

**JOHN ADAMS  
143 CONCORD LANE  
DENVILLE, NJ 07834  
2018 INCOME TAX RETURN**

PRACTICE LAB  
 15 PRACTICE LAB WAY  
 WASHINGTON DC 20005  
 (202) 202-2022

JOHN ADAMS  
 143 CONCORD LANE  
 DENVILLE NJ 07834  
 (904) 567-1212

Preparer No.: 995  
 Client No. : XXX-XX-1234  
 Invoice Date: 11/26/2019

**INVOICE**

Description	Amount
PREPARATION OF 2018 FEDERAL/STATE FORMS & WORKSHEETS:  FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 3 (NONREFUNDABLE CREDITS) SCHEDULE B (INTEREST & DIVIDENDS) SCHEDULE EIC (EARNED INCOME CREDIT) FORM W-2 (WAGES AND TAX) FORM 1099-G (UNEMPLOYMENT COMPENSATION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) CHILD TAX CREDIT WORKSHEET FORM 8880 (RETIREMENT CREDIT) NJ STATE RESIDENT RETURN	
	<b>Total Invoice</b>
	\$0.00
	<b>Amount Paid</b>
	\$0.00
	<b>Balance Due</b>
	\$0.00

TAX YEAR: 2018

PROCESS DATE: 11/26/2019

CLIENT : 572-00-1234 JOHN ADAMS

BIRTH DATE : 08/03/1959 Age:59

ADDRESS : 143 CONCORD LANE  
: DENVILLE NJ 07834

PREPARER : 995

Home : (904) 567-1212

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 4

FED TYPE: Electronic Mail

ST TYPE : Regular Tax

EFFECTIVE RATE: 5.77%

E-MAIL :

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
AMY HARRIS	05/04/1993	25	586-00-1800	DAUGHTER	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040  
 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)  
 SCHEDULE 3 (NONREFUNDABLE CREDITS)  
 FORM W-2  
 FORM 1099-G (UNEMPLOYMENT COMPENSATION)  
 SCHEDULE B (INTEREST/DIVIDEND INCOME)  
 SCHEDULE EIC (EARNED INCOME CREDIT)  
 CHILD TAX CREDIT WORKSHEET  
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
 FORM 8880 (RETIREMENT SAVINGS CREDIT)  
 NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	4	4
TOTAL INCOME	31966	31146
TOTAL ADJUSTMENTS	16	0
ADJUSTED GROSS INCOME	31950	31146
DEDUCTIONS	18000	0
EXEMPTIONS	0	2500
TAXABLE INCOME	13950	28646
TAX	1405	431
CREDITS	600	0
PAYMENTS	4868	2222
REFUND	4063	1791
AMOUNT DUE	0	0
EARNED INCOME CREDIT	1333	493

CLIENT : JOHN ADAMS

572-00-1234

PREPARER : 995 DATE : 11/26/2019

---

\* 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	WALKER CONSTRU	30500	3400	1953	457	1679 NJ
		TOTALS.....	30500	3400	1953	457	1679

---


\* 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	1350	135	0
		TOTALS.....	1350	135	0

<b>a</b> Employee's social security number 572-00-1234		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN) 94-3000752				<b>1</b> Wages, tips, other compensation 30500		<b>2</b> Federal income tax withheld 3400			
<b>c</b> Employer's name, address, and ZIP code WALKER CONSTRUCTION 12 COLUMBIA PIKE FAIRFAX VA 22030				<b>3</b> Social security wages 31500		<b>4</b> Social security tax withheld 1953			
				<b>5</b> Medicare wages and tips 31500		<b>6</b> Medicare tax withheld 457			
				<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b> Verification code		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial JOHN		Last name ADAMS		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 D   1000	
<b>f</b> Employee's address and ZIP code 143 CONCORD LANE DENVER NJ 07834				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> DD   3980			
				<b>14</b> Other WD HC 130 DI 58 FLI 27		<b>12c</b>			
						<b>12d</b>			
<b>15</b> State NJ	<b>Employer's state ID number</b> 943000752000	<b>16</b> State wages, tips, etc. 31000	<b>17</b> State income tax 1679	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

