KAREN CHAMBERS 143 CONCORD LANE DENVILLE, NJ 07834 2019 INCOME TAX RETURN PRACTICE LAB 15 PRACTICE LAB WAY WASHINGTON DC 20005 (202) 202-2022

KAREN CHAMBERS 143 CONCORD LANE DENVILLE 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 FORM 1040 FORM 1099-R (RETIREMENT DISTRIBUTIONS) (SSA WORKSHEET FORM 8879 (E-FILE SIGNATURE AUTHORIZATIO NJ STATE RESIDENT RETURN	2)	
	Total Invoice	÷0.00
	Amount Paid	\$0.00 \$0.00
	Balance Due	\$0.00

TAX YEAR: 2019 PROCESS DATE: 09/24/2020 OFFICE : The Practice Lab CLIENT : 572-00-1803 KAREN CHAMBERS BIRTH DATE : 08/03/1960 Age:59 ADDRESS : 143 CONCORD LANE PREPARER : 995 : DENVILLE NJ 07834 Home : (973) 555-1111 PREPARER FEE : Work : -ELECTRONIC : Cell : -TOTAL FEES : STATUS : QUALIFYING WIDOW(ER) FED TYPE: Electronic Mail ST TYPE : Electronic Mail EFFECTIVE RATE: 10.88% E-MAIL :

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.	Т	DEFENSE FINANCE AND AC	26585	26585	3700	0
2.	Т	MAYBERRY SHERIFF DEPAR	23650	21850	1450	875 NJ
		TOTALS	50235	48435	5150	875

PREPARER : 995 DATE : 09/24/2020

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	Т	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.

Form 8879
Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

2019

Submission Identification Number (SID)

Taxpa	ver's name Soc	ial security	numb	er
KA	REN CHAMBERS 572	572-00-1803		
Spous	o's name Spo	ouse's socia	al secu	rity number
Par	t I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars	s 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 104	40-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 13	3a) .	4	1895

4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
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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 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

X I authorize	PRACTICE LAB	to enter or generate my PIN	11	. 8 0 3	as my
	ERO firm name			five digits, but	
signature or	n my tax year 2019 electronically filed income tax returr	1.	aoniti	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 ► _____

Spouse's PIN: check one box only

I authorize

ERO firm name

signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Part III

gnature 🕨	Date 🕨
Practitioner PIN Method Returns Only—con	tinue below
Certification and Authentication — Practitioner PIN Method C	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											

