

**KAREN CHAMBERS
143 CONCORD LANE
DENVER, NJ 07834
2019 INCOME TAX RETURN**

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

KAREN CHAMBERS
143 CONCORD LANE
DENVER NJ 07834
(973) 555-1111

Preparer No.: 995
Client No. : XXX-XX-1803
Invoice Date: 09/24/2020

INVOICE

Description		Amount
PREPARATION OF 2019 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1099-R (RETIREMENT DISTRIBUTIONS) (2) SSA WORKSHEET FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) 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 : 572-00-1803 KAREN CHAMBERS

BIRTH DATE : 08/03/1960 Age:59

ADDRESS : 143 CONCORD LANE
: DENVILLE NJ 07834

PREPARER : 995

Home : (973) 555-1111
Work : -
Cell : -
STATUS : QUALIFYING WIDOW(ER)
FED TYPE: Electronic Mail
ST TYPE : Electronic Mail
E-MAIL :

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 10.88%

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

LISTING OF FORMS FOR THIS RETURN

FORM 1040
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	5	5
TOTAL INCOME	58928	0
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	58928	0
DEDUCTIONS	24400	0
EXEMPTIONS	0	8000
TAXABLE INCOME	34528	0
TAX	3755	80
CREDITS	0	0
PAYMENTS	5650	875
REFUND	1895	795
AMOUNT DUE	0	0

* 1099-R INCOME FORMS SUMMARY *

[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	T DEFENSE FINANCE AND AC	26585	26585	3700	0
2.	T MAYBERRY SHERIFF DEPAR	23650	21850	1450	875 NJ
TOTALS.....		50235	48435	5150	875

CLIENT : KAREN CHAMBERS

572-00-1803

PREPARER : 995 DATE : 09/24/2020

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	T	U.S.	12345	500	0
		TOTALS.....	12345	500	0

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 KAREN CHAMBERS do not authorize The Practice Lab:

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

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

This consent is valid-through November 13, 2021

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

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

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

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

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

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

Taxpayer PIN:

PIN Date 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 KAREN CHAMBERS	Social security number 572-00-1803
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	58928
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	3755
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	5650
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	1895
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	8	0	3
---	---	---	---	---

 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

--	--	--	--	--

 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. ► **586-00-1800 AMY CHAMBERS**

Your first name and middle initial KAREN		Last name CHAMBERS	Your social security number 572-00-1803
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			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 type="checkbox"/> You <input type="checkbox"/> Spouse
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
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
				<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— <ul style="list-style-type: none">• 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 NON-W2. DISABILITY	1	21850	
	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	c Pensions and annuities	4c		
	5a Social security benefits	5a	12345	
	6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>	
	7a Other income from Schedule 1, line 9			
	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	58928
	8a Adjustments to income from Schedule 1, line 22		8a	
	b Subtract line 8a from line 7b. This is your adjusted gross income		8b	58928
9 Standard deduction or itemized deductions (from Schedule A)	9	24400		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a Add lines 9 and 10		11a	24400	
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	34528	

Form **1040** (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

KAREN CHAMBERS

Your social security number

572-00-1803

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)
- c** State and local personal property taxes
- d** Add lines 5a through 5c
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)
- 6** Other taxes. List type and amount ►
- 7** Add lines 5e and 6

5a 875

5b

5c

5d 875

5e 875

6

7 875

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
- 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
- c** Points not reported to you on Form 1098. See instructions for special rules
- d** Mortgage insurance premiums (see instructions)
- e** Add lines 8a through 8d
- 9** Investment interest. Attach Form 4952 if required. See instructions .
- 10** Add lines 8e and 9

8a

8b

8c

8d

8e

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
- 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.
- 13** Carryover from prior year
- 14** Add lines 11 through 13

11

12

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

17

875

Social Security Benefits Worksheet—Lines 5a and 5b

Keep for Your Records



Before you begin:

