

TAX YEAR: 2018

PROCESS DATE: 09/16/2019

CLIENT : 721-00-4321 CHARLES T CONWAY
SPOUSE : 722-00-4321 CAROL M CONWAY

BIRTH DATE : 03/05/1988 Age:30
BIRTH DATE : 02/28/1990 Age:28

ADDRESS : 910 BIRCH STREET
: JERSEY CITY NJ 07310

PREPARER : 995

Home : (973) 999-9999
Work : -
Cell : -
STATUS : 2
FED TYPE: Direct Deposit
ST TYPE : Direct Deposit
E-MAIL :

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 11.03%

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
FORM W-2
FORM 1099-G (UNEMPLOYMENT COMPENSATION)
SCHEDULE B (INTEREST/DIVIDEND INCOME)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

| SUMMARY | FEDERAL | NJ RESIDENT |
|-----------------------|---------|-------------|
| FILING STATUS | 2 | 2 |
| TOTAL INCOME | 63137 | 53892 |
| TOTAL ADJUSTMENTS | 23 | 0 |
| ADJUSTED GROSS INCOME | 63114 | 53892 |
| DEDUCTIONS | 24000 | 3780 |
| EXEMPTIONS | 0 | 2000 |
| TAXABLE INCOME | 39114 | 48112 |
| TAX | 4314 | 871 |
| CREDITS | 0 | 0 |
| PAYMENTS | 6686 | 1424 |
| REFUND | 2372 | 553 |
| AMOUNT DUE | 0 | 0 |

DIRECT DEPOSIT INFORMATION

RTN: 031207607 ACCOUNT: 12345678901 AMOUNT: \$2,372.00

* W-2 INCOME FORMS SUMMARY *

| T/S EMPLOYER | WAGES | FED WITH | FICA | MED TAX | STATE WITH ST |
|--------------|-------|----------|------|---------|---------------|
|--------------|-------|----------|------|---------|---------------|

CLIENT : CHARLES CONWAY
SPOUSE : CAROL CONWAY

721-00-4321
722-00-4321

PREPARER : 995 DATE : 09/16/2019

* W-2 INCOME FORMS SUMMARY *

| | T/S | EMPLOYER | WAGES | FED WITH | FICA | MED TAX | STATE WITH | ST |
|----|-----|----------------|-------|----------|------|---------|------------|----|
| 1. | T | VAMPIRE ENGINE | 32867 | 4500 | 2100 | 491 | 1020 | NJ |
| 2. | S | SMART KIDS CHA | 20176 | 1200 | 1251 | 293 | 404 | NJ |
| | | TOTALS..... | 53043 | 5700 | 3351 | 784 | 1424 | |

* FORM 1099-G INCOME FORMS SUMMARY *

| | [T/S] | PAYER | UNEMPLOYMENT | FED WITH | STATE WITH | ST |
|----|-------|--------------------------------|--------------|----------|------------|----|
| 1. | T | NEW JERSEY DEPARTMENT OF LABOR | 9860 | 986 | | 0 |
| | | TOTALS..... | 9860 | 986 | | 0 |

| | | | | | | | | | | |
|--|--|--|--|---|--|---|--|--|--|-------------------------|
| a Employee's social security number 721-00-4321 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | | | Visit the IRS website at www.irs.gov/efile | | |
| b Employer identification number (EIN) 72-9002540 | | | | 1 Wages, tips, other compensation 32867 | | 2 Federal income tax withheld 4500 | | | | |
| c Employer's name, address, and ZIP code VAMPIRE ENGINEERING 32 BLOOD AVE JERSEY CITY NJ 07310 | | | | 3 Social security wages 33867 | | 4 Social security tax withheld 2100 | | | | |
| | | | | 5 Medicare wages and tips 33867 | | 6 Medicare tax withheld 491 | | | | |
| | | | | 7 Social security tips | | 8 Allocated tips | | | | |
| d Control number | | | | 9 Verification code | | 10 Dependent care benefits | | | | |
| e Employee's first name and initial CHARLES T | | Last name CONWAY | | Suff. | | 11 Nonqualified plans | | 12a See instructions for box 12 D 1000 | | |
| f Employee's address and ZIP code 962 WATER ST HOBOKEN NJ 07030 | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | | | | |
| | | | | 14 Other WD HC 142 DI 64 FLI 30 | | 12c | | | | |
| | | | | | | 12d | | | | |
| 15 State NJ | | 16 State wages, tips, etc. 729002540 | | 17 State income tax 33505 | | 18 Local wages, tips, etc. 1020 | | 19 Local income tax | | 20 Locality name |

