

TAX YEAR: 2018

PROCESS DATE: 09/24/2019

CLIENT : 791-00-4321 HELEN E ROSEMONT

BIRTH DATE : 09/17/1971 Age:47

ADDRESS : 22 RIVER ROAD APT 5E
: MEDFORD NJ 08055

PREPARER : 995

Home : (609) 555-7890

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 3

FED TYPE: Direct Deposit

EFFECTIVE RATE: 10.91%

ST TYPE : Direct Deposit

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

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

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	3	3
TOTAL INCOME	29638	26482
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	29638	26482
DEDUCTIONS	12000	3024
EXEMPTIONS	0	1000
TAXABLE INCOME	17638	22458
TAX	1925	323
CREDITS	0	0
PAYMENTS	2188	330
REFUND	263	7
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

RTN: 031207607 ACCOUNT: 123123123 AMOUNT: \$263.00

* W-2 INCOME FORMS SUMMARY *

T/S EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
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CLIENT : HELEN ROSEMONT

791-00-4321


PREPARER : 995 DATE : 09/24/2019

* W-2 INCOME FORMS SUMMARY *


	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T	HAIR DO SALON	26482	1872	1642	384	330 NJ
		TOTALS.....	26482	1872	1642	384	330

* FORM 1099-G INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>UNEMPLOYMENT</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	NEW JERSEY DEPARTMENT OF LABOR	3156	316	0
		TOTALS.....	3156	316	0

a Employee's social security number 791-00-4321		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 98-9000254		1 Wages, tips, other compensation 26482		2 Federal income tax withheld 1872		
c Employer's name, address, and ZIP code HAIR DO SALON 90 MAIN STREET MEDFORD NJ 08055		3 Social security wages 23834		4 Social security tax withheld 1642		
		5 Medicare wages and tips 26482		6 Medicare tax withheld 384		
		7 Social security tips 2648		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial Last name HELEN E ROSEMONT 22 RIVER ROAD 5E MEDFORD NJ 08055		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other WD HC 113 DI 50 FLI 24		12c		
f Employee's address and ZIP code				12d		
15 State NJ	Employer's state ID number 989000254	16 State wages, tips, etc. 26482	17 State income tax 330	18 Local wages, tips, etc.	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		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
f Employee's address and ZIP code				12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	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 HELEN ROSEMONT 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 9/23/2019

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 HELEN E ROSEMONT	Social security number 791-00-4321
Spouse's name	Spouse's social security number

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 29638
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2 1925
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3 2188
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4 263
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
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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 ▶ 09/24/2019

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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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.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

3	6	9	2	5	8	9	8	7	6	5
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 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 ▶ 09/24/2019

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

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

Your first name and initial: HELEN E Last name: ROSEMONT * Your social security number: 791-00-4321

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: Last name: Spouse's social security number: 782-00-1234

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: 22 RIVER ROAD * Apt. no.: 5E 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. MEDFORD, NJ 08055 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	26482
2a	Tax-exempt interest	2a	b Taxable interest	2b	
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		3156	6	29638
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	29638
8	Standard deduction or itemized deductions (from Schedule A)			8	12000
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	17638
11	a Tax (see inst.) 1925 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)			11	1925
	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"/>	12	1925
13	Subtract line 12 from line 11. If zero or less, enter -0-			13	1925
14	Other taxes. Attach Schedule 4			14	0
15	Total tax. Add lines 13 and 14			15	1925
16	Federal income tax withheld from Forms W-2 and 1099 FORM 1099			16	2188
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863			17	
	Add any amount from Schedule 5			18	2188
18	Add lines 16 and 17. These are your total payments			18	2188
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			19	263
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			20a	263
	Direct deposit? See instructions. b Routing number 031207607 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number 123123123				
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

▶ **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 ROSEMONT		Your social security number 791-00-4321		
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 3156	
	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 3156	
	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 ROSEMONT		Your social security number 791-00-4321	
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 ROSEMONT		Your social security number 791-00-4321	
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"/> 8871 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

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: ROSEMONT. Your social security number: 791-00-4321. Other Taxes section with rows 57-64.

SCHEDULE 5 (Form 1040) Other Payments and Refundable Credits

Name(s) shown on Form 1040: ROSEMONT. Your social security number: 791-00-4321. Other Payments and Refundable Credits section with rows 65-75.

