Tax Credit or Deduction Eligibility Requirements?	TS Answer: At this point answer "No". We will go back and adjust after the Federal Return is complete
	Did you and, if applicable, all members of your health care shared responsibility family, have qualifying coverage for every month in 2019? NOTE: If you answer 'NO', you will need to identify for each person in the household, whom had health coverage for each month, if applicable.	TS Answer: "Yes"
		At this point just hit ""Continue"" We will go back and adjust after the Federal Return is complete
Intake Sheet.	Dependents/ Qualifying Person(s)	
2.10011	Do you have any Dependents or Qualifying Person(s) to claim on your return?	TS: Answer is "No".

Federal AGI: 0 Federal Refund: 0 NJ Refund Amount: 0

Step 2 W-2 Vampire Engineering

W-2	Left Menu – Income	Hint: This is Charles Conway's W-2
Vampire	W-2 Wages and tax	Hint: Make corrections so that information matches the
Engineering		information on the W-2.
Engineening	"Begin"	
	Бедії	 Correct the address of Employee in the TaxSlayer W-2 to match paper W-2.
		If the name and address of the employer come up after
		inputting the Employer Identification Number, check that the information matcher the paper W-2
		Hint: Check boxes 3-7 for correct entries
		Hint: Always round up for amounts ending in .50 or enter the
		cents and TaxSlayer will round off for you.
		Hint: Box 12 Use dropdown to select correct code
		Hint: Box 13- Retirement Plan should be checked
		Hint: Box 14 NJ Codes are selected from drop down menu. All other entries in box 14 are lumped under "Other".
		Hint: If NJ State EIN auto populates, check to be sure it is correct
		Hint: Correct NJ wages
		Note: The difference between Box 1 and Box 16 is not pre tax medical.
		TS: Click Save & Enter Another
		TS: NJ warning – Check that the amount in box 16 is correct. If
		yes.
		" Continue"

a. En	nployee's social security number 721-XX-XXXX	OMB No		ave. accurate AST! Use	(RSP)	file	Visit the IRS website at www.irs.gov/efile	
b. Employer identification numbe	r (EIN)		1. Wages, tips	, other comp	ensation	2. Federal in	ncome tax withheld	
72-9002540			\$3	2,867.00			\$4,500.00	
c. Employer's name, address,and	d ZIP code		3. Social secur	ity wages		4. Social sec	curity tax withheld	
			\$3	3,867.00			\$2,099.75	
VAMPIRE ENGINEERIN	G		5. Medicare wa	ages and tips	1	6. Medicare	tax withheld	
32 BLOOD AVE			\$3	3,867.00			\$491.07	
JERSEY CITY, NJ 0731	0		7. Social secur	ity tips		8. Allocated	tips	
d. Control number			9.			10. Dependa	10. Dependant care benefits	
e. Employee's first name and initi	al Last name	Suff.	11. Nonqualifie	d plans		12a. See inst	tructions for box 12	
Employee's address and ZIP co	ode				D	\$1,000.00		
CHARLES T CONWAY 967 WATER ST HOBOKEN, NJ 07030			13.Statutory Employee		Third-party sick pay	12b.		
,			14. Other NJSUI		142.40	12c.		
			NJSDI		56.96	12d.		
			NJFLI		26.80			
15. State Employer's state ID no	16. State wages, tips, etc \$33,505.00	c. 17. St	tate income tax	18. Local wa	eges, tips, etc.	19. Local income	e tax 20. Locality name	
		1						
Form W-2 Wage and Tax Statement 2019								
Copy B - To Be FIled With Employee's FEDERAL Tax Return.								
This information is being furnished	ed to the Internal Revenue Servi	ce.						

Federal AGI: 32,867 Federal Refund: 4,152 NJ Refund Amount: 538

Step 3 W-2 Smart Kids Charter School

W-2	Add W-2	Hint: This W-2 is for Carol
Smart		Hint: Make corrections so that information matches the information on the paper
Kids		W-2
Charter		Hint: If the name and address of the employer come up after inputting the
School		employer Identification Number, check that the information is correct
		Hint: Always round up for amounts ending in .50
		Hint: Box 14 NJ Codes are selected from drop down menu. All other entries in
		box 14 are lumped under "Other"
		Hint: If NJ State EIN auto populates, check to be sure it is correct
		TS: Click "Continue"
		TS: Click "Continue"