Form **W-2** Wage and Tax Statement **2018** Department of the Treasury—Internal Revenue Service

| | | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|--|-------------------------|
| a Employee's social security number 722-00-4321 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | | | Visit the IRS website at www.irs.gov/efile | | |
| b Employer identification number (EIN) 72-8002540 | | | | 1 Wages, tips, other compensation 20176 | | 2 Federal income tax withheld 1200 | | | | |
| c Employer's name, address, and ZIP code SMART KIDS CHARTER SCHOOL 98 WILLOW LANE BOSTON MA 02108 | | | | 3 Social security wages 20176 | | 4 Social security tax withheld 1251 | | | | |
| | | | | 5 Medicare wages and tips 20176 | | 6 Medicare tax withheld 293 | | | | |
| | | | | 7 Social security tips | | 8 Allocated tips | | | | |
| d Control number | | | | 9 Verification code | | 10 Dependent care benefits | | | | |
| e Employee's first name and initial CAROL M | | Last name CONWAY | | Suff. | | 11 Nonqualified plans | | 12a See instructions for box 12 | | |
| f Employee's address and ZIP code 910 BIRCH STREET JERSEY CITY NJ 07310 | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | | | | |
| | | | | 14 Other WD HC 86 DI 38 FLI 18 | | 12c | | | | |
| | | | | | | 12d | | | | |
| 15 State NJ | | 16 State wages, tips, etc. 728002540 | | 17 State income tax 20176 | | 18 Local wages, tips, etc. 404 | | 19 Local income tax | | 20 Locality name |

Form **W-2** Wage and Tax Statement **2018** Department of the Treasury—Internal Revenue Service

Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites

Federal Disclosure

Federal law required 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 CHARLES & CAROL CONWAY 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 14, 2020

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-Global 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 14, 2020). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I will deny consent.

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

Taxpayer PIN: 12345

PIN Date 9/16/2019

Signature: _____ Date: _____

Spouse PIN: 12345

PIN Date 9/16/2019

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

2018

Department of the Treasury
Internal Revenue Service

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

| | |
|-------------------------------------|--|
| Taxpayer's name CHARLES T CONWAY | Social security number 721-00-4321 |
| Spouse's name CAROL M CONWAY | Spouse's social security number 722-00-4321 |

Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)

| | | | |
|---|---|---|-------|
| 1 | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 63114 |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 4314 |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 6686 |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 2372 |
| 5 | Amount you owe (Form 1040, line 22; Form 1040NR, 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, 2018, 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 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|

 as my signature on my tax year 2018 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 2018 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 ► 09/16/2019

Spouse's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|

 as my signature on my tax year 2018 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 2018 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 ► 09/16/2019

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 2018 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 ► 09/16/2019

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.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: CHARLES T Last name: CONWAY Your social security number: 721-00-4321

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: CAROL M Last name: CONWAY Spouse's social security number: 722-00-4321

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

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

Home address (number and street). If you have a P.O. box, see instructions. 910 BIRCH STREET Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. JERSEY CITY, NJ 07310 If more than four dependents, see inst. and here