- ✓ Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 22 (see the instructions for Schedule 1, line 22).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2019, enter "D" to the right of the word "benefits" on line 5a. If you don't, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 5a and 5b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1. Enter the total amount from **box 5** of **all** your **Forms SSA-1099** and **RRB-1099**. Also, enter this amount on Form 1040 or 1040-SR, line 5a **1.** 12345
2. Multiply line 1 by 50% (0.50) **2.** 6173
3. Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 4d, 6, and Schedule 1, line 9 **3.** 48435
4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a **4.**
5. Combine lines 2, 3, and 4 **5.** 54608
6. Enter the total of the amounts from Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22 **6.**
7. Is the amount on line 6 less than the amount on line 5?
 - ☐ **No.** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b.
 - ☒ **Yes.** Subtract line 6 from line 5 **7.** 54608
8. If you are:
 - Married filing jointly, enter \$32,000
 - Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019, enter \$25,000
 - Married filing separately and you lived with your spouse at any time in 2019, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17
 **8.** 25000
9. Is the amount on line 8 less than the amount on line 7?
 - ☐ **No.** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you are married filing separately and you **lived apart** from your spouse for all of 2019, be sure you entered "D" to the right of the word "benefits" on line 5a.
 - ☒ **Yes.** Subtract line 8 from line 7 **9.** 29608
10. Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019 **10.** 9000
11. Subtract line 10 from line 9. If zero or less, enter -0- **11.** 20608
12. Enter the **smaller** of line 9 or line 10 **12.** 9000
13. Enter one-half of line 12 **13.** 4500
14. Enter the **smaller** of line 2 or line 13 **14.** 4500
15. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- **15.** 17517
16. Add lines 14 and 15 **16.** 22017
17. Multiply line 1 by 85% (0.85) **17.** 10493
18. **Taxable social security benefits.** Enter the **smaller** of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 5b **18.** 10493



If any of your benefits are taxable for 2019 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.

QNA



Your Social Security Number (required)
572001803

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.)
CHAMBERS KAREN

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
CHAMBERS KAREN

Your Social Security Number
572001803

1038

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

Fiscal year filers only:
Enter month of your year end

Filing Status
Fill in only one.

1. Single
2. Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household
5. ☒ Qualifying Widow(er)/Surviving CU Partner
- Enter spouse's/CU partner's SSN
- 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	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner		1	x \$1,000 =	1000
9. Veteran	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner		1	x \$6,000 =	6000
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.	8000

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
CHAMBERS KAREN

Your Social Security Number
572001803

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.	.
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.	.
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.	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	8000 .
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.	8000 .
37. Taxable Income (Subtract line 36 from line 29)	37.	.
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	5850 .
38b. Block	.	.
38b. Lot	.	.
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.	.
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	.
41. Tax on Amount on line 40 (Tax Table page 52)	41.	.
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.	.
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.	.
46. Sheltered Workshop Tax Credit	46.	.
47. Balance of Tax (Subtract line 46 from line 45)	47.	.
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.	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	80 .
51. Interest on Underpayment of Estimated Tax	51.	.
Fill in if Form NJ-2210 is enclosed		



Name(s) as shown on Form NJ-1040
CHAMBERS KAREN

Your Social Security Number
572001803

1038

52.	Shared Responsibility Payment (See instructions)	52.	.
REQUIRED Enclose Schedule HCC and fill in			
53.	Total Tax Due (Add lines 49 through 52)	53.	80 .
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	54.	875 .
55.	Property Tax Credit (See instructions page 23)	55.	.
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return	56.	.
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.	875 .
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.	795 .
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.	795 .

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

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

NJ e-file Signature Authorization

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

2019

Taxpayer's name KAREN CHAMBERS	Social security number 572-00-1803
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	
2	Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	-----	2	80
3	New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	-----	3	875
4	Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	-----	4	795
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 8 0 3 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