Enter five digits, but don't enter all zeros

09/24/2020

Date 🕨

to enter or generate my PIN

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

as my

 Single or Married filing separately, \$12,200 Married filing separately, \$12,200 Social security benefits	104		artment of the Treasury—Internal Revenue Se S. Individual Income Ta	rvice	Retu	(99) rn	20	19	OMB No.	1545-007	74 IRS Use Only-	-Do not wr	ite or staple in	this space.
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 Last name Your social security number 572_00_1803 KAREN CHAMBERS 572_00_1803 If joint return, spouse's first name and middle initial Last name Spouse's social security number (CHAMBERS 14.3 CONCORD LANE Apt. no. Presidential Election Campaign (Presidential Ele	Filing Status		Single Married filing jointly	Ma	rried fili	ng sep	parately (MFS)		Head of hou	usehold (I	HOH) 🗴 Qualif	fying wide	ow(er) (QW)	
one box. a child but not your dependent. ▶ 586-00-1800 ANY CHAMBERS Your first name and middle initial Last name Your first name and middle initial Last name Your 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. Apt. no. Presidential Election Campaign 14.3 CONCORD LANE presidential Election Campaign ORV, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign DENVILLE, NJ 078.34 Foreign province/state/county Foreign postal code If more than four dependents, see instructions, see instructions, see instructions). Exandard Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness Your spouse a dependent Dependents (see instructions): (2) Social security number (3) Relationship to yu (4) / if qualifies for (see instructions): Credit or other dependents (1) First name Last name (2) Social security number (3) Relationship to yu (4) / if qualifies for (see instructions): (1) first name (2) Social security number (2) Foreign country name Last name (2) Social security number (4) fif qualifies for (see instructions):			o o, ,	-		• ·								5
KAREN CHAMBERS 572-j00-j1803 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. Apt. no. Presidential Election Campaign City, town or post office, state, and ZiP code. If you have a foreign address, laso complete spaces below (see instructions). Presidential Election Campaign DENVILLE, NJ 07834 Foreign province/state/county Foreign postal code If more than four dependents, see instructions is see instructions is see instructions is as a dependent Deduction	one box.											1 5	01	
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143 CONCORD LANE Check here f you or your spouse if filling pipely, want \$3 to go to his fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Check here f you, or your spouse if filling pipely, want \$3 to go to his fund. DENVILLE, NJ 07834 Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions). Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Someone can claim: You as a dependent Your spouse as a dependent (a) / if qualifies for (see instructions): (1) First name Last name (a) Social security number (a) Relationship to you (b) / if qualifies for (see instructions): (1) First name Last name Image: Social security number (a) Relationship to you (b) / if qualifies for (see instructions): (1) First name Last name Image: Social security number Image: Social security number 1 21850 2a Tax-exempt interest. 2a Image: Social security perfects 2a Image: Social security perfects 2a 3a Qualified dividends 3a Image: Social security perfects <	lf joint return, s	pouse's	s first name and middle initial	La	ast nam	е						Spouse's	social secu	rity number
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DENVILLE, NJ 07834 ax or refund. vou spouse Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and / here > Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Ware 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) / it qualifies for isse instructions): Child tax credit Credit for other dependents (1) First name Last name Image: Spouse item; spo. etc. Attach Form(s) W-2 NON-W2. DISABILITY 1 21850 2a Tax-exempt interest. 2a b b Taxable interest. Attach Sch. B if required 3b 3a Qualified dividends. 3a 1 21850 3b 3b 3b 5a 12345 b Taxable amount 4d 26585 3b 10493 6 Image and thines 5a 12345 b Taxable amount 7a 7a 7a 7a 7a 7a	City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	reign	addres	s, also	o complete s	paces b	elow (see ir	structior	na)		•	
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Deduction for- 4a 4a b 4a 4a 4a 4a 4a 4a 4b • Single or Married filing separately, S12,200 c Pensions and annuities		3a	Qualified dividends	3a				b O	rdinary divide	ends. Atta	ach Sch. B if require	d 3b		
filing separately, \$12,200 c Pensions and annutles 4c 4d 20000 Married filing jointy or Qualifying widow(er), \$24,400 5a 12345 b Taxable amount 5b 10493 Head of household, \$18,350 C Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7a 7a If you checked any box under Standard B Subtract line 8a from line 7b. This is your adjusted gross income 8a 8a 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10 11a 24400	Standard Deduction for—	4a	IRA distributions	4a				b Ta	axable amo	unt .		4b		
\$12,200 5a Social security benefits 5a 12345 b Taxable amount 5b 10493 Married filing jointy or Qualifying widow(er), \$24,400 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not required, check here Image: Capital gain or (loss). Attach Schedule D if required. If not	Single or Married filing soparatoly	с	Pensions and annuities	4c				d Ta	axable amo	unt .		4d		26585
jointly or Qualifying widow(er), \$224,400 6 Capital gain or (loss). Attach Schedule D if required, if not required, check here 7a • Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income • • 7b 58928 • If you checked any box under Standard 9 Standard deduction or itemized deductions (from Schedule A) 9 24400 8b 58928 • If you checked any box under Standard 9 Standard deduction or itemized deductions (from Schedule A) 9 24400 10 • If a Add lines 9 and 10 • • • • • 11a 244000		5a	Social security benefits	5a			12345	b Ta	axable amo	unt .		5b		10493
widow(er), \$22,400 7a Other income from Schedule 1, line 9 7a • Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7b 58928 • If you checked any box under Standard b Subtract line 8a from line 7b. This is your adjusted gross income • • 8b 58928 • If you checked any box under Standard 9 24400 10 • 10 • If a Add lines 9 and 10	 Married filing iointly or Qualifying 	6	Capital gain or (loss). Attach Schedule	e D if	require	d. lf n	ot required, o	check he	ere		►	6		
• Head of household, \$1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income · · · · · · · · · · · · · · · · · · ·	widow(er),	7a	Other income from Schedule 1, line 9									7a		
\$18,350 8a Adjustments to income from Schedule 1, line 22 8a • If you checked any box under Standard b Subtract line 8a from line 7b. This is your adjusted gross income • • • • • • • • • • • • • • • • • • •	Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	17a. ⁻	This is	our t o	otal income					- 7b		58928
 If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ino Qualified business income deduction. Attach Form 8995 or Form 8995-A Ina Add lines 9 and 10 		8a	Adjustments to income from Schedul	e 1, li	ine 22							8a		
Standard 9 24400 Deduction, see instructions. 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10 10 11a Add lines 9 and 10 10 11a 24400	 If you checked 	b	Subtract line 8a from line 7b. This is y	our a	ndjuste	d gros	ss income					- 8b		58928
see instructions. 10 cdualined business income deduction. Attach off basis of form basis of form basis of a time basis of the deduction. 11a 24400 11a Add lines 9 and 10 11a 11a 24400		9	Standard deduction or itemized de	ducti	ons (fro	om Sc	hedule A) .			9	244	00		
11a Add lines 9 and 10	Deduction,	10	Qualified business income deduction	Atta	ch Forr	n 8998	5 or Form 89	95-A .		10				
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- . . . 11b 34528		11a	Add lines 9 and 10									11a		
		b	Taxable income. Subtract line 11a fr	om lir	ne 8b. l	f zero	or less, ente	r-0				11b		34528