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

<b>a</b> Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld			
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld			
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld			
				<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b> Verification code		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
<b>f</b> Employee's address and ZIP code				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
				<b>14</b> Other		<b>12c</b>			
						<b>12d</b>			
<b>15</b> State	<b>Employer's state ID number</b>	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

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

**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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>JOHN ADAMS</b>	Social security number <b>572-00-1234</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	31950
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	805
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	3535
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	4063
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

**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	1	2	3	4
---	---	---	---	---

 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 ▶ 11/26/2019

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

--	--	--	--	--

 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
---	---	---	---	---	---	---	---	---	---	---

 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 ▶ 11/26/2019

**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)

Your first name and initial: JOHN Last name: ADAMS Your social security number: 572-00-1234

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:

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. 143 CONCORD LANE 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. DENVILLE, NJ 07834 If more than four dependents, see inst. and check 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
AMY	HARRIS	586-00-1800	DAUGHTER	<input type="checkbox"/>	<input checked="" 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: 11/26/19 Your occupation: ELECTRICIAN 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.)

**Paid Preparer Use Only** Preparer's name: Preparer's signature: PTIN: S23051413 Firm's EIN: - Check if:  3rd Party Designee  Self-employed  
 Firm's name: PRACTICE LAB Phone no.: 202-202-2022  
 Firm's address: 15 PRACTICE LAB WAY WASHINGTON DC 20005

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		30500
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	<b>2a</b> Tax-exempt interest . . . . .	2a	49
	<b>3a</b> Qualified dividends . . . . .	3a	
	<b>4a</b> IRAs, pensions, and annuities . . . . .	4a	
	<b>5a</b> Social security benefits . . . . .	5a	
	<b>b</b> Taxable interest . . . . .		116
	<b>3b</b> Ordinary dividends . . . . .		3b
	<b>b</b> Taxable amount . . . . .		4b
	<b>b</b> Taxable amount . . . . .		5b
	<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>1350</u> . . . . .		31966
	<b>7</b> 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 . . . . .		31950
	<b>8</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		18000
	<b>9</b> Qualified business income deduction (see instructions) . . . . .		9
	<b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .		13950
<b>Standard Deduction for —</b> <ul style="list-style-type: none"> <li>• Single or married filing separately, \$12,000</li> <li>• Married filing jointly or Qualifying widow(er), \$24,000</li> <li>• Head of household, \$18,000</li> <li>• If you checked any box under Standard deduction, see instructions.</li> </ul>	<b>11</b> <b>a</b> Tax (see inst.) <u>1405</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> _____) . . . . .		1405
	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/> . . . . .		
	<b>12</b> <b>a</b> Child tax credit/credit for other dependents <u>500</u> <b>b</b> Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/> . . . . .		600
	<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0- . . . . .		805
	<b>14</b> Other taxes. Attach Schedule 4 . . . . .		0
	<b>15</b> Total tax. Add lines 13 and 14 . . . . .		805
	<b>16</b> Federal income tax withheld from Forms W-2 and 1099 <b>FORM 1099</b> . . . . .		3535
	<b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <u>1333</u> <b>b</b> Sch. 8812 _____ <b>c</b> Form 8863 _____ . . . . .		1333
	<b>Add</b> any amount from Schedule 5 _____ . . . . .		
	<b>18</b> Add lines 16 and 17. These are your total payments . . . . .		4868
<b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .		4063	
Direct deposit? See instructions.	<b>20a</b> Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .		4063
	<b>b</b> Routing number <u>X X X X X X X X X X</u> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings . . . . .		
	<b>d</b> Account number <u>X X X X X X X X X X X X X X X X</u> . . . . .		
	<b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . .	21	
<b>Amount You Owe</b>	<b>22</b> <b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .		
	<b>23</b> Estimated tax penalty (see instructions) . . . . .	23	



