

TAX YEAR: 2018

PROCESS DATE: 09/26/2019

CLIENT : 751-00-0752 TROY H MCCOOK
SPOUSE : 752-00-0752 YVONNE MCCOOK

BIRTH DATE : 09/11/1945 Age:73
BIRTH DATE : 12/07/1948 Age:70

ADDRESS : 30911 CHARLES BUSBY ROAD
: PATERSON NJ 07524

PREPARER : 995

Home : (973) 555-5544
Work : (973) 555-5545
Cell : -
STATUS : 2
FED TYPE: Electronic Mail
ST TYPE : Electronic Mail
E-MAIL :

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 0.00%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
ROBERT K MCCOOK	06/04/2002	16	753-00-0752	GRANDCHILD	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
SCHEDULE B (INTEREST/DIVIDEND INCOME)
CAPITAL GAIN TAX WORKSHEET
CHILD TAX CREDIT WORKSHEET
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	2	2
TOTAL INCOME	76268	56748
TOTAL ADJUSTMENTS	0	34527
ADJUSTED GROSS INCOME	76268	0
DEDUCTIONS	26600	2878
EXEMPTIONS	0	8500
TAXABLE INCOME	49668	0
TAX	1838	0
CREDITS	1838	0
PAYMENTS	1671	0
REFUND	1671	0
AMOUNT DUE	0	0

CLIENT : TROY MCCOOK
SPOUSE : YVONNE MCCOOK

751-00-0752
752-00-0752

PREPARER : 995 DATE : 09/26/2019

* 1099-R INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH	ST
1.	T	AMERITECH PENSION	13223	13223	0	0	
2.	S	PHOENIX INVESTMEN	12250	12250	0	0	
		TOTALS.....	25473	25473	0	0	

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	T	U.S.	12765	1277	1619
2.	S	U.S.	10200	394	1259
		TOTALS.....	22965	1671	2878

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. AMERITECH PENSION TRUST PO BOX 1389 BOSTON MA 02104			1 Gross distribution \$ 13223	OMB No. 1545-0119 2018		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 13223	Form 1099-R		
			2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN 75-8000254	RECIPIENT'S TIN 751-00-0752		3 Capital gain (included in box 2a) \$	4 Federal income tax \$		
RECIPIENT'S name TROY H MCCOOK			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.
Street address (including apt. no.) 30911 CHARLES BUSBY ROAD			7 Distribution code(s) 7	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code PATERSON NJ 07524			9a Your percentage of total %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. 0	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions)		Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. PHOENIX INVESTMENT PARTNERS 101 MUNSON STREET GREENFIELD MA 01301			1 Gross distribution \$ 12250	OMB No. 1545-0119 2018		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 12250	Form 1099-R		
			2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN 75-7000254	RECIPIENT'S TIN 752-00-0752		3 Capital gain (included in box 2a) \$	4 Federal income tax \$		
RECIPIENT'S name YVONNE MCCOOK			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.
Street address (including apt. no.) 30911 CHARLES BUSBY ROAD			7 Distribution code(s) 7	IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code PATERSON NJ 07524			9a Your percentage of total %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. 0	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions)		Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Form **1099-R**

www.irs.gov/Form1099R

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 TROY & YVONNE MCCOOK 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 9/25/2019

Signature: _____ Date: _____

Spouse PIN: 12345

PIN Date 9/25/2019

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 TROY H MCCOOK	Social security number 751-00-0752
Spouse's name YVONNE MCCOOK	Spouse's social security number 752-00-0752

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	76268
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	1671
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1671
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	0	7	5	2
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 as my signature on my tax year 2018 electronically filed income tax return. 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 ▶ 09/26/2019

Spouse's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN

1	0	7	5	2
---	---	---	---	---

 as my signature on my tax year 2018 electronically filed income tax return. 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 ▶ 09/26/2019

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 ▶ 09/26/2019

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.

