

**TERRY BALDWIN
143 CONCORD LANE
DENVER, NJ 07834
2019 INCOME TAX RETURN**

PRACTICE LAB
15 PRACTICE LAB WAY
WASHINGTON DC 20005
(202) 202-2022

TERRY BALDWIN
143 CONCORD LANE
DENVER NJ 07834
(904) 567-1212

Preparer No.: 995
Client No. : XXX-XX-1235
Invoice Date: 09/24/2020

INVOICE

Description		Amount
PREPARATION OF 2019 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) FORM 1040 SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS) SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM 1040 ESTIMATES FORM 1099-MISC (MISCELLANEOUS INCOME) (2) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION - SIMPLI NJ STATE RESIDENT RETURN		
		Total Invoice
		\$0.00
		Amount Paid
		\$0.00
		Balance Due
		\$0.00

TAX YEAR: 2019
OFFICE : The Practice Lab

PROCESS DATE: 09/24/2020

CLIENT : 572-00-1235 TERRY BALDWIN

BIRTH DATE : 08/03/1960 Age:59

ADDRESS : 143 CONCORD LANE
: DENVILLE NJ 07834

PREPARER : 995

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

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 53.43%

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 2 (TAX)
SCHEDULE 3 (NONREFUNDABLE CREDITS)
FORM 1040-ES (2020 ESTIMATES)
FORM 1099-MISC (Miscellaneous Income)
SCHEDULE C (BUSINESS INCOME)
SCHEDULE SE (SELF EMPLOYMENT TAX)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)
FORM 1040-ES (ESTIMATED PAYMENT VOUCHER)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

<u>SUMMARY</u>	<u>FEDERAL</u>	<u>NJ RESIDENT</u>
FILING STATUS	1	1
TOTAL INCOME	29856	29856
TOTAL ADJUSTMENTS	5510	0
ADJUSTED GROSS INCOME	24346	29856
DEDUCTIONS	12200	9150
EXEMPTIONS	0	7000
TAXABLE INCOME	9717	13706
TAX	973	192
CREDITS	0	0
OTHER TAXES	4219	0
PAYMENTS	6600	1000
REFUND	1408	808
AMOUNT DUE	0	0

CLIENT : TERRY BALDWIN

572-00-1235

PREPARER : 995 DATE : 09/24/2020

* 1099-MISC INCOME FORMS SUMMARY *

	[T/S]	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPLOYEE COMPENSATION
1.	T	JANES CAFE	0	0	0	0	3200
2.	T	ALICES BISTRO	0	0	0	0	6500
TOTALS.....			0	0	0	0	9700

* ESTIMATED PAYMENT SUMMARY *

ENTITY TYPE	AMOUNT APPLIED	1ST PAYMENT	2ND PAYMENT	3RD PAYMENT	4TH PAYMENT
FEDERAL	\$0.00	\$1,650.00	\$1,650.00	\$1,650.00	\$1,650.00
NJ	\$0.00	\$250.00	\$250.00	\$250.00	\$250.00

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 TERRY BALDWIN authorize The Practice Lab:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software-to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season.

This means-you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year.

This consent is valid-through November 13, 2021

The tax return information that will be disclosed includes, but is not limited to,-demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return.

This information includes-your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return.

The tax return information that will be disclosed also includes-the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year- Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent-of the disclosure of tax return information to a date earlier than presented above (November 13, 2021). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I will deny consent.

Limitation on the Scope of Disclosure:-I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Taxpayer PIN: 12345

PIN Date 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.

IRS e-file Signature Authorization

OMB No. 1545-0074

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 TERRY BALDWIN	Social security number 572-00-1235
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	24346
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	5192
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	1408
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	5
---	---	---	---	---

 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)

Estimated Tax Voucher Filing Instructions**2020**

Name(s) as shown on return

TERRY BALDWIN

Your social security number

572-00-1235

Date to file by:

07/15/2020

Payment

1650

Payment Method

Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2020 Form 1040-ES" And your SSN on your check Or money order. To pay by credit card, go to <https://www.irs.gov/payments>.

