

**JOHN ADAMS  
143 CONCORD LANE  
DENVER, NJ 07834  
2019 INCOME TAX RETURN**



TAX YEAR: 2019  
OFFICE : The Practice Lab

PROCESS DATE: 09/24/2020

CLIENT : 572-00-1234 JOHN ADAMS

BIRTH DATE : 08/03/1960 Age:59

ADDRESS : 143 CONCORD LANE  
: DENVILLE NJ 07834

PREPARER : 995

Home : (904) 567-1212  
Work : -  
Cell : -  
STATUS : HEAD OF HOUSEHOLD  
FED TYPE: Electronic Mail  
ST TYPE : Electronic Mail  
E-MAIL :

PREPARER FEE :  
ELECTRONIC :  
TOTAL FEES :

EFFECTIVE RATE: 6.28%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
AMY HARRIS	05/04/1995	24	586-00-1800	DAUGHTER	12

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)  
SCHEDULE EIC (EARNED INCOME CREDIT)  
CHILD TAX CREDIT WORKSHEET  
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
FORM 8880 (RETIREMENT SAVINGS CREDIT)  
NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	4	4
TOTAL INCOME	33689	31244
TOTAL ADJUSTMENTS	24	0
ADJUSTED GROSS INCOME	33665	31244
DEDUCTIONS	18350	0
EXEMPTIONS	0	2500
TAXABLE INCOME	15315	28744
TAX	1562	433
CREDITS	600	0
PAYMENTS	4886	2192
REFUND	3924	1759
AMOUNT DUE	0	0
EARNED INCOME CREDIT	1186	463

CLIENT : JOHN ADAMS

572-00-1234

PREPARER : 995 DATE : 09/24/2020

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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	WALKER CONSTRUCTION	30500	3400	1953	457	1679 NJ
		TOTALS.....	30500	3400	1953	457	1679


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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	2950	300	0
		TOTALS.....	2950	300	0

		<b>a</b> Employee's social security number 572-00-1234		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) 97-3000752				<b>1</b> Wages, tips, other compensation 30500	<b>2</b> Federal income tax withheld 3400		
<b>c</b> Employer's name, address, and ZIP code WALKER CONSTRUCTION 12 COLUMBIA PIKE FAIRFAX VA 22030				<b>3</b> Social security wages 31500	<b>4</b> Social security tax withheld 1953		
				<b>5</b> Medicare wages and tips 31500	<b>6</b> Medicare tax withheld 457		
				<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 JOHN ADAMS 143 CONCORD LANE DENVER NJ 07834				Suff.	<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> DD   3980		
				<b>14</b> Other WD HC 130 DI 52 FLI 24	<b>12c</b>		
					<b>12d</b>		
<b>f</b> Employee's address and ZIP code							
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	
NJ	973000752	31000	1679				

		<b>a</b> Employee's social security number		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)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld	
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld	
				<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.				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e a c c 	
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> e a c c 	
				<b>14</b> Other		<b>12c</b> e a c c 	
						<b>12d</b> e a c c 	
<b>f</b> Employee's address and ZIP code							
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

## 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 JOHN ADAMS 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: 45698

PIN Date 9/21/2020

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

OMB No. 1545-0074

**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 JOHN ADAMS	Social security number 572-00-1234
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	33665
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	962
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	3700
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	3924
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 ► 09/24/2020

### 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 ► 09/24/2020

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

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

Form **8879** (2019)



**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 JOHN		Last name ADAMS		Your social security number 572-00-1234	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 143 CONCORD LANE				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DENVER, NJ 07834				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	
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>					

**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
AMY	HARRIS	586-00-1800	DAUGHTER	<input type="checkbox"/>	<input checked="" 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>	30500
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	32
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
<b>c</b>	Pensions and annuities . . . . .	<b>4c</b>	
<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>6</b>	
<b>7a</b>	Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	2950
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	<b>7b</b>	33689
<b>8a</b>	Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	24
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶	<b>8b</b>	33665
<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	18350
<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>	18350
<b>b</b>	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	15315

Form **1040** (2019)

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

JOHN ADAMS

Your social security number

572-00-1234

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>	2950
<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>	2950

**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>	24
<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>	24

**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

JOHN ADAMS

Your social security number

572-00-1234

**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

OMB No. 1545-0074

► 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.