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 MCCOOK		Your social security number 751-00-0752	
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 checked="" type="checkbox"/>		13 7775
	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
	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 7775	
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	
	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		

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SCHEDULE 2 (Form 1040)			
Name(s) shown on Form 1040 MCCOOK		Your social security number 751-00-0752	
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 MCCOOK		Your social security number 751-00-0752	
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

MCCOOK

Your social security number

751-00-0752

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

MCCOOK

Your social security number

751-00-0752

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

MCCOOK

Your social security number

751-00-0752

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, Firm's name, Firm's EIN, Check if: 3rd Party Designee, Self-employed

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

Your first name and initial: TROY H Last name: MCCOOK Your social security number: 751-00-0752

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: YVONNE Last name: MCCOOK Spouse's social security number: 752-00-0752

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. 30911 CHARLES BUSBY ROAD 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. PATERSON, NJ 07524 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
ROBERT K	MCCOOK	753-00-0752	GRANDCHILD	<input checked="" 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 09/26/19	Your occupation RETIRED	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 09/26/19	Spouse's occupation RETIRED	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: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> 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		
2a Tax-exempt interest	2a		2b Taxable interest	
3a Qualified dividends	3a	23500	3b Ordinary dividends	
4a IRAs, pensions, and annuities	4a		4b Taxable amount	
5a Social security benefits	5a	22965	5b Taxable amount	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>7775</u>	6		6	76268
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	76268
8 Standard deduction or itemized deductions (from Schedule A)	8		8	26600
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	49668
11 a Tax (see inst.) <u>1838</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	11		11	1838
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11		11	1838
12 a Child tax credit/credit for other dependents <u>1838</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12		12	1838
13 Subtract line 12 from line 11. If zero or less, enter -0-	13		13	0
14 Other taxes. Attach Schedule 4	14		14	0
15 Total tax. Add lines 13 and 14	15		15	0
16 Federal income tax withheld from Forms W-2 and 1099 FORM 1099	16		16	1671
17 Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____	17		17	
Add any amount from Schedule 5 _____	17		17	
18 Add lines 16 and 17. These are your total payments	18		18	1671
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19		19	1671
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a		20a	1671
b Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	b		b	
d Account number <u>X X X X X X X X X X X X X X X X X X</u>	d		d	
21 Amount of line 19 you want applied to your 2019 estimated tax	21		21	
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22		22	
23 Estimated tax penalty (see instructions)	23		23	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

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.

Refund
 Direct deposit?
 See instructions.

**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

TROY & YVONNE MCCOOK

751-00-0752

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	2878		
	2 Enter amount from Form 1040, line 7 2 76268				
	3 Multiply line 2 by 7.5% (0.075)	3	5720		
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 checked="" type="checkbox"/>	5a	904		
	b State and local real estate taxes (see instructions)	5b	11000		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	11904		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10000		
	6 Other taxes. List type and amount ▶ _____	6			
7 Add lines 5e and 6				7	10000
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			10000
	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

TROY & YVONNE MCCOOK

Your social security number

751-00-0752

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

(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.

2 Add the amounts on line 1 **2**

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**

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

Amount

Part II
Ordinary Dividends

5 List name of payer ►
OPPENHEIMER FUND

(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.

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.

23500

23500

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.

Foreign Accounts and Trusts

(See instructions.)

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

Yes	No
	X
	X

Child Tax Credit and Credit for Other Dependents Worksheet

Before you begin:

✓ Figure the amount of any credits you are claiming on Form 5695, Part II, line 30*; Form 8910; Form 8936; or Schedule R.

*See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.

Part 1

1. Number of qualifying children under 17 with the required social security number: 1 × \$2,000. Enter the result. 1 2000

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ × \$500. Enter the result. 2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

3. Add lines 1 and 2 3 2000

4. Enter the amount from Form 1040, line 7, or Form 1040NR, line 35. 4 76268

5. **1040 Filers.** Enter the total of any—
 - Exclusion of income from Puerto Rico; and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.**1040NR Filers.** Enter -0-. 5

6. Add lines 4 and 5. Enter the total. 6 76268

7. Enter the amount shown below for your filing status.
 - Married filing jointly—\$400,000
 - All other filing statuses—\$200,0007 400000

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. 8

9. Multiply the amount on line 8 by 5% (0.05). Enter the result. 9 0

10. Is the amount on line 3 more than the amount on line 9?
 No.
 You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a, or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 17b, or Form 1040NR, line 64. Complete the rest of your Form 1040 or Form 1040NR.
 Yes. Subtract line 9 from line 3. Enter the result. 10 2000
Go to Part 2 on the next page.

