

New Jersey Checklist – TaxSlayer Online (TSO) TY2018

Name: GALLO

Item	Enter Answer(s)	Wording on Line Used to Enter Answer in TSO
Screen: Basic Information		
Municipality Code As of return date	County: <u>OCEAN</u> Municipality: <u>STAFFORD TWP</u> Use NJ Municipality Code Lookup Tool	"Select the County or Municipality of your current residence"
Health Insurance for Children - Insurance status for dependents as of return date	Yes / No <u>N/A</u>	"If claiming dependents on your federal return, are the dependents covered by health insurance coverage?"
Disabled – Disabled for extra NJ exemption	TP: Yes / <input checked="" type="radio"/> No SP: Yes / No	"Were you Disabled as of December 31, 2018?"
Dependents under age 22 that attended college full time	Number: <u>0</u>	"Enter the number of dependents under age 22 claimed on your federal return that attended college"
Gubernatorial Elections Fund	TP: <input checked="" type="radio"/> Yes / No SP: Yes / No	"Gubernatorial Elections Fund"
Health insurance for Taxpayer and Spouse	TP: <input checked="" type="radio"/> Yes / No SP: Yes / No	"Has Health Insurance Coverage?"
Veteran	TP: Yes / <input checked="" type="radio"/> No SP: Yes / No	"Were you are a military veteran who was honorably discharged or released under honorable circumstances from active duty in the Armed Forces of the United States by the last day of the tax year?"
Income Subject to Tax		
NJ Line 24 - Gambling Winnings	+ _____ Total Gambling Winnings (W-2G + other winnings) - _____ NJ Lottery (<= \$10,000 in 1 instance) - _____ Gambling Losses = _____ Net Total	"Enter taxable Gambling Winnings that are taxable to New Jersey"
Adjustments to Line 20a - Taxable Amounts of IRAs, Pensions, and Annuities (Separate amounts for TP (Taxpayer) / SP (Spouse))	- _____ TP / SP Military Pension - _____ TP / SP Disability (Under 65) - _____ TP / SP Govt. Employee Pension - _____ TP / SP IRA/403b/457b/TSP + _____ TP / SP Public Safety Officer (PSO) Insurance - _____ TP / SP 3 Year Rule (first 3 years) + _____ TP / SP 3 Year Rule (later years) + _____ TP / SP Qualified Charitable Distribution = _____ TP Total = _____ SP Total	"Enter Military Pension, Survivors Benefit Payments, other Qualifying Income Exempt from NJ Tax, or Nonresidency Pension income; enter the excluded amount as a negative number"
Adjustments to Line 20b - Excludable Amounts of IRAs, Pensions and Annuities	+ _____ Pension with After-Tax Contributions + _____ Govt. Employee Pension + _____ IRA/403b/457b/TSP + _____ 3 Year Rule (first 3 years) = _____ Total	"Tax-Exempt Pensions, Annuities, and IRA Withdrawals"
Adjustments to Line 26 – Other Income	+ _____ Taxable Scholarships + _____ Medicaid Waiver Payment on W-2 - _____ PTR Recovery - _____ Homestead Benefit Recovery - _____ Non-W-2G Gambling Winnings - _____ Jury Duty Pay Returned to Employer = _____ Total	"Taxable Amount of Scholarships included on Federal Return"

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Screen: Subtractions from Income		
Adjustments to Capital Gains	_____ Amount	“Adjustments to Capital Gains or Losses (Example would be securities that are exempt from NJ Income tax).”
Pre-Tax (Federal) / Post-Tax (NJ) Medical	+ _____ W-2 pre-tax medical premiums (aka Cafeteria Plan, Sec. 125) + _____ FSA / HSA distributions + _____ Public Safety Officer Health Insurance in 1099-R box 5 - _____ Non-dependent costs = _____ Total	“Enter any medical insurance premiums that you did not include on your federal return because they were deducted on a pre-tax basis.”
Screen: Credits		
Property Tax (Primary Residence Only)	+ _____ Gross Property Tax paid (Use PTR base amount if TP in PTR program) + _____ 18% of Rent paid = _____ Total	“Enter Property Taxes Paid and/or 18% of Net Rent Paid "(enter only the amount of property taxes paid that reflects your percentage of ownership in the property or percentage of the property you occupied)”
Property Tax (Homeowner Only)	_____ Block _____ Suffix _____ Lot _____ Suffix _____ Qualifier _____ County/Municipality _____ Owner % _____ Unit %	“If were you a Homeowner, Please enter the information related to the property below: Note: Block and Lot are required to be completed.”
Credit for Taxes Paid to Another State	_____ Other Jurisdiction - Name _____ Other Jurisdiction - AGI _____ Other Jurisdiction - Tax	“Credit for Taxes Paid to Another State”
Screen: Tax		
Use Tax	_____ Amount Use NJ Worksheet H or NJ Use Tax Calculator	“Use Tax Due on Out-of-State Purchases”
Screen: Payments		
Wounded Warrior Caregiver Credit	_____ Amount	“Wounded Warrior Caregiver Credit”
Refund Amount to Apply to 2019	_____ Amount	“Amount of state refund that you would like to apply to your 2019 return”
Private Plan Number(s) from W-2 for NJ-2450	1 W-2 EIN _____ PP# _____ 2 W-2 EIN _____ PP# _____ 3 W-2 EIN _____ PP# _____ 4 W-2 EIN _____ PP# _____	“Enter the W-2 Federal ID Number associated with Private Plan Number” “Private Plan Number”
Screen: Miscellaneous Forms		
NJ Estimated Payment Vouchers	_____ Due 04-15-2019 _____ Due 06-15-2019 _____ Due 09-15-2019 _____ Due 01-15-2020	“Estimated Payment Vouchers, Form NJ-1040-ES”