**2019**  
Attachment  
Sequence No. **07**

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

JOHN ADAMS

Your social security number

572-00-1234

**Medical and Dental Expenses**

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

- |   |   |   |       |
|---|---|---|-------|
| 1 | Medical and dental expenses (see instructions)                        | 1 | 500   |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b                       | 2 | 33665 |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 3 | 2525  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 |       |

**Taxes You Paid**

5 State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐

5a 1885

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 1885

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 1885

6 Other taxes. List type and amount ►

6

7 Add lines 5e and 6

7

1885

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited (see instructions).

8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited

8a

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address

8b

c Points not reported to you on Form 1098. See instructions for special rules

8c

d Mortgage insurance premiums (see instructions)

8d

e Add lines 8a through 8d

8e

9 Investment interest. Attach Form 4952 if required. See instructions.

9

10 Add lines 8e and 9

10

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11

12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500.

12

13 Carryover from prior year

13

14 Add lines 11 through 13

14

**Casualty and Theft Losses**

15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15

**Other Itemized Deductions**

16 Other—from list in instructions. List type and amount ►

16

**Total Itemized Deductions**

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9

17

1885

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

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

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

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

OMB No. 1545-0074

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

Name(s) shown on return

JOHN ADAMS

Your social security number

572-00-1234

**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 ►

NAVY FEDERAL CREDIT UNION

**Amount**

239

**1**

- 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 . . . . . ►

239

**2**

**3**

239

**4**

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

**Amount**

**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 ►

**5**

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

**6**

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

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**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 . . . . .

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

X

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

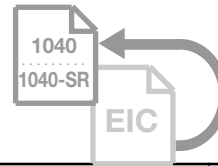
Schedule B (Form 1040 or 1040-SR) 2019

QNA

**SCHEDULE EIC**  
**(Form 1040 or 1040-SR)**Department of the Treasury  
Internal Revenue Service (99)**Earned Income Credit**

## Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2019**Attachment  
Sequence No. **43**

Name(s) shown on return

JOHN ADAMS

Your social security number

572-00-1234

**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information****Child 1****Child 2****Child 3**

<b>1 Child's name</b>	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you have to list only three to get the maximum credit.	AMY HARRIS					
<b>2 Child's SSN</b>	586-00-1800					
<b>3 Child's year of birth</b>	Year <u>1</u> <u>9</u> <u>9</u> <u>5</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4 a</b> Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input checked="" type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2019?	<input checked="" type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	DAUGHTER					
<b>6 Number of months child lived with you in the United States during 2019</b>  • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

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

QNA

Schedule EIC (Form 1040 or 1040-SR) 2019

**Credit for Qualified Retirement Savings Contributions**

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

OMB No. 1545-0074

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

Name(s) shown on return

JOHN ADAMS

Your social security number

572-00-1234



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>	33665	

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 . . . . . **10** 100
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . . **11** 1562
- 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 . . . . . **12** 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.**

Form **8880** (2019)



# Child Tax Credit and Credit for Other Dependents Worksheet

**Before you begin:** ✓ Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

## Part 1

1. Number of qualifying children under 17 with the required social security number: 0 × \$2,000. Enter the result. 1
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 1 × \$500. Enter the result. 2 500  
**Caution:** Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.
3. Add lines 1 and 2. 3 500
4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35. 4 33665
5. **1040 and 1040-SR filers.** Enter the total of any—  
  - Exclusion of income from Puerto Rico; and
  - Amounts from Form 2555, lines 45 and 50, and Form 4563, line 15.**1040-NR filers.** Enter -0-. 5
6. Add lines 4 and 5. Enter the total. 6 33665
7. Enter the amount shown below for your filing status.  
  - Married filing jointly—\$400,000
  - All other filing statuses—\$200,0007 200000
8. Is the amount on line 6 more than the amount on line 7?  
☒ **No.** Leave line 8 blank. Enter -0- on line 9.  
☐ **Yes.** Subtract line 7 from line 6.  
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.  
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. 8
9. Multiply the amount on line 8 by 5% (0.05). Enter the result. 9 0
10. Is the amount on line 3 more than the amount on line 9?  
☐ **No.** You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR.  
☒ **Yes.** Subtract line 9 from line 3. Enter the result. 10 500  
*Go to Part 2 on the next page.*

QNA

**Child Tax Credit and Credit for Other Dependents Worksheet—Continued****Part 2**

11. Enter the amount from Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45.

<b>11</b>	1562
-----------	------

12. Add the following amounts from:

Form 1040 or 1040-SR	or	Form 1040-NR	
Schedule 3, line 1		Line 46	+ _____
Schedule 3, line 2		Line 47	+ _____
Schedule 3, line 3		-----	+ _____
Schedule 3, line 4		Line 48	+ 100
Form 5695, line 30 . . . . .			+ _____
Form 8910, line 15 . . . . .			+ _____
Form 8936, line 23 . . . . .			+ _____
Schedule R, line 22 . . . . .			+ _____

Enter the total.