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.): | |
|--------------------------------|-----------|----------------------------|-------------------------|---|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| | | D | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | O | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|-----------------------------------|--|----|---|-----|-------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 53043 |
| 2a | Tax-exempt interest | 2a | b Taxable interest | 2b | 234 |
| 3a | Qualified dividends | 3a | b Ordinary dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | b Taxable amount | 4b | |
| 5a | Social security benefits | 5a | b Taxable amount | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 2 | | 9860 | 6 | 63137 |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | | | 7 | 63114 |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | | 8 | 24000 |
| 9 | Qualified business income deduction (see instructions) | | | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | | | 10 | 39114 |
| 11 | a Tax (see inst.) 4314 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | | | 11 | 4314 |
| | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | | | | |
| 12 | a Child tax credit/credit for other dependents | | b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 12 | 4314 |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | | | 13 | 4314 |
| 14 | Other taxes. Attach Schedule 4 | | | 14 | 0 |
| 15 | Total tax. Add lines 13 and 14 | | | 15 | 4314 |
| 16 | Federal income tax withheld from Forms W-2 and 1099 FORM 1099 | | | 16 | 6686 |
| 17 | Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 | | | 17 | |
| | Add any amount from Schedule 5 | | | | |
| 18 | Add lines 16 and 17. These are your total payments | | | 18 | 6686 |
| Refund | 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | | 19 | 2372 |
| | 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | | | 20a | 2372 |
| Direct deposit? See instructions. | b Routing number 031207607 | | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 12345678901 | | | | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax | | 21 | | |
| Amount You Owe | 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | | | 22 | |
| 23 | Estimated tax penalty (see instructions) | | 23 | | |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

| | | | |
|--|---|---|--------------|
| Name(s) shown on Form 1040 CONWAY | | Your social security number 721-00-4321 | |
| Additional Income | 1-9b Reserved | 1-9b | |
| | 10 Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| | 11 Alimony received | 11 | |
| | 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | |
| | 14 Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a Reserved | 15b | |
| | 16a Reserved | 16b | |
| | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| | 18 Farm income or (loss). Attach Schedule F | 18 | |
| | 19 Unemployment compensation | 19 9860 | |
| | 20a Reserved | 20b | |
| | 21 Other income. List type and amount ▶ | 21 | |
| | 22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 9860 | |
| | Adjustments to Income | 23 Educator expenses | 23 |
| | | 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 |
| | | 25 Health savings account deduction. Attach Form 8889 | 25 |
| | | 26 Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 |
| | | 27 Deductible part of self-employment tax. Attach Schedule SE | 27 |
| | | 28 Self-employed SEP, SIMPLE, and qualified plans | 28 |
| | | 29 Self-employed health insurance deduction | 29 |
| | | 30 Penalty on early withdrawal of savings | 30 23 |
| 31a Alimony paid b Recipient's SSN ▶ | | 31a | |
| 32 IRA deduction | | 32 | |
| 33 Student loan interest deduction | | 33 | |
| 34 Reserved | 34 | | |
| 35 Reserved | 35 | | |
| 36 Add lines 23 through 35 | 36 23 | | |

| | | |
|---|---|--|
| SCHEDULE 2 (Form 1040) | | Tax |
| Name(s) shown on Form 1040 CONWAY | | Your social security number 721-00-4321 |
| Tax | 38-44 Reserved | 38-44 |
| | 45 Alternative minimum tax. Attach Form 6251 | 45 |
| | 46 Excess advance premium tax credit repayment. Attach Form 8962 | 46 |
| | 47 Add the amounts in the far right column. Enter here and include on Form 1040, line 11 | 47 |

| | | |
|---|---|--|
| SCHEDULE 3 (Form 1040) | | Nonrefundable Credits |
| Name(s) shown on Form 1040 CONWAY | | Your social security number 721-00-4321 |
| Nonrefundable Credits | 48 Foreign tax credit. Attach Form 1116 if required | 48 |
| | 49 Credit for child and dependent care expenses. Attach Form 2441 | 49 |
| | 50 Education credits from Form 8863, line 19 | 50 |
| | 51 Retirement savings contributions credit. Attach Form 8880 | 51 |
| | 52 Reserved | 52 |
| | 53 Residential energy credit. Attach Form 5695 | 53 |
| | 54 Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8321 c <input type="checkbox"/> | 54 |
| 55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12 | 55 | |

