

TAX YEAR: 2019
OFFICE : The Practice Lab

PROCESS DATE: 10/13/2020

CLIENT : 791-00-1234 HELEN ROSEMONT

BIRTH DATE : 09/17/1975 Age:44

ADDRESS : 22 RIVER RD APT 5E
: MEDFORD NJ 08055

PREPARER : 995

Home : (609) 555-7879

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : MARRIED SEPARATE

FED TYPE: Direct Deposit

ST TYPE : Direct Deposit

EFFECTIVE RATE: 10.88%

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
FORM W-2
FORM 1099-G (UNEMPLOYMENT COMPENSATION)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

<u>SUMMARY</u>	<u>FEDERAL</u>	<u>NJ RESIDENT</u>
FILING STATUS	3	3
TOTAL INCOME	29638	26482
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	29638	26482
DEDUCTIONS	12200	3024
EXEMPTIONS	0	1000
TAXABLE INCOME	17438	22458
TAX	1897	323
CREDITS	0	0
PAYMENTS	2188	330
REFUND	291	7
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

RTN: 031207607 ACCOUNT: 123123123 AMOUNT: \$291.00

* W-2 INCOME FORMS SUMMARY *

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

CLIENT : HELEN ROSEMONT

791-00-1234

PREPARER : 995 DATE : 10/13/2020

* W-2 INCOME FORMS SUMMARY *

	<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	HAIR DO SALON	26482	1872	1642	384	330 NJ
		TOTALS.....	26482	1872	1642	384	330

* FORM 1099-G INCOME FORMS SUMMARY *

	<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	3156	316	0
		TOTALS.....	3156	316	0

a Employee's social security number 791-00-1234		OMB No. 1545-0008		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 98-9000254		1 Wages, tips, other compensation 26482		2 Federal income tax withheld 1872		
c Employer's name, address, and ZIP code HAIR DO SALON 90 MAIN STREET MEDFORD NJ 08055		3 Social security wages 23834		4 Social security tax withheld 1642		
		5 Medicare wages and tips 26482		6 Medicare tax withheld 384		
		7 Social security tips 2648		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. HELEN ROSEMONT 22 RIVER RD APT 5E MEDFORD NJ 08055		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other WD HC 113 DI 45 FLI 21		12c		
				12d		
f Employee's address and ZIP 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	989000254	26482	330			

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		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP 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 HELEN ROSEMONT do not 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:

PIN Date 10/13/2020

Signature: _____ Date: _____

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

IRS e-file Signature Authorization

2019

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

Submission Identification Number (SID) ▶

Taxpayer's name HELEN ROSEMONT	Social security number 791-00-1234
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	29638
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	1897
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	2188
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	291
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

I authorize PRACTICE LAB to enter or generate my PIN

1	1	2	3	4
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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 ▶ 10/13/2020

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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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.

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 ▶ 10/13/2020

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. ► **PETER ROSEMONT**

Your first name and middle initial HELEN	Last name ROSEMONT	Your social security number 791-00-1234
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 782-00-1234
Home address (number and street). If you have a P.O. box, see instructions. 22 RIVER RD		Apt. no. 5E
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MEDFORD, NJ 08055		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
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

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

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	26482
2a Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b
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 3156
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b 29638
8a Adjustments to income from Schedule 1, line 22			8a
b Subtract line 8a from line 7b. This is your adjusted gross income			8b 29638
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 17438

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	1897	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	1897	
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	1897	
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	1897	
17	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	17	2188	
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	2188	

• 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	291
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	291
b	Routing number 031207607 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 123123123		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

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

Third Party Designee

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)
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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.)
	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. (609) 555-7879	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Firm's name PRACTICE LAB		10/13/20	S23051413	<input type="checkbox"/> 3rd Party Designee
Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005		Phone no. 202-202-2022		<input type="checkbox"/> Self-employed
		Firm's EIN		-

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

Your social security number

HELEN ROSEMONT

791-00-1234

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	3156
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	3156

Part II Adjustments to Income

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

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

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

Itemized Deductions

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

▶ Attach to Form 1040 or 1040-SR.

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

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

Your social security number

HELEN ROSEMONT

791-00-1234

Medical and Dental Expenses

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

1	Medical and dental expenses (see instructions)		
2	Enter amount from Form 1040 or 1040-SR, line 8b	2	
3	Multiply line 2 by 7.5% (0.075)		
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 <input type="checkbox"/>	5a	509
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	509
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	509
6	Other taxes. List type and amount ▶	6	
7	Add lines 5e and 6		7 509

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 <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

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
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Other Itemized Deductions

16	Other—from list in instructions. List type and amount ▶		16
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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	509
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

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

791-00-1234

Keep for Your Records 



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

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

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

Zip:08055 State:NJ County:NEW JERSEY STATE City:MEDFORD 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?

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. \$ 440



For Privacy Act Notification, See Instructions

1038

Your Social Security Number (required)
791001234

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.)
ROSEMONT HELEN

Spouse's/CU Partner's SSN (if filing jointly)
782001234

County/Municipality Code (See Table page 50)
0320

Home Address (Number and Street, including apartment number)
22 RIVER RD APT 5E

City, Town, Post Office
MEDFORD

State ZIP Code
NJ 08055-

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.

123123123





Name(s) as shown on Form NJ-1040
ROSEMONT HELEN

Your Social Security Number
791001234

1038

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

Fiscal year filers only:
Enter month of your year end _____

Filing Status
Fill in only one.

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

782001234
Enter spouse's/CU partner's SSN

Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</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>1000</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
ROSEMONT HELEN

Your Social Security Number
791001234

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	26482 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
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.	26482 .
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.	26482 .
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.	25482 .
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	3024 .
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.	3024 .
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	22458 .
41. Tax on Amount on line 40 (Tax Table page 52)	41.	323 .
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.	323 .
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.	323 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract line 46 from line 45)	47.	323 .
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.	323 .
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		

NJ e-file Signature Authorization

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

2019

Taxpayer's name HELEN ROSEMONT	Social security number 791-00-1234
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	22458
2 Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	-----	2	323
3 New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	-----	3	330
4 Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	-----	4	7
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 do not enter all zeros
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 ◆ 10/13/2020

Spouse's PIN: check one box only

I authorize _____ to enter my PIN

--	--	--	--	--

 as my signature
ERO firm name do not enter all zeros
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 ◆ 10/13/2020

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