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

Form **1040** (2019)

QNA

CHAME Form 1040 (2019	BERS						5	572-0	00-1803 _{Pag}	je 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 881	4 2 4972	3	12a	375	5		
	b	Add Schedule 2, line 3, and line	12a and enter the	total			🕨	12b	37	55
	13a	Child tax credit or credit for othe	er dependents .			13a				
	b	Add Schedule 3, line 7, and line	13a and enter the	total			🕨	13b		
	14	Subtract line 13b from line 12b.	If zero or less, ent	er -0				14	37	55
	15	Other taxes, including self-empl	oyment tax, from	Schedule 2, line	10			15		0
	16	Add lines 14 and 15. This is you	r total tax				🕨	16	37	55
	17	Federal income tax withheld from	m Forms W-2 and	1099	ORM 1099			17	56	50
• If you have a	18	Other payments and refundable	credits:							
qualifying child,	а	Earned income credit (EIC) .				18a				
attach Sch. EIC.	b	Additional child tax credit. Attac	h Schedule 8812			18b				
nontaxable combat pay, see	с	American opportunity credit fror	n Form 8863, line	8		18c				
instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. Thes	se are your total o	ther payments a	and refundable cred	lits	🕨	18e		
	19	Add lines 17 and 18e. These are	e your total payme	ents			🕨	19	56	50
Refund	20	If line 19 is more than line 16, su	btract line 16 fron	n line 19. This is t	the amount you over	paid		20	18	95
nerana	21a	Amount of line 20 you want refu	inded to you. If Fo	orm 8888 is attac	hed, check here .		. 🕨 🗌	21a	18	95
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savings			
See instructions.	►d	Account number XXXX	XXXXX		XXXXXX	XX				
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22				
Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on hov	v to pay, see instruct	ions	🕨	23		
You Owe	24	Estimated tax penalty (see instru	uctions)		🕨	24				
Third Party Designee	Do	you want to allow another person	n (other than your p	baid preparer) to	discuss this return w	rith the IRS? See in	nstructions		Yes. Complete belo	w.
(Other than paid preparer)		signee's		Phone			nal identifi	cation		
Sign	Une	me der penalties of perjury, I declare that I				tatements, and to the		-	ge and belief, they are	true,
Here	cor	rect, and complete. Declaration of prep	arer (other than taxpa	ayer) is based on all	information of which pre	eparer has any knowl	edge.			
Here	Yo	our signature		Date	Your occupation				nt you an Identity	
Joint return?				09/24/20	RETIRED			e inst.)	PIN, enter it here	
See instructions. Keep a copy for your records.	Sp	oouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on	Ide		nt your spouse an ection PIN, enter it h	iere
	Ph	ione no. (973) 555-111	1	Email address	1					_
	Pro	eparer's name	Preparer's signa	ture		Date	PTIN		Check if:	
Paid						09/24/20	S123456	78	3rd Party Desig	jnee
Preparer	Fir	m's name ► PRACTICE L	AB			Phone no. 202-			Self-employed	d
Use Only		m's address > 15 PRACTICE LA		TON DC 20005				Firm's EIN ► -		
										_

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2019)

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SCHEDULE A

(Form 1040 or 1040-SR) (Rev. January 2020) Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 201 9

