

**RONALD & ALICIA DAVIS
143 CONCORD LANE
DENVER, NJ 07834
2019 INCOME TAX RETURN**

RONALD DAVIS &
ALICIA DAVIS
143 CONCORD LANE
DENVER NJ 07834
(973) 555-1111

INVOICE

Description		Amount
PREPARATION OF 2019 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS) SCHEDULE B (INTEREST & DIVIDENDS) SCHEDULE D (CAPITAL GAINS & LOSS) FORM 8949 (SALES OF CAPITAL ASSETS) (3) CAPITAL GAIN TAX WORKSHEET FORM 1099-R (RETIREMENT DISTRIBUTIONS) 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 : 572-00-1804 RONALD DAVIS
SPOUSE : 572-00-1814 ALICIA DAVIS

BIRTH DATE : 08/03/1960 Age:59
BIRTH DATE : 05/06/1962 Age:57

ADDRESS : 143 CONCORD LANE
: DENVILLE NJ 07834

PREPARER : 995

Home : (973) 555-1111
Work : -
Cell : -
STATUS : MARRIED JOINT
FED TYPE: Electronic Mail
ST TYPE : Electronic Mail
E-MAIL :

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 2.56%

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 3 (NONREFUNDABLE CREDITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
SCHEDULE B (INTEREST/DIVIDEND INCOME)
SCHEDULE D (CAPITAL GAINS/LOSSES)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8949 (SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS)
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

<u>SUMMARY</u>	<u>FEDERAL</u>	<u>NJ RESIDENT</u>
FILING STATUS	2	2
TOTAL INCOME	51160	50975
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	51160	50975
DEDUCTIONS	24400	10250
EXEMPTIONS	0	8000
TAXABLE INCOME	26502	32725
TAX	803	503
CREDITS	124	0
PAYMENTS	3945	1159
REFUND	3266	656
AMOUNT DUE	0	0

* 1099-R INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS DIST</u>	<u>TAXABLE AMT</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	DUVAL COUNTY SCHOOL DI	26017	25089	2945	1159 NJ
		TOTALS.....	26017	25089	2945	1159

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 RONALD & ALICIA DAVIS 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

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

2019

Submission Identification Number (SID) ►

Taxpayer's name RONALD DAVIS	Social security number 572-00-1804
Spouse's name ALICIA DAVIS	Spouse's social security number 572-00-1814

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	51160
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	679
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	3945
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	3266
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	4
---	---	---	---	---

 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 PRACTICE LAB to enter or generate my PIN

1	1	8	1	4
---	---	---	---	---

 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 ► Filing as Surviving Spouse Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► IRS PREPARER Date ► 09/24/2020

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

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

Form **8879** (2019)

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial RONALD		Last name DAVIS	Your social security number 572-00-1804
If joint return, spouse's first name and middle initial ALICIA		Last name DAVIS	DECEASED : 01 / 05 / 2019 Spouse's social security number 572-00-1814
Home address (number and street). If you have a P.O. box, see instructions. 143 CONCORD LANE			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DENVER, NJ 07834			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<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	1215	b	Taxable interest. Attach Sch. B if required
3a	Qualified dividends	3a	6368	2b	1216
4a	IRA distributions	4a		3b	8927
c	Pensions and annuities	4c	26017	4b	
5a	Social security benefits	5a		b	Taxable amount
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			4d	25089
7a	Other income from Schedule 1, line 9			5b	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			6	15928
8a	Adjustments to income from Schedule 1, line 22			7a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			7b	51160
9	Standard deduction or itemized deductions (from Schedule A)	9	24400	8a	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	258	8b	51160
11a	Add lines 9 and 10				24658
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	26502

Form **1040** (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

RONALD & ALICIA DAVIS

Your social security number

572-00-1804

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	124
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	124

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
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	

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

RONALD & ALICIA DAVIS

Your social security number

572-00-1804

**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 1159

5b

5c

5d 1159

5e 1159

6

1159

**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

1159

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Name(s) shown on return

RONALD & ALICIA DAVIS

Your social security number

572-00-1804

Part I

Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

US BANK

ALPINE BROKERAGE

INTEREST SUBTOTAL

ABP ADJUSTMENT

Amount

1094

346

1440

-224

1

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

1216

1216

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

Part II

Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ► GRANT INVESTMENT SERVICES
ALPINE BROKERAGE

Amount

4366

4561

5

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

8927

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

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

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

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

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

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

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

Yes	No
	X
	X

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

Schedule B (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE D
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