Address to file

Internal Revenue Service
Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

Other Instructions

Detach the appropriate voucher along the dotted line
And mail it with your payment. Enclose, but do Not
staple Or attach, your payment with the voucher.

Taxpayer Records

Amount Paid

Check Number

Date Mailed

Tear off here

Form

1040-ESDepartment of the Treasury
Internal Revenue Service**2020 Estimated Tax**Payment
Voucher **1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check Or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due April 15, 2020
Amount of estimated tax you are paying
by check or
money order.

1650

1038

TERRY BALDWIN
143 CONCORD LANE
DENVER NJ 07834

Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

572001235 HW BALD 30 0 202012 430

Estimated Tax Voucher Filing Instructions**2020**

Name(s) as shown on return

Your social security number

TERRY BALDWIN

572-00-1235

Date to file by:

06/15/2020

Payment

1650

Payment Method

Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2020 Form 1040-ES" And your SSN on your check Or money order. To pay by credit card, go to <https://www.irs.gov/payments>.

Address to file

Internal Revenue Service
Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

Other Instructions

Detach the appropriate voucher along the dotted line
And mail it with your payment. Enclose, but do Not
staple Or attach, your payment with the voucher.

Taxpayer Records

Amount Paid

Check Number

Date Mailed

Tear off here

Form

1040-ESDepartment of the Treasury
Internal Revenue Service**2020 Estimated Tax**Payment
Voucher **2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check Or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due June 15, 2020
Amount of estimated tax you are paying
by check or
money order.

1650

1038

TERRY BALDWIN
143 CONCORD LANE
DENVER NJ 07834

Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

572001235 HW BALD 30 0 202012 430

Estimated Tax Voucher Filing Instructions**2020**

Name(s) as shown on return

Your social security number

TERRY BALDWIN

572-00-1235

Date to file by:

09/15/2020

Payment:

1650

Payment Method:

Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2020 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to <https://www.irs.gov/payments>.

Address to file:

Internal Revenue Service
Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

Other Instructions:

Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid

Check Number

Date Mailed

Tear off here

Form

1040-ESDepartment of the Treasury
Internal Revenue Service**2020 Estimated Tax**Payment
Voucher **3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due Sept. 15, 2020
Amount of estimated tax you are paying
by check or
money order.

1650

1038

TERRY BALDWIN
143 CONCORD LANE
DENVER NJ 07834

Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

572001235 HW BALD 30 0 202012 430

Estimated Tax Voucher Filing Instructions**2020**

Name(s) as shown on return

TERRY BALDWIN

Your social security number

572-00-1235

Date to file by:

01/15/2021

Payment:

1650

Payment Method:

Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2020 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to <https://www.irs.gov/payments>.

Address to file:

Internal Revenue Service
Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

Other Instructions:

Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid

Check Number

Date Mailed

Tear off here

Form

1040-ESDepartment of the Treasury
Internal Revenue Service**2020 Estimated Tax**Payment
Voucher **4**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2020 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due Jan. 15, 2021

Amount of estimated tax you are paying
by check or
money order.

1650

1038

TERRY BALDWIN
143 CONCORD LANE
DENVER NJ 07834

Internal Revenue Service
P.O. BOX 931100
LOUISVILLE, KY 40293-1100

572001235 HW BALD 30 0 202012 430

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 TERRY		Last name BALDWIN	Your social security number 572-00-1235
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). DENVILLE, NJ 07834			
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	
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	29856
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	29856
8a Adjustments to income from Schedule 1, line 22	8a	5510
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	24346
9 Standard deduction or itemized deductions (from Schedule A)	9	12200
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	2429
11a Add lines 9 and 10	11a	14629
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	9717

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 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