QNA

Part 2

11. Enter the amount from Form 1040, line 11 or Form 1040NR, line 45.

11 1838

12. Add the following amounts from:

Form 1040	or	Form 1040NR	
Schedule 3, line 48		Line 46	+ _____
Schedule 3, line 49		Line 47	+ _____
Schedule 3, line 50		+ _____
Schedule 3, line 51		Line 48	+ _____
Form 5695, line 30*			+ _____
Form 8910, line 15			+ _____
Form 8936, line 23			+ _____
Schedule R, line 22			+ _____

Enter the total.

12 0

*See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.

13. Subtract line 12 from line 11

13 1838

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

No. Enter -0-.

Yes. If you are filing Form 2555 or 2555-EZ, enter -0-. Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

14 0

15. Subtract line 14 from line 13. Enter the result.

15 1838

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15. See the TIP below.

This is your child tax credit and credit for other dependents.

16 1838

Enter this amount on Form 1040, line 12a, or Form 1040NR, line 49.



You may be able to take the additional child tax credit on Form 1040, line 17b, or Form 1040NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72) or Form 1040NR through line 63 (also complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

TROY & YVONNE MCCOOK
State and Local General Sales Tax Deduction
Worksheet—Line 5a

751-00-0752

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:07524 State:NJ County:NEW JERSEY STATE City:PATERSON Days Lived in:365

1. Enter your **state** general sales taxes from the 2018 Optional State Sales Tax Table 1. \$ 904

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-..... } 2. \$ _____

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

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. } 6. \$ _____

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. }

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. \$ 904

Qualified Dividends and Capital Gain Tax Worksheet—Line 11a

Keep for Your Records



Before you begin: ✓ See the earlier instructions for line 11a to see if you can use this worksheet to figure your tax.
 ✓ Before completing this worksheet, complete Form 1040 through line 10.
 ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.

1.	Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	49668
2.	Enter the amount from Form 1040, line 3a*	2.	23500
3.	Are you filing Schedule D?*		
	<input 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.	7775
	<input checked="" type="checkbox"/> No. Enter the amount from Schedule 1, line 13.		
4.	Add lines 2 and 3	4.	31275
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.	31275
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	18393
8.	Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	8.	77200
9.	Enter the smaller of line 1 or line 8		
10.	Enter the smaller of line 7 or line 9	10.	18393
11.	Subtract line 10 from line 9. This amount is taxed at 0%	11.	31275
12.	Enter the smaller of line 1 or line 6	12.	31275
13.	Enter the amount from line 11	13.	31275
14.	Subtract line 13 from line 12	14.	
15.	Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	15.	479000
16.	Enter the smaller of line 1 or line 15		
17.	Add lines 7 and 11	17.	49668
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.	31275
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.	1838
25.	Add lines 20, 23, and 24	25.	1838
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.	5580
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, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	1838

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

TROY & YVONNE MCCOOK
28% Rate Gain Worksheet—Line 18

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;	}
• 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	
• 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. _____

QNA

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 or 2555-EZ (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Form 1040 instructions before completing this line.

QNA

Social Security Benefits Worksheet—Lines 5a and 5b

Keep for Your Records



Before you begin:

- ✓ Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 36 (see the instructions for Schedule 1, line 36).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2018, enter “D” to the right of the word “benefits” on line 5a. If you don’t, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 5a and 5b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1.	Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-1099 . Also, enter this amount on Form 1040, line 5a	1.	22965
2.	Multiply line 1 by 50% (0.50)	2.	11483
3.	Combine the amounts from Form 1040, lines 1, 2b, 3b, 4b, and Schedule 1, line 22	3.	56748
4.	Enter the amount, if any, from Form 1040, line 2a	4.	
5.	Combine lines 2, 3, and 4	5.	68231
6.	Enter the total of the amounts from Schedule 1, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 36 other than any amounts identified as “DPAD”	6.	
7.	Is the amount on line 6 less than the amount on line 5?		
	<input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b.		
	<input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5	7.	68231
8.	If you are:		
	<ul style="list-style-type: none"> • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2018, enter \$25,000 • Married filing separately and you lived with your spouse at any time in 2018, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17 	}	8.
			32000
9.	Is the amount on line 8 less than the amount on line 7?		
	<input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b. If you are married filing separately and you lived apart from your spouse for all of 2018, be sure you entered “D” to the right of the word “benefits” on line 5a.		
	<input checked="" type="checkbox"/> Yes. Subtract line 8 from line 7	9.	36231
10.	Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2018	10.	12000
11.	Subtract line 10 from line 9. If zero or less, enter -0-	11.	24231
12.	Enter the smaller of line 9 or line 10	12.	12000
13.	Enter one-half of line 12	13.	6000
14.	Enter the smaller of line 2 or line 13	14.	6000
15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	15.	20596
16.	Add lines 14 and 15	16.	26596
17.	Multiply line 1 by 85% (0.85)	17.	19520
18.	Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040, line 5b	18.	19520



If any of your benefits are taxable for 2018 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.