- **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2019

Attachment
Sequence No. **12**

Name(s) shown on return

RONALD & ALICIA DAVIS

Your social security number

572-00-1804

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☐ **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	17750	13933		3817
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 3817

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	8089	5195		2894
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	9492	9450		42
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 9175
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 12111

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

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	15928
<ul style="list-style-type: none">• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.			
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><ul style="list-style-type: none">• The loss on line 16; or• (\$3,000), or if married filing separately, (\$1,500)</div><div style="font-size: 3em; margin-right: 10px;">}</div><div><div style="border-bottom: 1px solid black; width: 100px;"></div><div style="text-align: right;">21 ()</div></div></div> Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

RONALD & ALICIA DAVIS

Social security number or taxpayer identification number

572-00-1804

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ALPINE BROCK	VARIOUS	09/17/2019	17750	13933			3817
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				17750	13933			3817

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

RONALD & ALICIA DAVIS

Social security number or taxpayer identification number

572-00-1804

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ALPINE BROCKERA	VARIOUS	11/29/2019	8089	5195			2894
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				8089	5195			2894

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

RONALD & ALICIA DAVIS

Social security number or taxpayer identification number

572-00-1804

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
63	LONG HOLDING	INHERIT	03/15/2019	9492	9450			42
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				9492	9450			42

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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

RONALD & ALICIA DAVIS

Your taxpayer identification number

572-00-1804

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
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		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	1292	
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	1292	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9 258
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10 258
11	Taxable income before qualified business income deduction	11	26760	
12	Net capital gain (see instructions)	12	18479	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	8281	
14	Income limitation. Multiply line 13 by 20% (0.20)			14 1656
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 ▶			15 258
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

Qualified Dividends and Capital Gain Tax Worksheet—Line 12a

Keep for Your Records



Before you begin:

- ✓ See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 6.

1.	Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	26502
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	6368
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	12111
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4.	Add lines 2 and 3	4.	18479
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6.	18479
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	8023
8.	Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8.	78750
9.	Enter the smaller of line 1 or line 8	9.	26502
10.	Enter the smaller of line 7 or line 9	10.	8023
11.	Subtract line 10 from line 9. This amount is taxed at 0%	11.	18479
12.	Enter the smaller of line 1 or line 6	12.	18479
13.	Enter the amount from line 11	13.	18479
14.	Subtract line 13 from line 12	14.	
15.	Enter: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15.	488850
16.	Enter the smaller of line 1 or line 15	16.	26502
17.	Add lines 7 and 11	17.	26502
18.	Subtract line 17 from line 16. If zero or less, enter -0-	18.	
19.	Enter the smaller of line 14 or line 18	19.	
20.	Multiply line 19 by 15% (0.15)	20.	
21.	Add lines 11 and 19	21.	18479
22.	Subtract line 21 from line 12	22.	
23.	Multiply line 22 by 20% (0.20)	23.	
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	803
25.	Add lines 20, 23, and 24	25.	803
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	2795
27.	Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	803

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

28% Rate Gain Worksheet—Line 18*Keep for Your Records*

- | | |
|--|--------------|
| 1. Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II | 1. _____ |
| 2. Enter as a positive number the total of: | |
| • Any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain; | } |
| • $\frac{2}{3}$ of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain; and | |
| • $\frac{1}{3}$ of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain. | |
| Don't make an entry for any section 1202 exclusion that is 100% of the gain. | |
| 3. Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824 | 3. _____ |
| 4. Enter the total of any collectibles gain reported to you on: | |
| • Form 1099-DIV, box 2d; | } |
| • Form 2439, box 1d; and | |
| • Schedule K-1 from a partnership, S corporation, estate, or trust. | |
| 5. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C | 5. (_____) |
| 6. If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- | 6. (_____) |
| 7. Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 | 7. _____ |

Unrecaptured Section 1250 Gain Worksheet—Line 19

Keep for Your Records



If you aren't reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions	1.	
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2.	
3. Subtract line 2 from line 1	3.	
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year. See instructions	4.	
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain"	5.	
6. Add lines 3 through 5	6.	
7. Enter the smaller of line 6 or the gain from Form 4797, line 7	7.	
8. Enter the amount, if any, from Form 4797, line 8	8.	
9. Subtract line 8 from line 7. If zero or less, enter -0-	9.	
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain. See instructions	10.	
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R	11.	
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale. See instructions	12.	
13. Add lines 9 through 12	13.	
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14.	
15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15.	()
16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C*	16.	()
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17.	
18. Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19	18.	