SCHEDULE 4 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Taxes

Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment Sequence No. 04

Name(s) shown on Form 1040

CONWAY

Your social security number

721-00-4321

Other Taxes

- 57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from: Form a 4137 b 8919
59 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required
60a Household employment taxes. Attach Schedule H
b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions)
62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)
63 Section 965 net tax liability installment from Form 965-A
64 Add the amounts in the far right column. These are your total other taxes. Enter here and on Form 1040, line 14

Table with 2 columns: Line number, Amount. Rows 57-64.

SCHEDULE 5 (Form 1040)

Other Payments and Refundable Credits

Name(s) shown on Form 1040

CONWAY

Your social security number

721-00-4321

Other Payments and Refundable Credits

- 65 Reserved
66 2018 estimated tax payments and amount applied from 2017 return
67a Reserved
b Reserved
68-69 Reserved
70 Net premium tax credit. Attach Form 8962
71 Amount paid with request for extension to file (see instructions)
72 Excess social security and tier 1 RRTA tax withheld
73 Credit for federal tax on fuels. Attach Form 4136
74 Credits from Form: a 2439 b Reserved c 8885 d
75 Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17

Table with 2 columns: Line number, Amount. Rows 65-75.

SCHEDULE 6 (Form 1040)

Foreign Address, Third Party Designee, and Other Information

Name(s) shown on Form 1040

CONWAY

Your social security number

721-00-4321

Foreign Address

Foreign country name, Foreign province/county, Foreign postal code

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes/No. Designee's name, Phone no., Personal identification number (PIN)

Additional Paid Preparer Information

Firm's address, Phone no. 15 PRACTICE LAB WAY WASHINGTON DC 20005 202-202-2022

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparers

Print/Type preparer's name, Preparer's signature, PTIN, Check if: 3rd Party Designee, Self-employed, Firm's name, Firm's EIN

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: CHARLES T Last name: CONWAY Your social security number: 721-00-4321

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: CAROL M Last name: CONWAY Spouse's social security number: 722-00-4321

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

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

Home address (number and street). If you have a P.O. box, see instructions. 910 BIRCH STREET Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. JERSEY CITY, NJ 07310 If more than four dependents, see inst. and ✓ here

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see inst.): | |
|--------------------------------|-----------|----------------------------|-------------------------|-------------------------------------|-----------------------------|
| (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"/> |

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|---|---|------------------|--------------------------------|---|
| Joint return? See instructions. Keep a copy for your records. | Your signature | Date 09/16/19 | Your occupation ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | Spouse's signature. If a joint return, both must sign. | Date 09/16/19 | Spouse's occupation TEACHER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ PTIN: S23051413 Firm's EIN: - Check if: 3rd Party Designee Self-employed

Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022

Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005

| | | | | | |
|--|--|---|------------|------------|------------------------------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 53043 |
| Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. | 2a | Tax-exempt interest | 2a | b | Taxable interest |
| | 3a | Qualified dividends | 3a | b | Ordinary dividends |
| | 4a | IRAs, pensions, and annuities | 4a | b | Taxable amount |
| | 5a | Social security benefits | 5a | b | Taxable amount |
| | 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>9860</u> | 6 | 6 | 63137 |
| | 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 | 7 | 63114 |
| Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. | 8 | Standard deduction or itemized deductions (from Schedule A) | 8 | 8 | 24000 |
| | 9 | Qualified business income deduction (see instructions) | 9 | 9 | |
| | 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 10 | 39114 |
| | 11 | a Tax (see inst.) <u>4314</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) | 11 | 11 | 4314 |
| | | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 12 | 12 | |
| | | a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 13 | 13 | 4314 |
| | | 13 Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 14 | 0 |
| | | 14 Other taxes. Attach Schedule 4 | 15 | 15 | 4314 |
| | | 15 Total tax. Add lines 13 and 14 | 16 | 16 | 6686 |
| | | 16 Federal income tax withheld from Forms W-2 and 1099 FORM 1099 | 17 | 17 | |
| | 17 Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____ | 18 | 18 | 6686 | |
| | 18 Add lines 16 and 17. These are your total payments | 19 | 19 | 2372 | |
| Direct deposit? See instructions. | 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 20a | 20a | 2372 |
| | 20a | Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | | | |
| | b | Routing number <u>031207607</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| | d Account number <u>12345678901</u> | 21 | 21 | | |
| | 21 Amount of line 19 you want applied to your 2019 estimated tax | 22 | 22 | | |
| Amount You Owe | 22 | Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions | 23 | 23 | |
| | 23 | Estimated tax penalty (see instructions) | | | |