SCHEDULE 6 (Form 1040) Foreign Address, Third Party Designee, and Other Information

Name(s) shown on Form 1040: ROSEMONT. Your social security number: 791-00-4321. Foreign Address, Third Party Designee, and Other Information section.

Sign Here section with fields for signature, date, occupation, and PIN.

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

Your first name and initial: HELEN E Last name: ROSEMONT Your social security number: 791-00-4321

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: Last name: Spouse's social security number: 782-00-1234

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. 22 RIVER ROAD Apt. no. 5E 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. MEDFORD, NJ 08055 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	Your occupation	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	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		09/24/19	HAIR STYLIST	<input type="text"/>
				<input type="text"/>

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ PRACTICE LAB		S23051413	-	
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005		Phone no. 202-202-2022		

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	26482	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	2b	Taxable interest	
	3a	Qualified dividends	3a	3b	Ordinary dividends	
	4a	IRAs, pensions, and annuities	4a	4b	Taxable amount	
	5a	Social security benefits	5a	5b	Taxable amount	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>3156</u>	6	6	29638	
	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	29638	
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	12000	
	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	17638	
	11	a Tax (see inst.) <u>1925</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	11	11	1925	
		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	12		
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	13	1925	
	14	Other taxes. Attach Schedule 4	14	14	0	
	15	Total tax. Add lines 13 and 14	15	15	1925	
	16	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	16	16	2188	
	17	Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____	17	17		
		Add any amount from Schedule 5 _____				
	18	Add lines 16 and 17. These are your total payments	18	18	2188	
	Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	19	263
		20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	20a	263
		b	Routing number <u>031207607</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
Direct deposit? See instructions.	d	Account number <u>123123123</u>				
	21	Amount of line 19 you want applied to your 2019 estimated tax 21	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	22		
	23	Estimated tax penalty (see instructions) 23	23	23		

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

HELEN ROSEMONT

791-00-4321

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 <input type="text" value="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	517		
	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	517		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	517		
	6 Other taxes. List type and amount ▶ _____	6			
7 Add lines 5e and 6				7	517
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	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 <small>If you made a gift and got a benefit for it, see instructions.</small>	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			517
	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

HELEN ROSEMONT
State and Local General Sales Tax Deduction
Worksheet—Line 5a

791-00-4321

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:08055 State:NJ County:NEW JERSEY STATE City:MEDFORD Days Lived in:365

1. Enter your **state** general sales taxes from the 2018 Optional State Sales Tax Table 1. \$ 498

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. \$ 498



For Privacy Act Notification, See Instructions

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Your Social Security Number (required)
791004321

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.)
ROSEMONT HELEN E

Spouse's/ CU Partner's SSN (if filing jointly)
782001234

County/Municipality Code (See Table page 50)
0320

Home Address (Number and Street, including apartment number)
22 RIVER ROAD APT 5E

City, Town, Post Office State ZIP Code
MEDFORD NJ 08055-

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.		123123123





Name(s) as shown on Form NJ-1040
ROSEMONT HELEN E

Your Social Security Number
791004321

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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
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

782001234
Enter Spouse's/CU partner's SSN

Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</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.	1000 .

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
ROSEMONT HELEN E

Your Social Security Number
791004321

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	26482	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	26482	.
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.	26482	.
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	1000	.
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.	1000	.
37. Taxable Income (Subtract Line 36 from Line 29)	37.	25482	.
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	3024	.
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.	3024	.
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	22458	.
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	323	.
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.	323	.
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.	323	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	323	.
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.	323	.
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.	323	.



Name(s) as shown on Form NJ-1040
ROSEMONT HELEN E

Your Social Security Number
791004321

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53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	330 .
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.	330 .
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 If you owe tax, you can still make a donation on Lines 65 through 72.	62.	.
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.	7 .
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	65. .
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	66. .
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	67. .
68. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	68. .
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	69. .
70. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	70. .
71. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	71. .
72. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	72. .
73. 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.	7 .

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 HELEN E ROSEMONT	Social security number 791-00-4321
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

Part I Tax Return Information-Tax Year Ending December 31, 2018 (Whole Dollars Only)		
1 New Jersey Taxable income	1	22458
2 Total tax	2	323
3 New Jersey income tax withheld	3	330
4 Refund	4	7
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 ▶ 09/24/2019

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

I authorize _____ to enter my PIN _____ 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 ▶ _____

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 ▶ 09/24/2019

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