* If you are filing Form 2555 (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Instructions for Forms 1040 and 1040-SR before completing this line.

QNA



Your Social Security Number (required)

572001804

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.)

DAVIS RONALD & ALICIA DECD

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

572001814

RONALD DAVIS

County/Municipality Code (See Table page 50)

1408

Home Address (Number and Street, including apartment number)

143 CONCORD LANE

City, Town, Post Office

DENVILLE

State

NJ

ZIP Code

07834-

Driver's License Number (Voluntary) (Instructions page 42)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

☒ Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)

dd1. 4

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

dd2.

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

dd3.

dd4. Routing number

dd4.

dd5. Account number

dd5.





Name(s) as shown on Form NJ-1040

DAVIS RONALD & ALICIA DECD

Your Social Security Number

572001804

1038

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

From: To:

Fiscal year filers only:

Enter month of your year end

Filing Status

Fill in only one.

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

Exemptions

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

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | 2000 |
| 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 = | 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

DAVIS RONALD & ALICIA DECD

Your Social Security Number

572001804

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.	1031 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	1400 .
17.	Dividends	17.	8927 .
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.	15928 .
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	25089 .
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.	50975 .
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.	50975 .
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.	42975 .
38a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	10250 .
38b.	Block	5	.
38b.	Lot	10	.
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.	10250 .
40.	New Jersey Taxable Income (Subtract line 39 from line 37)	40.	32725 .
41.	Tax on Amount on line 40 (Tax Table page 52)	41.	503 .
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.	503 .
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.	503 .
46.	Sheltered Workshop Tax Credit	46.	.
47.	Balance of Tax (Subtract line 46 from line 45)	47.	503 .
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.	503 .
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

DAVIS RONALD & ALICIA DECD

Your Social Security Number

572001804

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.	503 .
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		54.	1159 .
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.	1159 .
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.	656 .
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.	656 .

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 RONALD DAVIS	Social security number 572-00-1804
Spouse's name ALICIA DAVIS	Spouse's social security number 572-00-1814

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	32725
2	Total tax (Form NJ-1040, line 53) (Form NJ-1040NR, Line 47)	2	503
3	New Jersey income tax withheld (Form NJ-1040, line 54) (Form NJ-1040NR, Line 48)	3	1159
4	Refund (Form NJ-1040, line 76) (Form NJ-1040NR, Line 59)	4	656
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 4 as my signature
ERO firm name
do not enter all zeros
on my tax year 2019 electronically filed income tax return.

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

Your signature ♦ _____ Date ♦ 09/24/2020

Spouse's PIN: check one box only

☒ I authorize PRACTICE LAB to enter my PIN 1 1 8 1 4 as my signature
ERO firm name
do not enter all zeros
on my tax year 2019 electronically filed income tax return.

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

Spouse's signature ♦ _____ Date ♦ 09/24/2020

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

Name(s) as shown on Form NJ-1040 DAVIS RONALD & ALICIA DECD	Social Security Number 572 00 1804
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Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2019

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	ALPINE BROCK	VARIOUS	12/31/2019	17750	13933	3817
	ALPINE BROCKERA	VARIOUS	12/31/2019	8089	5195	2894
	63 LONG HOLDING	VARIOUS	12/31/2019	9492	9450	42
2.	Capital Gains Distributions					9175
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.).....					15928

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2019

Did you provide care for a relative who was a qualifying armed services member (see instructions)?

☐ Yes

☐ No

If "Yes," enter the name and Social Security number of the qualifying service member.

Last Name, First Name, Initial

Social Security number

Enter your relationship to the qualifying service member.

If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040.

1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered "Yes" at line 4, enter the amount from line 3 here and on line 61, NJ-1040. If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040	5.		

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
RONALD DAVIS

Social Security Number
572 00 1804

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"/>											