<b>12</b>	100
-----------	-----

13. Subtract line 12 from line 11.

<b>13</b>	1462
-----------	------

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

☒ **No.** Enter -0-.

☐ **Yes.** If you are filing Form 2555, enter -0-.  
Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

<b>14</b>	0
-----------	---

15. Subtract line 14 from line 13. Enter the result.

<b>15</b>	1462
-----------	------

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

☒ **No.** Enter the amount from line 10.

☐ **Yes.** Enter the amount from line 15.  
See the **TIP** below.

**This is your child tax credit and credit for other dependents.**

<b>16</b>	500
-----------	-----

Enter this amount on  
Form 1040, line 13a;  
Form 1040-SR, line 13a;  
or Form 1040-NR, line 49.



You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 or Form 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

Worksheet **A**—2019 EIC—Line 18a

Keep for Your Records



**Before you begin:** ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.


**Part 1****All Filers Using Worksheet A**

1. Enter your earned income from Step 5.

1	30500
---	-------

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

2	1689
---	------

If line 2 is zero,  You can't take the credit.  
Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 18a.

3. Enter the amount from Form 1040 or 1040-SR, line 8b.

3	33665
---	-------

4. Are the amounts on lines 3 and 1 the same?

☐ **Yes.** Skip line 5; enter the amount from line 2 on line 6.

☒ **No.** Go to line 5.

**Part 2****Filers Who Answered “No” on Line 4**

5. If you have:

- No qualifying children, is the amount on line 3 less than \$8,650 (\$14,450 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 3 less than \$19,050 (\$24,850 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

☒ **No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.  
Look at the amounts on lines 5 and 2.  
Then, enter the **smaller** amount on line 6.

5	1186
---	------

**Part 3****Your Earned Income Credit**

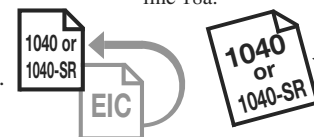
6. This is your earned income credit.

6	1186
---	------

Enter this amount on  
Form 1040 or 1040-SR,  
line 18a.

**Reminder—**

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, *earlier*, to find out if you must file Form 8862 to take the credit for 2019.

Worksheet **B**—2019 EIC—Line 18a

Keep for Your Records



Use this worksheet if you answered “Yes” to Step 5, question 2.

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse’s amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

**Part 1**
**Self-Employed,  
Members of the  
Clergy, and  
People With  
Church Employee  
Income Filing  
Schedule SE**

1a. Enter the amount from Schedule SE, Section A, line 3; or Section B, line 3, whichever applies.

b. Enter any amount from Schedule SE, Section B, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Section A, line 6; or Section B, line 13, whichever applies.

e. Subtract line 1d from line 1c.

1a	
+ 1b	
= 1c	
− 1d	
= 1e	

**Part 2**
**Self-Employed  
NOT Required  
To File  
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A\*.

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)\*.

c. Combine lines 2a and 2b.

2a	
+ 2b	
= 2c	

\*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

**Part 3**
**Statutory Employees  
Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
---	--

**Part 4**
**All Filers Using  
Worksheet B**

**Note.** If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.

4a. Enter your earned income from Step 5.

b. Combine lines 1e, 2c, 3, and 4a. **This is your total earned income.**

4a	30500
4b	30500

If line 4b is zero or less, You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 18a.

5. If you have:

- 3 or more qualifying children, is line 4b less than \$50,162 (\$55,952 if married filing jointly)?
- 2 qualifying children, is line 4b less than \$46,703 (\$52,493 if married filing jointly)?
- 1 qualifying child, is line 4b less than \$41,094 (\$46,884 if married filing jointly)?
- No qualifying children, is line 4b less than \$15,570 (\$21,370 if married filing jointly)?

☒ **Yes.** If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.

☐ **No.** You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 18a.

**Part 5****All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b. 6 30500

7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

7	1689
---	------

If line 7 is zero, You can't take the credit.  
Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 18a.

8. Enter the amount from Form 1040 or 1040-SR, line 8b. 8 33665

9. Are the amounts on lines 8 and 6 the same?

- ☐ **Yes.** Skip line 10; enter the amount from line 7 on line 11.  
☒ **No.** Go to line 10.

**Part 6****Filers Who Answered "No" on Line 9**

10. If you have:
- No qualifying children, is the amount on line 8 less than \$8,650 (\$14,450 if married filing jointly)?
  - 1 or more qualifying children, is the amount on line 8 less than \$19,050 (\$24,850 if married filing jointly)?
- ☐ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.
- ☒ **No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

10	1186
----	------

Look at the amounts on lines 10 and 7.  
Then, enter the **smaller** amount on line 11.