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

QNA

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2018
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

CHARLES & CAROL CONWAY

721-00-4321

| | | | |
|------------------------------------|---|-----------|------|
| 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, line 7 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 <input type="checkbox"/> | 5a | 1802 |
| | b State and local real estate taxes (see instructions) | 5b | |
| | c State and local personal property taxes | 5c | |
| | d Add lines 5a through 5c | 5d | 1802 |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 1802 |
| | 6 Other taxes. List type and amount ▶ _____ | 6 | |
| | 7 Add lines 5e and 6 | 7 | 1802 |
| Interest You Paid | 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 <input type="checkbox"/> | | |
| | a Home mortgage interest and points reported to you on Form 1098 | 8a | |
| | b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____ | 8b | |
| | c Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| | d Reserved | 8d | |
| | e Add lines 8a through 8c | 8e | |
| | 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| | 10 Add lines 8e and 9 | 10 | |
| Gifts to Charity | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | |
| | 12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| | 13 Carryover from prior year | 13 | |
| | 14 Add lines 11 through 13 | 14 | |
| Casualty and Theft Losses | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
| Other Itemized Deductions | 16 Other—from list in instructions. List type and amount ▶ _____ | 16 | |
| Total Itemized Deductions | 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 | 17 | 1802 |
| | 18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2018

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2018
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040.

Name(s) shown on return

CHARLES & CAROL CONWAY

Your social security number

721-00-4321

Part I
Interest

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

PNC BANK

(See instructions and the instructions for Form 1040, 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.

Amount

234

2 Add the amounts on line 1

2 234

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

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b . . ▶

4 234

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

Amount

Part II
Ordinary Dividends

5 List name of payer ▶

(See instructions and the instructions for Form 1040, 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

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . ▶

6

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

Part III

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

Yes No

Foreign Accounts and Trusts

7a At any time during 2018, 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 2018, 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

Name(s) shown on return

CHARLES & CAROL CONWAY

Your social security number

721-00-4321



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 7 or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household; \$63,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2001; (b) is claimed as a dependent on someone else's 2018 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2018. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2018 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2015 and **before** the due date (including extensions) of your 2018 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, line 7* or Form 1040NR, line 36
- Enter the applicable decimal amount shown below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 1000 | |
| 3 | 1000 | |
| 4 | | |
| 5 | 1000 | |
| 6 | 1000 | |
| 7 | | 1000 |
| 8 | 63114 | |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9— | | | | |
| --- | \$19,000 | 0.5 | 0.5 | 0.5 |
| \$19,000 | \$20,500 | 0.5 | 0.5 | 0.2 |
| \$20,500 | \$28,500 | 0.5 | 0.5 | 0.1 |
| \$28,500 | \$30,750 | 0.5 | 0.2 | 0.1 |
| \$30,750 | \$31,500 | 0.5 | 0.1 | 0.1 |
| \$31,500 | \$38,000 | 0.5 | 0.1 | 0.0 |
| \$38,000 | \$41,000 | 0.2 | 0.1 | 0.0 |
| \$41,000 | \$47,250 | 0.1 | 0.1 | 0.0 |
| \$47,250 | \$63,000 | 0.1 | 0.0 | 0.0 |
| \$63,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 51; or Form 1040NR, line 48

| | |
|-----------|---|
| 9 | x |
| 10 | |
| 11 | |
| 12 | |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

CHARLES & CAROL CONWAY
State and Local General Sales Tax Deduction
Worksheet—Line 5a

721-00-4321

Keep for Your Records 



Instead of using this worksheet, you can find your deduction by using the Sales Tax Deduction Calculator at [IRS.gov/SalesTax](https://www.irs.gov/SalesTax).