		s's social security number 2-XX-XXXX	OMB N		ave. accurate, AST! Use	(RSP)	⊬file)	Visit the IRS website at www.irs.gov/efile
b. Employer identification number (EIN) 72-8002540				other comper 20,176.00	nsation	2. Federal in	stax withheld	
c. Employer's name, address,and ZIP code SMART KIDS CHARTER SCHOOL			\$2 5. Medicare wa	3. Social security wages \$20,176.00 5. Medicare wages and tips			surity tax withheld \$1,250.91 tax withheld \$292.55	
98 WILLOW LANE BOSTON, MA 0210	8			7. Social secur	20,176.00 ity tips		8. Allocated	
d. Control number			9.			10. Depend	10. Dependant care benefits	
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code			11. Nonqualified plans		12a. See instructions for box 12			
CAROL M CONWAY 910 BIRCH ST JERSEY CITY, NJ 0				13. Statutory Employee		nird-party ck pay	12b.	
				14. Other NJSUI		85.75	12c.	
				NJSDI NJFLI		34.30 16.14	12d.	
15. State Employer's state NJ 72-800254		16. State wages, tips, et \$20,176.00	c. 17. S	State income tax	18. Local wage	es, tips, etc.	19. Local income	tax 20. Locality name
Form W-2 Wage and Tax Statement Copy B - To Be FIled With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.								

Step 4 Interest 1099-INT -PNC Bank

TP Form / Note	TS Screen	Notes
1099-INT	Left Menu - Income	Hint: Enter payers name
PNC Bank	1099-DIV,INT,OID	only
	Interest income, dividends, and distributions	Hint: Interest is for
	" Begin"	Taxpayer
	Interest or Dividend Income – "Begin"	Enter values that apply
	Interest Income, Form 1099-INT	"Continue"
	"Continue""	

		CORREC	CTED (if checked)				
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.			Payer's RTN (optional)		OMB No. 1545-0112	Interest	
PNC BANK			1 Interest income		2019	Income	
ROUTE 10 WEST RANDOLPH, NJ 07869			\$234.00		Form 1099-INT		
IVANDOLFII, NJ 07003			2 Early withdrawal penalty			Сору В	
DAVEDIO TIVI	Incorporate Title		\$23.00				
PAYER'S TIN 12-3002540	RECIPIENT'S TIN 721-XX-XXXX		3 Interest on US Savings Bonds and	Treas. obli	gations	For Recipient	
RECIPIENT'S name Street address (including apt.no.)			4 Federal income tax withheld	5 Investm	nent expenses	This is important tax information and is being furnished to the	
City or town, state or province, co	ountry, ZIP or forei	gn postal code	6 Foreign Tax Paid	7 Foreign	Country or US possession	IRS. If you are required to file a return, a negligence	
910 BIRCH ST JERSEY CITY, NJ 07310		8 Tax exempt interest	9 Specifie interes	d private activity bond t	penalty or other sanction may be imposed on you if this income is		
FATCA filing requirment		10 Market Discount	11 Bond P	remium	taxable and the IRS determines that it has not been reported		
		12 Bond premium on Treasury obligations	13 Bond P	remium on tax-exempt bond			
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State Identification no.	17 State tax withheld	
Form 1099-INT							

Step 5 Unemployment 1099-G

TP Form /	TS Screen	Notes
Note		
1099-G	Left Menu- Federal Section - Income	TS: This 1099G worksheet is for
NJ Dep of Labor	Form 1099-G Box 1	Charles Conway
	UnemploymentCompensation – "Begin"	Hint: Phone number not required
	Add or Edit a 1099-G - Begin	Hint: State information not required
		Continue

	CORRE	CTED (if checked)			
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no.		1 Unemployment compensation \$9,860.10	OMB No. 1545-0120		Certain
NEW JERSEY DEPARTMENT OF LABOR PO BOX 908 TRENTON, NJ 08625		2 State or local income tax refunds, credits or offsets	2019 Form 1099-G	Governme Paymen	
PAYER'S TIN 22-2481818	RECIPIENT'S TIN 721-XX-XXXX	. Box 2 amount is for tax year	4 Federal income tax		Copy B For Recipient This is important tax information and is
RECIPIENT'S name Street address City or town, state or province, country, ZIP or foreign postal code		5 RTAA payments 7 Agriculture payments	6 Taxable grants		being furnished to the IRS. If you are required to file a return, a negligence penalty or
CHARLES T CONWAY 910 BIRCH ST	CHARLES T CONWAY		8 If checked, box 2 is trade or business income >	s	other sanction may be imposed on you if this income is taxable and
JERSEY CITY, NJ 07310		9 Market gain 10. State 10b State identificati	on no. 11 State income	tay withhold	the IRS determines that it has not been reported.
Account number (see instructions)		NJ	orrio, 11 state income		
Form 1099-G			•		