TERRY BALDWIN

Your social security number

572-00-1235

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	29856
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	
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	29856

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	2110
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	3400
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	5510

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

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **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. **02**

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

TERRY BALDWIN

Your social security number

572-00-1235

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4219
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	0
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	4219

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

Cat. No. 71478U

Schedule 2 (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 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

TERRY BALDWIN

Your social security number

572-00-1235

Part I Nonrefundable Credits

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

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	6600
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	6600

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

Schedule 3 (Form 1040 or 1040-SR) 2019

QNA

Itemized Deductions

► Go to www.irs.gov/ScheduleA 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.

OMB No. 1545-0074

2019
Attachment
Sequence No. **07**

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

TERRY BALDWIN

Your social security number

572-00-1235

Medical and Dental Expenses

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

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

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 ► ☐
- 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** 1000
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** 1000
- 6 Other taxes. List type and amount ►
- 7 Add lines 5e and 6 **7** 1000

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 ►

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** 1000
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ► ☐

SCHEDULE C
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Name of proprietor TERRY BALDWIN		Link: 1000	Social security number (SSN) 572-00-1235
A	Principal business or profession, including product or service (see instructions) PAINTING WALL		B Enter code from instructions ▶ 238320
C	Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H	If you started or acquired this business during 2019, check here <input type="checkbox"/>		
I	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	42567
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	42567
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	42567
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	42567

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	350	18	Office expense (see instructions)	18	695
9	Car and truck expenses (see instructions).	9	1141	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	9343
15	Insurance (other than health)	15	478	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	Other expenses (from line 48)	27a	704
20				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶			28	12711		
29	Tentative profit or (loss). Subtract line 28 from line 7			29	29856		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30			
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	29856		
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 05 / 02 /1998	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business 1968 b Commuting (see instructions) 5900 c Other 9546	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

BUSINESS CARDS	42
PERSONALIZED COVERALLS	250
LICENSE	95
WEBSITE	317
48 Total other expenses. Enter here and on line 27a	48 704

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

TERRY BALDWIN

Social security number of person
with **self-employment** income ▶

572-00-1235

Section B—Long Schedule SE**Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ▶ <input type="checkbox"/>		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)	2	29856
3	Combine lines 1a, 1b, and 2	3	29856
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	27572
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	27572
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	27572
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019	7	132,900
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11	8a	
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	132900
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	3419
11	Multiply line 6 by 2.9% (0.029)	11	800
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	12	4219
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	13	2110

Part II Optional Methods To Figure Net Earnings (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,160, or (b) your net farm profits² were less than \$5,891.

14	Maximum income for optional methods	14	5,440
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,440. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,891 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.**2019**Attachment
Sequence No. **55**

Name(s) shown on return

TERRY BALDWIN

Your taxpayer identification number

572-00-1235

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	PAINTING WALL	572-00-1235	24346
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	24346	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	24346	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		4869
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		4869
11	Taxable income before qualified business income deduction	11	12146	
12	Net capital gain (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	12146	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		2429
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►	15		2429
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

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

Form **8995** (2019)

QNA



Your Social Security Number (required)
572001235

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.)
BALDWIN TERRY

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
DENVER

State ZIP Code
NJ 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
BALDWIN TERRY

Your Social Security Number
572001235

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 = | <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 | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | | 1 | x \$6,000 = | <u>6000</u> |
| 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. | 7000 |

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
BALDWIN TERRY

Your Social Security Number
572001235

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	.
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.	29856 .
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.	29856 .
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.	29856 .
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	7000 .
31. Medical Expenses (Worksheet F and instructions page 22)	31.	3400 .
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.	10400 .
37. Taxable Income (Subtract line 36 from line 29)	37.	19456 .
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	5750 .
38b. Block	5	.
38b. Lot	16	.
38b. Qualifier		
38c. County/Municipality Code	1408	
Fill in if you completed Worksheet G		
38d. Indicate your residency status during 2019 (fill in only one) <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> Both		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	5750 .
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	13706 .
41. Tax on Amount on line 40 (Tax Table page 52)	41.	192 .
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.	192 .
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.	192 .
46. Sheltered Workshop Tax Credit	46.	.
47. Balance of Tax (Subtract line 46 from line 45)	47.	192 .
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.	192 .
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
BALDWIN TERRY