Before you begin: See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2018, or
- Had any **nontaxable** income in 2018.

Zip:07310 State:NJ County:NEW JERSEY STATE City:JERSEY CITY Days Lived in:365

1. Enter your **state** general sales taxes from the 2018 Optional State Sales Tax Table 1. \$ 823

Next. If, for all of 2018, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2018?

No. Enter -0-.

Yes. Enter your base **local** general sales taxes from the 2018 Optional Local Sales Tax Tables.

} 2. \$ _____

3. Did your locality impose a **local** general sales tax in 2018? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

No. Skip lines 3 through 5, enter -0- on line 6, and go to line 7.

Yes. Enter your **local** general sales tax rate, but omit the percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2018, see the instructions for line 3 of the worksheet

3. _____

4. Did you enter -0- on line 2?

No. Skip lines 4 and 5 and go to line 6.

Yes. Enter your **state** general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0

4. 6.6250

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)

5. _____

6. Did you enter -0- on line 2?

No. Multiply line 2 by line 3.

Yes. Multiply line 1 by line 5. If you lived in more than one locality in the same state during 2018, see the instructions for line 6 of the worksheet.

} 6. \$ _____

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet

7. \$ _____

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5a. Be sure to check the **box** on that line

8. \$ 823



For Privacy Act Notification, See Instructions

1038

Your Social Security Number (required)
721004321

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.)
CONWAY CHARLES T & CAROL M

Spouse's/ CU Partner's SSN (if filing jointly)
722004321

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
910 BIRCH STREET

City, Town, Post Office State ZIP Code
JERSEY CITY NJ 07310-

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.
- Presidential disaster relief.

Direct Deposit Information

| | | |
|--|------|-------------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 |
| dd2. Account type (C for checking, S for savings) | dd2. | C |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | |
| dd4. Routing number | dd4. | 031207607 |
| dd5. Account number | dd5. | 12345678901 |





Name(s) as shown on Form NJ-1040
CONWAY CHARLES T & CAROL M

Your Social Security Number
721004321

1038

Part-year residents, provide months/days you were a New Jersey resident during 2018:
From: _____ To: _____

Fiscal year filers only:
Enter month of your year end _____

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter Spouse's/CU partner's SSN _____
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2016 2017

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 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1953 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$3,000 = | _____ |
| 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. | 2000 . |

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|--------------------------|
| a. | _____ | _____ | _____ | <input type="checkbox"/> |
| b. | _____ | _____ | _____ | <input type="checkbox"/> |
| c. | _____ | _____ | _____ | <input type="checkbox"/> |
| d. | _____ | _____ | _____ | <input type="checkbox"/> |



Name(s) as shown on Form NJ-1040
CONWAY CHARLES T & CAROL M

Your Social Security Number
721004321

1038

| | | |
|--|------|---------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 53681 . |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | 211 . |
| 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. | 53892 . |
| 28a. Retirement/Pension Exclusion (See instructions) | 28a. | . . |
| 28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22) | 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. | 53892 . |
| 30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.) | 30. | 2000 . |
| 31. Medical Expenses (Worksheet F and instructions page 24) | 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. | 2000 . |
| 37. Taxable Income (Subtract Line 36 from Line 29) | 37. | 51892 . |
| 38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25) | 38a. | 3780 . |
| 38b. Block | . | . |
| 38b. Lot | . | . |
| 38b. Qualifier | . | . |
| 38c. County/Municipality Code | | |
| Fill in if you completed Worksheet G-1 | | |
| 39. Property Tax Deduction (From Worksheet H) (See instructions) | 39. | 3780 . |
| 40. New Jersey Taxable Income (Subtract Line 39 from Line 37) | 40. | 48112 . |
| 41. Tax on Amount on Line 40 (Tax Table page 52) | 41. | 772 . |
| 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. | 772 . |
| 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. | 772 . |
| 46. Sheltered Workshop Tax Credit | 46. | . . |
| 47. Balance of Tax (Subtract Line 46 from Line 45) | 47. | 772 . |
| 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. | 772 . |
| 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00 | 50. | 99 . |
| 51. Interest on Underpayment of Estimated Tax | 51. | . . |
| Fill in if Form NJ-2210 is enclosed | | |
| 52. Total Tax Due (Add Lines 49, 50, and 51) | 52. | 871 . |