For Privacy Act Notification, See Instructions

Your Social Security Number (required)
751000752

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.)
MCCOOK TROY H & YVONNE

Spouse's/ CU Partner's SSN (if filing jointly)
752000752

County/Municipality Code (See Table page 50)
1608

Home Address (Number and Street, including apartment number)
30911 CHARLES BUSBY ROAD

City, Town, Post Office
PATERSON

State ZIP Code
NJ 07524-

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.	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
MCCOOK TROY H & YVONNE

Your Social Security Number
751000752

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)	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner		2	x \$1,000 =	<u>2000</u>
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input checked="" type="checkbox"/>	Self		Spouse/CU Partner		1	x \$3,000 =	<u>3000</u>
10. Qualified Dependent Children						1	x \$1,500 =	<u>1500</u>
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.		<u>8500</u> .

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.	<u>MCCOOK ROBERT K</u>	<u>753000752</u>	<u>2002</u>	
b.	_____			
c.	_____			
d.	_____			



Name(s) as shown on Form NJ-1040
MCCOOK TROY H & YVONNE

Your Social Security Number
751000752

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	.
17. Dividends	17.	23500 .
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.	7775 .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	25473 .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJ-K-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.	56748 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	25473 .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	34527 .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	60000 .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	.
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	8500 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	2878 .
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.	11378 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	.
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	11000 .
38b. Block	.	.
38b. Lot	.	.
38b. Qualifier	.	.
38c. County/Municipality Code	1608	.
Fill in if you completed Worksheet G-1		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	.
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	.
Enter Code		
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	.
44. Child and Dependent Care Credit (See instructions)	44.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	.
46. Sheltered Workshop Tax Credit	46.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	.
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.	.



Name(s) as shown on Form NJ-1040
MCCOOK TROY H & YVONNE

Your Social Security Number
751000752

1038

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	.
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.	.
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.	.
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.	.

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

**Worksheet D
Unclaimed Pension Exclusion**

Age Requirement: 62 or older

Part-year residents, do not complete this worksheet. (See instructions below.)

Is income on Line 27, NJ-1040 **MORE than \$100,000?**

- Yes. You are not eligible for the unclaimed pension exclusion.
- No. Continue with line 1.

- 1. Enter the amount from Line 15, NJ-1040 1. _____
- 2. Enter the amount from Line 18, NJ-1040 2. _____
- 3. Enter the amount from Line 21, NJ-1040 3. _____
- 4. Enter the amount from Line 22, NJ-1040 4. _____
- 5. Add lines 1, 2, 3, and 4 5. _____

Is the amount on line 5 MORE than \$3,000?

- Yes. You are not eligible for the unclaimed pension exclusion. See “Special Exclusion” below.
- No. Continue with line 6.

- 6. **Enter: if your filing status is:**
 \$60,000 Married/CU couple, filing joint return
 \$45,000 Single; Head of household; Qualifying widow(er)/
 surviving CU partner
 \$30,000 Married/CU partner, filing separate return 6. 60000
- 7. Enter the amount from Line 28a, NJ-1040 7. 25473
- 8. Unclaimed Pension Exclusion. Subtract line 7 from line 6. Include this amount on Line 28b, NJ-1040 8. 34527

Joint filers: If only one spouse is 62 or older, only the income of that spouse can be excluded.

Special Exclusion. If you (and your spouse if filing jointly) will never be eligible to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, see Tax Topic Bulletin GIT-1, *Pensions and Annuities*, before entering an amount on Line 28b.

(Keep for your records)

Line 28b – Other Retirement Income Exclusion

If you were 62 or older on the last day of the tax year, you may be able to use the Other Retirement Income Exclusion. If you are filing jointly and only one spouse is 62 or older, only the income of that spouse can be excluded. You cannot exclude the income of the spouse who is younger than 62.