Your Social Security Number
572001235

1038

52.	Shared Responsibility Payment (See instructions)		52.	.
	REQUIRED Enclose Schedule HCC and fill in	X		
53.	Total Tax Due (Add lines 49 through 52)		53.	192 .
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		54.	.
55.	Property Tax Credit (See instructions page 23)		55.	.
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return		56.	1000 .
57.	New Jersey Earned Income Tax Credit (See instructions)		57.	.
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
58.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		58.	.
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		59.	.
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	.
61.	Wounded Warrior Caregivers Credit (See instructions)		61.	.
62.	Total Withholdings, Credits, and Payments (Add lines 54 through 61)		62.	1000 .
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.	808 .
65.	Amount from line 64 you want to credit to your 2020 tax		65.	.
66.	Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	66.	.
67.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	67.	.
68.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	68.	.
69.	Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	69.	.
70.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	70.	.
71.	Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	71.	.
72.	Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	72.	.
73.	Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	73.	.
74.	Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through 73)		74.	.
75.	Balance due (If line 63 is more than zero, add line 63 and line 74)		75.	.
76.	Refund amount (If line 64 is more than zero, subtract line 74 from line 64)		76.	808 .

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes **X** 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

S12345678

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

Line 31 – Medical Expenses

You can deduct certain unreimbursed medical expenses you paid during the year for yourself, your spouse or domestic partner, and any dependents you claim. You can only deduct expenses that are more than 2% of your gross income. In general, medical expenses allowed for federal tax purposes are allowed for New Jersey tax purposes. These can include:

- Physicians, dental, and other medical fees
- Prescription eyeglasses and contact lenses
- Hospital care
- Nursing care
- Medicines and drugs
- Prosthetic devices
- X-rays and other diagnostic services conducted by or directed by a physician or dentist
- Amounts paid for transportation primarily for and essential to medical care
- Insurance (including amounts paid as premiums under Part B of Title XVIII of the Social Security Act, relating to supplementary medical insurance for the aged) covering medical care

You can also deduct qualified Archer MSA contributions and self-employed health insurance costs. Information is available on our website at njtaxation.org.

Use Worksheet F below to calculate your medical expenses deduction.

Note: For federal purposes you may be able to deduct amounts paid for health insurance for any child of yours who was under age 27 at the end of 2019. However, for New Jersey purposes you can deduct these amounts only if the child was your dependent. For more information, see Technical Advisory Memorandum TAM 2011-14.

Part-Year Residents. Include only those expenses you incurred and paid while you were a resident of New Jersey.

Line 32 – Alimony and Separate Maintenance Payments

Enter any court-ordered alimony or separate maintenance payments you made. Do not include child support payments.

Part-Year Residents. Include only those payments made while you were a resident of New Jersey.

Line 33 – Qualified Conservation Contribution

Enter any qualified contribution you made of real property (land) in New Jersey for conservation purposes (e.g., protection of natural habitat, farmland, forest, or open space). The deduction is the amount of the contribution allowed as a deduction in calculating your taxable income for federal purposes.

Enclose document If you file federal Form 8283, enclose a copy with your return.

Part-Year Residents. Include only those contributions you made while you were a resident of New Jersey.

Line 34 – Health Enterprise Zone Deduction

If you provide primary care services in a qualified medical or dental practice you own that is located in or within five miles of a designated Health Enterprise Zone (HEZ), you may be able to deduct a percentage of the net income from that practice.