Name(s) as shown on Form NJ-1040
CONWAY CHARLES T & CAROL M

Your Social Security Number
721004321

1038

| | | | |
|--|------|------|------------------|
| 53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 53. | 1424 | . |
| 54. Property Tax Credit (See instructions page 25) | 54. | . | . |
| 55. New Jersey Estimated Tax Payments/Credit from 2017 tax return | 55. | . | . |
| 56. New Jersey Earned Income Tax Credit (See instructions) | 56. | . | . |
| 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 | | | |
| 57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 57. | . | . |
| 58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 58. | . | . |
| 59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . | . |
| 60. Wounded Warrior Caregivers Credit (See instructions) | 60. | . | . |
| 61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60) | 61. | 1424 | . |
| 62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe | 62. | . | . |
| If you owe tax, you can still make a donation on Lines 65 through 72. | | | |
| 63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment | 63. | 553 | . |
| 64. Amount from Line 63 you want to credit to your 2019 tax | 64. | . | . |
| 65. Contribution to N.J. Endangered Wildlife Fund | \$10 | \$20 | Other |
| 66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | \$10 | \$20 | Other |
| 67. Contribution to N.J. Vietnam Veterans' Memorial Fund | \$10 | \$20 | Other |
| 68. Contribution to N.J. Breast Cancer Research Fund | \$10 | \$20 | Other |
| 69. Contribution to U.S.S. New Jersey Educational Museum Fund | \$10 | \$20 | Other |
| 70. Other Designated Contribution (See instructions) | \$10 | \$20 | Other Enter Code |
| 71. Other Designated Contribution (See instructions) | \$10 | \$20 | Other Enter Code |
| 72. Other Designated Contribution (See instructions) | \$10 | \$20 | Other Enter Code |
| 73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72) | 73. | . | . |
| 74. Balance due (Amount you must pay) (Add Line 62 and Line 73) | 74. | . | . |
| 75. Refund amount (Subtract Line 73 from Line 63) | 75. | 553 | . |

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.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.

You Yes No

Spouse/CU Partner Yes No

Domestic Partner Yes No

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

S23051413

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.

2018

| | |
|---|---|
| Taxpayer's name CHARLES T CONWAY | Social security number 721-00-4321 |
| Spouse's name or Civil Union Prtnr's CAROL M CONWAY | Spouse's social security number or Civil Union Prtnr's 722-00-4321 |

| Part I Tax Return Information-Tax Year Ending December 31, 2018 (Whole Dollars Only) | | |
|--|---|-------|
| 1 New Jersey Taxable income | 1 | 48112 |
| 2 Total tax | 2 | 871 |
| 3 New Jersey income tax withheld | 3 | 1424 |
| 4 Refund | 4 | 553 |
| 5 Amount you owe | 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, 2018, 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 14321 as my signature
ERO firm name do not enter all zeros
 on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 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 ▶ 09/16/2019

Spouse's PIN: check one box only
(or Civil Union Prtnr's PIN)

I authorize PRACTICE LAB to enter my PIN 14321 as my signature
ERO firm name do not enter all zeros
 on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 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 or Civil Union Prtnr's ▶ _____ Date ▶ 09/16/2019

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. 369258 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2018 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 ▶ 09/16/2019

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