**Part 7****Your Earned Income Credit**

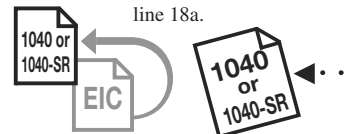
11. **This is your earned income credit.**

11	1186
----	------

Enter this amount on Form 1040 or 1040-SR, line 18a.

**Reminder—**

- ✓ If you have a qualifying child, complete and attach Schedule EIC.



*If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2019.*



Your Social Security Number (required)

572001234

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.)

ADAMS JOHN

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

County/Municipality Code (See Table page 50)

1408

Home Address (Number and Street, including apartment number)

143 CONCORD LANE

City, Town, Post Office

DENVILLE

State

NJ

ZIP Code

07834-

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. 4

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

dd2.

dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States

dd3.

dd4. Routing number

dd4.

dd5. Account number

dd5.





Name(s) as shown on Form NJ-1040  
ADAMS JOHN

Your Social Security Number  
572001234

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 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	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	1000
7.	Senior 65+ (Born in 1954 or earlier)		Self	Spouse/CU Partner			x \$1,000 =	
8.	Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =	
9.	Veteran		Self	Spouse/CU Partner			x \$6,000 =	
10.	Qualified Dependent Children					1	x \$1,500 =	1500
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.	2500

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.	HARRIS AMY	586001800	1995	
b.				
c.				
d.				



Name(s) as shown on Form NJ-1040

ADAMS JOHN

Your Social Security Number

572001234

1038

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	31000	.
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	244	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	3	.
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.	31244	.
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.	31244	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2500	.
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.	2500	.
37.	Taxable Income (Subtract line 36 from line 29)	37.	28744	.
38a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	864	.
38b.	Block	.	.	.
38b.	Lot	.	.	.
38b.	Qualifier	.	.	.
38c.	County/Municipality Code	.	.	.
	Fill in if you completed Worksheet G	.	.	.
38d.	Indicate your residency status during 2019 (fill in only one)	Homeowner	X	Tenant
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.	.	.
40.	New Jersey Taxable Income (Subtract line 39 from line 37)	40.	28744	.
41.	Tax on Amount on line 40 (Tax Table page 52)	41.	433	.
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.	433	.
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.	433	.
46.	Sheltered Workshop Tax Credit	46.	.	.
47.	Balance of Tax (Subtract line 46 from line 45)	47.	433	.
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.	433	.
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	.	.	.





Name(s) as shown on Form NJ-1040

ADAMS JOHN

Your Social Security Number

572001234

1038

52.	Shared Responsibility Payment (See instructions)	52.	.
<b>REQUIRED</b> Enclose Schedule HCC and fill in		X	
53.	Total Tax Due (Add lines 49 through 52)	53.	433 .
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	54.	1679 .
55.	Property Tax Credit (See instructions page 23)	55.	50 .
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return	56.	.
57.	New Jersey Earned Income Tax Credit (See instructions)	57.	463 .
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.	2192 .
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.	1759 .
65.	Amount from line 64 you want to credit to your 2020 tax	65.	.
66.	Contribution to N.J. Endangered Wildlife Fund	66.	.
67.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	67.	.
68.	Contribution to N.J. Vietnam Veterans' Memorial Fund	68.	.
69.	Contribution to N.J. Breast Cancer Research Fund	69.	.
70.	Contribution to U.S.S. New Jersey Educational Museum Fund	70.	.
71.	Other Designated Contribution (See instructions)	71.	.
72.	Other Designated Contribution (See instructions)	72.	.
73.	Other Designated Contribution (See instructions)	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.	1759 .

**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 \_\_\_\_\_

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

**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>JOHN ADAMS</b>	Social security number <b>572-00-1234</b>
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	28744
2	Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	-----	2	433
3	New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	-----	3	1679
4	Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	-----	4	1759
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 ♦ 09/24/2020

**Spouse's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

 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 ♦ \_\_\_\_\_

**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 ♦ 09/24/2020

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

**REQUIRED**

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 <b>JOHN ADAMS</b>	Social Security Number <b>572 00 1234</b>
---	--

**Schedule NJ-HCC****Health Care Coverage****2019**

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

**PART I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.



Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.



No. Continue to Part II.

**PART II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Name	Social Security Number														
Exemption number: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Check box if this individual has more than one exemption number <input type="checkbox"/>													

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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