Enter the HEZ deduction for a qualified practice as follows:

- Partners – Use the amount from Part III of the Schedule NJK-1, Form NJ-1065, you received from the practice.

Worksheet F Deduction for Medical Expenses

1. Total unreimbursed medical expenses	1. _____
2. Enter line 29, Form NJ-1040 <u>29856</u> × .02 =	2. _____
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero	3. _____
4. Enter the amount of your qualified Archer MSA contributions from federal Form 8853	4. _____
5. Enter the amount of your self-employed health insurance deduction	5. <u>3400</u>
6. Total Deduction for Medical Expenses. Add lines 3, 4, and 5. Enter the result here and on line 31, Form NJ-1040. If zero, enter zero here and make no entry on line 31, Form NJ-1040	6. <u>3400</u>

(Keep for your records)

NJ e-file Signature Authorization

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

2019

Taxpayer's name TERRY BALDWIN	Social security number 572-00-1235
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	13706
2	Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	2	192
3	New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	3	
4	Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	4	808
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	5
---	---	---	---	---

 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



2020 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2019 New Jersey income taxes or make payment of estimated tax for 2020 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2019 New Jersey income taxes or make a payment of estimated tax for 2020 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2020 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

572-00-1235 BALD
BALDWIN TERRY
143 CONCORD LANE
DENVER NJ 07834

1038 2020

Calendar Year - Due Voucher
April 17, 2020 1

Make check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R	X	NJ-1040	N	NJ-1040-NR		NJ-1041
				NJ-1080-C	F	NJ-1041SB

Enter amount of payment here:

250.00



012015720012350003BALD2012060000025000



2020 NJ-1040-ES-V PAYMENT VOUCHER

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New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

572-00-1235 BALD
BALDWIN TERRY
143 CONCORD LANE
DENVER NJ 07834

1038 2020

Calendar Year - Due	Voucher
June 15, 2020	2

Make check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R	X	NJ-1040	N	NJ-1040-NR		NJ-1041
				NJ-1080-C	F	NJ-1041SB

Enter amount of payment here:

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New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

572-00-1235 BALD
BALDWIN TERRY
143 CONCORD LANE
DENVER NJ 07834

1038 2020

Calendar Year - Due Voucher
Sept 17, 2020 3

Make check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R	X	NJ-1040	N	NJ-1040-NR		NJ-1041
				NJ-1080-C	F	NJ-1041SB

Enter amount of payment here:

250.00



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DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

572-00-1235 BALD
BALDWIN TERRY
143 CONCORD LANE
DENVER NJ 07834

1038 2020

Calendar Year - Due	Voucher
Jan 15, 2021	4

Make check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R	X	NJ-1040	N	NJ-1040-NR		NJ-1041
				NJ-1080-C	F	NJ-1041SB

Enter amount of payment here:

250.00



012015720012350003BALD2012060000025000

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
TERRY BALDWIN

Social Security Number
572 00 1235

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: <input type="text"/>		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: <input type="text"/>		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: <input type="text"/>		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: <input type="text"/>		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: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

Name(s) as shown on Form NJ-1040 BALDWIN TERRY	Social Security Number 572 00 1235
--	--

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2019

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	PAINTING WALL	572-00-1235	29856
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4. 29856

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above
1.			
2.			
3.			
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 BALDWIN TERRY	Social Security Number 572 00 1235
--	--

Schedule NJ-BUS-2
(Form NJ-1040)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2019

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	29856	1b.	29856
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.		4b.	
5.	Loss Carryforward From Tax Year 2018			5b.	()
6.	Totals	6a.	29856	6b.	29856
PART II Adjustment Calculation					
7.	Total Regular Business Income	7.	29856		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	29856		
9.	Business Increment (Line 7 minus line 8)	9.			
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.			
PART III Loss Carryforward to Tax Year 2020					
12.	Loss Carryforward to Tax Year 2020	12.	()		

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2018 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2019 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records