

New Jersey Checklist – TaxSlayer Online (TSO) TY2019

Name: Conway

Item	Enter Answer(s)	Box Used to Enter into TSO
Screen: Basic Information		
Municipality Code As of return date	County: <u>Hudson</u> Municipality: <u>Jersey City</u> Use NJ Municipality Code Lookup Tool	"Select the County or Municipality of your current residence"
Disabled (for extra NJ exemption)	TP: Yes <input type="radio"/> No <input checked="" type="radio"/> SP: Yes <input type="radio"/> No <input checked="" type="radio"/>	"Were you Disabled as of December 31, 2019?"
Dependents under age 22 that attended college full time	Number: <u>0</u>	"Enter the number of dependents under age 22 claimed on your federal return that attended college"
Gubernatorial Elections Fund	TP: Yes <input type="radio"/> No <input checked="" type="radio"/> SP: Yes <input type="radio"/> No <input checked="" type="radio"/>	"Gubernatorial Elections Fund"
Veteran	TP: Yes <input type="radio"/> No <input checked="" type="radio"/> SP: Yes <input type="radio"/> No <input checked="" type="radio"/>	"Were you are [sic] a military veteran who was honorably discharged ...?"
Screen: Income Subject to Tax		
NJ Line 24 - Gambling Winnings	+ _____ Total Gambling Winnings (W-2G + other winnings) - _____ NJ Lottery (<= \$10,000 per instance) - _____ Gambling Losses = _____ Net Total	"Enter taxable Gambling Winnings that are taxable to New Jersey"
Adjustments to Line 20a - Taxable Amounts of IRAs, Pensions, and Annuities (Separate amounts for TP (Taxpayer) / SP (Spouse))	- _____ TP / SP Military Pension - _____ TP / SP Disability (Under 65) - _____ TP / SP Govt. Employee Pension - _____ TP / SP IRA/403b/457b/TSP + _____ TP / SP Public Safety Officer (PSO) Insurance - _____ TP / SP 3 Year Rule (first 3 years) + _____ TP / SP 3 Year Rule (later years) + _____ TP / SP Qualified Charitable Distribution = _____ TP Total _____ SP Total	"Enter Military Pension, Survivors Benefit Payments, other Qualifying Income Exempt from NJ Tax, or Nonresidency Pension income; enter the excluded amount as a negative number"
Adjustments to Line 20b - Excludable Amounts of IRAs, Pensions and Annuities	+ _____ Pension with After-Tax Contributions + _____ Govt. Employee Pension + _____ IRA/403b/457b/TSP + _____ 3 Year Rule (first 3 years) = _____ Total	"Tax-Exempt Pensions, Annuities, and IRA Withdrawals"
Adjustments to Line 26 – Other Income	+ _____ Taxable Scholarships + _____ Medicaid Waiver Payment on W-2 - _____ PTR Recovery - _____ Homestead Benefit Recovery - _____ HSA distributions (NOT qualified) - _____ Non-W-2G Gambling Winnings - _____ Jury Duty Pay Returned to Employer = _____ Total	"Taxable Amount of Scholarships included on Federal Return"

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Screen: Subtractions from Income		
Adjustments to Capital Gains	_____ Amount	"Adjustments to Capital Gains ..."
Pre-Tax (Federal) / Post-Tax (NJ) Medical	+ _____ W-2 pre-tax medical premiums (aka Cafeteria Plan, Sec. 125) + _____ FSA / HSA distributions (qualified) + _____ Public Safety Officer Health Insurance in 1099-R box 5 - _____ Non-dependent costs = _____ Total	"Enter any medical insurance premiums that you did not include on your federal return because they were deducted on a pre-tax basis."
Other Retirement Income Exclusion (62 or older)	Yes / No – At least one spouse 62 or older and line 27 <= \$100,000 and line 29 > 0	"Pension Exclusion" - Begin
Screen: Credits		
Property Tax Credit/Deduction (Primary Residence Only) <i>(2000*9)+(1000*3)= 21000</i> <i>21000*.18 =3,780</i>	+ _____ Gross Property Tax paid (Use PTR base amount if TP in PTR program) + <u>3,780</u> 18% of Rent paid = <u>3,780</u> Total	"Enter Property Taxes Paid and/or 18% of Net Rent Paid "(enter only the amount of property taxes ..."
	Homeowner / <u>Renter</u> / Both	"Type of rent or taxes paid for Property Tax Deduction in 2019?"
	_____ Block _____ Suffix _____ Lot _____ Suffix _____ Qualifier _____ County/Municipality	"If were you [sic] a Homeowner or Both, Please enter the information related ...: Note: Block and Lot are required to be completed."
	Yes / No – Eligible for HB	"Are you eligible and file for a homestead benefit ...?"
	_____ Owner % _____ Unit %	"Owners Percentage" and "Unit Percentage"
	_____ Name _____ AGI _____ Tax	"Credit for Taxes Paid to Another State"
Wounded Warrior Caregiver Credit	_____ Amount (Plus a bunch of other stuff)	"Wounded Warrior Caregiver Credit"
Screen: Tax		
Use Tax	<u>99.38</u> Amount <i>1500*.06625=99.38</i> Use NJ Worksheet K or NJ Use Tax Calculator	"Use Tax Due on Out-of-State Purchases"
Everyone had MEC	<u>Yes</u> / No – If No, Use NJ HCC / SRP Worksheet	"Did you and, if applicable, all members of your health care shared responsibility family, have qualifying coverage for every month in 2019?"
Screen: Payments		
Refund Amount to Apply to 2020	_____ Amount	"Amount of state refund that you would like to apply to your 2020 return"
Private Plan Number(s) from W-2 for NJ-2450	1 W-2 EIN _____ PP# _____ 2 W-2 EIN _____ PP# _____	"Enter the W-2 Federal ID ... " and "Private Plan Number" itself
Screen: Miscellaneous Forms		
NJ Estimated Payments (next year)	_____ Due 04-15-2020 _____ Due 06-15-2020 _____ Due 09-15-2020 _____ Due 01-15-2021	"Estimated Payment Vouchers, Form NJ-1040-ES"