Attachment Sequence No. 07 Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on							cial security number
KAREN (CHA				57	2-	00-1803
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and		Medical and dental expenses (see instructions)	1		_		
Dental		Enter amount from Form 1040 or 1040-SR, line 8b 2					
Expenses		Multiply line 2 by 7.5% (0.075)	3		_		
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	•	<u></u>	-	4	
Taxes You		State and local taxes.					
Paid	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 \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots	5a	87	5		
	b	State and local real estate taxes (see instructions)	5b		-		
		State and local personal property taxes	5c				
		Add lines 5a through 5c	5d	87	5		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing					
		separately)	5e	87	5		
	6	Other taxes. List type and amount ►					
			6				
		Add lines 5e and 6	·		_	7	875
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your mortgage interest		Instructions and check this box					
deduction may be limited (see instructions).	c	See instructions if limited	8a				
	k	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	0				
			8c 8d		-		
		I Mortgage insurance premiums (see instructions)	ou 8e		-		
		Investment interest. Attach Form 4952 if required. See instructions.	9		-		
		Add lines 8e and 9	-			10	
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see					
Charity		instructions	11				
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,					
got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12		_		
see instructions.		Carryover from prior year	13		_		
		Add lines 11 through 13			-	14	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (othe		•			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1 instructions				15	
Othor	16	Other—from list in instructions. List type and amount ►	•	<u></u>		10	
Other Itemized	10						
Deductions					1	16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter	this amount o	_	-	
Itemized	••	Form 1040 or 1040-SR, line 9				17	875
Deductions	18	If you elect to itemize deductions even though they are less than your	stan	dard deductior	۱,		
		check this box	•	▶ [
	- .						

Social Security Benefits Worksheet—Lines 5a and 5b

Bef	 Figure any write-in adjustments to be entered on the dotted line next to Scheden instructions for Schedule 1, line 22). If you are married filing separately and you lived apart from your spouse for the right of the word "benefits" on line 5a. If you don't, you may get a mather Be sure you have read the <i>Exception</i> in the line 5a and 5b instructions to see worksheet instead of a publication to find out if any of your benefits are taxal 	all of 20 error not if you ca	19. enter "D" to
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 5a1.12345		
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	_	
5.	Combine lines 2, 3, and 4	_	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		
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.		
	X 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. STOP 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
	Tes. Subtract line 8 from line /	9	2000
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		
11	of 2019		9000
11. 12.	Subtract line 10 from line 9. If zero or less, enter -0- Enter the smaller of line 9 or line 10		20608
12.	Enter one-half of line 12		<u> </u>
13. 14.	Enter the smaller of line 2 or line 13		4500
14. 15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-		17517
	Add lines 14 and 15		22017
16. 17.	Add lines 14 and 15 Multiply line 1 by 85% (0.85)		
17. 18.	Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount	17	10493
10.	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 year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for	was for details.	an earlier

QNA



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.	







NJ-1040

2019

Page 2

040MP02190

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				Enter spouse's/CU partner's SSN
5.	Х	Qualifying Widow(er)/Surviving CU Partner				
		Indicate the year of your spouse's/CU partner's death:	2017	Х	2018	

d.

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

6.	Regular	Х	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	Х	Self	Spouse/CU Partner		1	x \$1,000 =	1000
9.	Veteran	Х	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	e instruc	tions)				x \$1,000 =	
13.	Total Exemption Amount (Add total	s from t	he lines at 6	through 12)			13.	8000
14.	Dependent Information. Provide the	e followi	ing informati	on for each dependent.				
	Last Name, First Name, Middle Initi	al			Social Security Number		Birth Year	No Health Insurance
a.								
b.								
c.								



NJ-1040 2019

Page 3



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

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number}\\ 572001803 \end{array}$

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) X Homeowner Tenant	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 Daid to Other Inviduations (Enclose Schedule NI COI) (See instructions)	42		

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			



NJ-1040 2019

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

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number}\\ 572001803 \end{array}$