There are two parts to the exclusion: the Unclaimed Pension Exclusion and the Special Exclusion.

Unclaimed Pension Exclusion. If you did not use your entire retirement/pension exclusion on Line 28a, you may be able to use the unclaimed portion. Complete Worksheet D to determine if you are eligible and the amount to include on Line 28b. Part-year residents, **do not** complete Worksheet D. Instead, use Worksheet E.

Special Exclusion. If you (and your spouse if filing jointly) will never be able to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, you may qualify for the Special Exclusion. See Tax Topic Bulletin GIT-1, *Pensions and Annuities*, for more information.

Part-Year Residents. If you did not use your entire *prorated* retirement/pension exclusion on Line 28a, you may be able to use the unclaimed portion. Complete Worksheet E to determine if you are eligible and the amount to include on Line 28b.

Line 28c – Total Exclusion Amount

Add Lines 28a and 28b and enter the total.

Caregivers of Disabled Veterans. If you are not required to file a New Jersey return, but you met the eligibility requirements for the Wounded Warrior Caregivers Credit on page 40, you may be able to file Form NJ-1040-HW instead of Form NJ-1040 to claim the credit. See instructions on page 47.

Part-Year Residents. If your income for the entire year was equal to or less than the filing threshold amount and you are filing to get a refund, you must enclose a copy of your federal return. If you did not file a federal return, include a statement to that effect.

Line 30 – Exemption Amount

Enter the total exemption amount from Line 13.

Part-Year Residents. Prorate the total on Line 13 for the time you were a New Jersey resident and enter the amount on Line 30. For this calculation, 15 days or more is considered a month.

Line 31 – Medical Expenses

You can deduct certain unreimbursed medical expenses you paid during the year for yourself, your spouse or domestic partner, and any dependents you claim. You can only deduct expenses that are more than 2% of your gross income. In general, medical expenses allowed for federal tax purposes are allowed for New Jersey tax purposes. These can include:

- Physicians, dental, and other medical fees
- Prescription eyeglasses and contact lenses
- Hospital care
- Nursing care
- Medicines and drugs
- Prosthetic devices
- X-rays and other diagnostic services conducted by or directed by a physician or dentist
- Amounts paid for transportation primarily for and essential to medical care
- Insurance (including amounts paid as premiums under Part B of Title XVIII of the Social Security Act, relating to supplementary medical insurance for the aged) covering medical care

You can also deduct qualified Archer MSA contributions and self-employed health insurance costs. Information is available on our website at www.njtaxation.org.

Use Worksheet F below to calculate your medical expenses deduction.

Note: For federal purposes you may be able to deduct amounts paid for health insurance for any child of yours who was under age 27 at the end of 2018. However, for New Jersey purposes you can deduct these amounts only if the child was your dependent. For more information, see Technical Advisory Memorandum TAM 2011-14.

Part-Year Residents. Include only those expenses you incurred and paid while you were a resident of New Jersey.

Worksheet F Deduction for Medical Expenses	
1. Total unreimbursed medical expenses	1. <u>2878</u>
2. Enter Line 29, Form NJ-1040 _____ × .02 =	2. _____
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero	
	3. <u>2878</u>
4. Enter the amount of your qualified Archer MSA contributions from federal Form 8853	4. _____
5. Enter the amount of your self-employed health insurance deduction	5. _____
6. Total Deduction for Medical Expenses. Add lines 3, 4, and 5. Enter the result here and on Line 31, Form NJ-1040. If zero, enter zero here and make no entry on Line 31, Form NJ-1040	
	6. <u>2878</u>
(Keep for your records)	

NJ e-file Signature Authorization

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

2018

Taxpayer's name TROY H MCCOOK	Social security number 751-00-0752
Spouse's name or Civil Union Prtnr's YVONNE MCCOOK	Spouse's social security number or Civil Union Prtnr's 752-00-0752

Part I Tax Return Information-Tax Year Ending December 31, 2018 (Whole Dollars Only)	
1 New Jersey Taxable income	1
2 Total tax	2
3 New Jersey income tax withheld	3
4 Refund	4
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 10752 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 ▶ 09/26/2019

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

I authorize PRACTICE LAB to enter my PIN 10752 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 ▶ 09/26/2019

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 ▶ 09/26/2019

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