Federal AGI: 63,114 Federal Refund: 2,527 NJ Refund Amount: 573

Step 6 Itemized Deductions – Taxes You Paid

TP Form / Note	TS Screen	Notes
	Left Menu - Federal Section -Deductions Itemized Deductions - Begin Taxes You Paid - Begin	TS: Go to ADD SALES TAX WORKSHEET and enter ZIP Code and 365 days living in NJ ""Continue"

Step 7 Compare Standard vs Itemized Deductions

TP Form /	TS Screen	Notes
Note		
	Federal Section	Check to see if using itemized or standard deductions.
	Deductions	Itemized = 1,786
	Compare Deductions - Begin	Std = 24,400
		Hint: You can view Schedule A (Itemized Deductions)
		by clicking on the Print Icon next to Itemized
		Deductions in the Deductions Menu.
		Continue

Federal AGI: 63,114 Federal Refund: 2,537 NJ Refund Amount: 573

Step 8 Health Insurance

TP Form /	TS Screen	Notes
Note		
Intake	Left Menu-Health Insurance	
Sheet		
	Did you, your spouse, or a dependent	
	purchase health insurance via	
	HealthCare.gov or a State Marketplace?	TS – No
		"Continue"

Step 9 New Jersey Return

NJ	State Return –Edit 🗪	Hint: Use the NJ Checklist to enter NJ items	
Checklist			
	NJ Property Tax		
	Credit/Deduction	TS: Answer "Yes" to this question now	
		'	
		Hint: Taxpayer meets Property Tax Eligibility	
		Requirements	
		· · · · · · · · · · · · · · · · · · ·	
		Hint: See NJ Checklist, page 2, Credits for property tax	
		number to use.	
		Hint: Taxpayer was a Renter	
		"SAVE	
	Taxpayer NJ Health Insurance	TS: Answer is "Yes"	
	Basic Information -Edit	TS: Complete Basic Information. Use NJ checklist page	
		1 -Basic Information	
		Hint: To select county and municipality select the drop-	
		down arrow and type Hudson. Then scroll down to	
		Jersey City.	
		Hint: Use the "NJ Municipality Code Lookup" in the	
		TaxPrep4Free Preparer's Page to determine the	
	T E-14	county if you are not sure.	
	Tax -Edit		
	 Use Tax on Out of State 		
	Purchase	Hint: Use scratch pad to determine Use tax on TV	
		purchase = \$99.38	
		Save back to the beginning of the State Return for the	
		refund monitor to update.	

Step 10 Prepare for e-file

	I	
Intake Sheet	Left Menu – E-file	TS – Clear up any diagnostic messages (if any) . Ignore any message about Identity protection Pin. "Continue"
	Federal Return	
	Туре	TS: Select "E:file: Direct Deposit" Next
	Fees	TS: No entries in Fees section except for Client email address Next
	State Return Type	TS: Select State Refund Type "E:file: Direct Deposit" Next
	Bank Accounts	TS: Enter Bank Information – • Account Type - Checking • Name of Bank not required. • Deposit amount is required. Click "PULL REFUND" • Enter Routing and Account numbers twice "Next"
	Third Party Designee Info	TS: Skip Third Party Designee. It is Out of Scope for us. Next
	Consent to Disclose	TS: Consent to Disclose Tax Return Information – Check GRANT and enter 5 digit pin (any 5 digit number) and date for TP and SP. "Next"
	Questions	TS – Questions – Answer questions from Intake sheet Part VII, lines 5.6,7 and 8 • If there are no questions, just ignore for now. Next
	Taxpayer ID Information	TS: Skip TP ID Information Screen. Not required for NJ. Save
		You are Done

Charles T. & Carol M. Conway 910 Birch Street Jersey City, N.I. 07310	55-760/312 *Date_		2851
Pay to the Order of		\$	
PNC BANK, N.A. NEW JERSEY 080	CHOICE PLAN	:Oollars	
:031507607 :12345678°	101 × 2851	PROJEC ON RECYCLED PAPER USED	se A