1038

Pai	n's Name				5678 entification Numb			o Tax Due Address with the envelope and mail to:			
		S12345678						You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address			
Y	d Preparer's Signature	I	Federal Ide	entification	Number		money order payable to: State of New Jers				
	our Signature Date	Spouse's/CU Partner's S	ignature (re	quired if fili	ng jointly) Date			ng Center			
stat	der penalties of perjury, I declare that I have examined this In ements, and to the best of my knowledge and belief, it is true taxpayer, this declaration is based on all information of whic	, correct, and comp	lete. If p	repared by			Enclose payment along v voucher and tax return. I envelope and mail to:	Due Address with the NJ-1040-V payment Use the labels provided with the			
								× 4.11			
5	int return does your spouse want to designate \$1? s does not reduce your refund or increase your balance due.	Spou	se/CU Par	uier	Yes		No				
	you want to designate \$1 to the Gubernatorial Elections Fund?	You		hu ou	Yes	Х	No				
Gu	bernatorial Elections Fund										
76.	Refund amount (If line 64 is more than zero, subtract line 74 from l	line 64)					76.	795 .			
75.	Balance due (If line 63 is more than zero, add line 63 and line 74)						75.				
74.	Total Adjustments to Tax Due/Overpayment amount (Add lines 65	through 73)					74.				
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		73.				
72.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		72.				
71.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		71.				
70.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other			70.				
69.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other			69.				
68.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other			68.				
57.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other			67.				
66.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other			66.				
5.	Amount from line 64 you want to credit to your 2020 tax						65.				
64.	If the total on line 62 is more than line 53, you have an overpaymer	nt. Subtract line 53froi	n line 62a	nd enter th	e overpayment		64.	795			
	If you owe tax, you can still make a donation on lines 66 through 7.			-							
53.	If line 62 is less than line 53, you have tax due. Subtract line 62 fro		e amount	you owe			63.				
52.	Total Withholdings, Credits, and Payments (Add lines 54 through 6	51)					62.	875			
61.	Wounded Warrior Caregivers Credit (See instructions)		,				61.				
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose For	, (60.				
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form N		(ano)				59.				
58.	Fill in if you are a CU couple claiming the NJ Earned Income Tax 6 Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450						58.				
	Fill in if you had the IRS calculate your federal earned income cred	lit									
57.	New Jersey Earned Income Tax Credit (See instructions)						57.				
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return						56.				
55.	Property Tax Credit (See instructions page 23)						55.				
	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1	1099)					54.	875			
54.	Total Tax Due (Add lines 49 through 52)						53.	80			
	REQUIRED Enclose Schedule HCC and fill in										
53. 54.							52.				

Department of the Treasury Division of Revenue Do not send to New Jersey. Keep for your records. See instructions.

Taxpayer's name	Social security number	
KAREN CHAMBERS	572-00-1803	
Spouse's name	Spouse's social security number	
Part I Tax Return Information—Tax Year Ending December 31, 2019 (Wh	ole 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	
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	
5 Amount you owe (Form NJ-1040, line 75) (Form NJ-1040NR, Line 55) Part II Declaration and Signature Authorization of Taxpayer	5	j
Part II Declaration and Signature Authorization of Taxpayer Under penalties of perjury, I declare that I have examined a copy of my electronic individ		
schedules and statements for the tax year ending December 31, 2019, and to the be correct, and complete. I further declare that the amounts in Part I above are the amo income tax return. I acknowledge that I have read the Consent to Disclosure and, if applica included on the copy of my electronic income tax return and I agree to the provisions cor identification number (PIN) as my signature for my electronic income tax return and, if ap Consent.	st of my knowledge a unts shown on the co able, Electronic Funds ntained therein. I have	and belief, it is true opy of my electroni Withdrawal Conser selected a persona
Taxpayer's PIN: check one box only		
I authorize PRACTICE LAB to enter my PIN ERO firm name	1 1 8 0 3 a	as my signature
on my tax year 2019 electronically filed income tax return.	do not enter an zeros	
I will enter my PIN as my signature on my tax year 2019 electronically filed income are entering your own PIN and your return is filed using the Practitioner PIN met below.		
Your signature	•09/24/	2020
Spouse's PIN: check one box only		
L I authorize to enter my PIN error firm name on my tax year 2019 electronically filed income tax return.	do not enter all zeros	as my signature
☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income are entering your own PIN and your return is filed using the Practitioner PIN met below.		
Spouse's signature 🔶 Date	<u>۰</u>	
Practitioner PIN Method Returns Only—con	tinue 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 do not enter	
I certify that the above numeric entry is my PIN, which is my signature on the tax year is return for the taxpayer(s) indicated above. I confirm that I am submitting this return in a the Practitioner PIN method.	-	
ERO's signature	•09/2	4/2020
ERO Must Retain This Form — See Instruction	s	

Do Not Submit This Form to New Jersey Unless Requested To Do So