**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

ADAMS

572-00-1234

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>10</b>	
	<b>11</b>	Alimony received . . . . .		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .		<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>14</b>	
	<b>15a</b>	Reserved . . . . .		<b>15b</b>	
	<b>16a</b>	Reserved . . . . .		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .		<b>19</b>	1350
	<b>20a</b>	Reserved . . . . .		<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ _____		<b>21</b>	
	<b>22</b>	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 . . . . .		<b>22</b>	1350
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>		
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>		
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>		
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>		
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>		
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>		
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	16	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>		
	<b>32</b>	IRA deduction . . . . .	<b>32</b>		
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>			
<b>34</b>	Reserved . . . . .	<b>34</b>			
<b>35</b>	Reserved . . . . .	<b>35</b>			
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		16	

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

Schedule 1 (Form 1040) 2018

QNA

**SCHEDULE 3  
(Form 1040)**

**Nonrefundable Credits**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

JOHN ADAMS

572-00-1234

<b>Nonrefundable Credits</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19 . . . . .	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	100
	<b>52</b>	Reserved . . . . .	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695 . . . . .	<b>53</b>	
	<b>54</b>	Other credits from Form <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>54</b>	
	<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	<b>55</b>	100

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

Schedule 3 (Form 1040) 2018

QNA

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**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

JOHN ADAMS

572-00-1234

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.		
<b>1</b>	Medical and dental expenses (see instructions) . . . . .	<b>1</b>	
<b>2</b>	Enter amount from Form 1040, line 7 <input type="text" value="2"/>		
<b>3</b>	Multiply line 2 by 7.5% (0.075) . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>	
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.		
	<b>a</b> 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"/>	<b>5a</b>	1894
	<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>	
	<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>	
	<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>	1894
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>	1894
	<b>6</b> Other taxes. List type and amount ▶ _____	<b>6</b>	
	<b>7</b> Add lines 5e and 6 . . . . .	<b>7</b>	1894
<b>Interest You Paid</b>	<b>8</b> 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"/>		
	<b>a</b> Home mortgage interest and points reported to you on Form 1098 . . . . .	<b>8a</b>	
	<b>b</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 ▶ _____	<b>8b</b>	
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>	
	<b>d</b> Reserved . . . . .	<b>8d</b>	
	<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>	
	<b>9</b> Investment interest. Attach Form 4952 if required. See instructions . . . . .	<b>9</b>	
	<b>10</b> Add lines 8e and 9 . . . . .	<b>10</b>	
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>	
	<b>12</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>12</b>	
	<b>13</b> Carryover from prior year . . . . .	<b>13</b>	
	<b>14</b> Add lines 11 through 13 . . . . .	<b>14</b>	
<b>Casualty and Theft Losses</b>	<b>15</b> 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 . . . . .	<b>15</b>	
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount ▶ _____	<b>16</b>	
<b>Total Itemized Deductions</b>	<b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 . . . . .	<b>17</b>	1894
	<b>18</b> 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

QNA

**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](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040.

Name(s) shown on return  
JOHN ADAMS

Your social security number  
572-00-1234

**Part I**  
**Interest**

(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.

**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

NAVY FEDERAL CREDIT UNION

**Amount**

116

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

**2** 116

**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** 116

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

**Amount**

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Form 1040, line 3b.)

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

**5** List name of payer ►

**5**

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

**6**

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

**Part III**

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

**Yes No**

**Foreign Accounts and Trusts**

(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 . . . . .

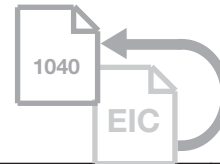
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**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 . . . . .

**SCHEDULE EIC**  
**(Form 1040)**

**Earned Income Credit**  
Qualifying Child Information



OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**

Name(s) shown on return

JOHN ADAMS

Your social security number

572-00-1234

**Before you begin:**

- See the instructions for Form 1040, line 17a, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	AMY HARRIS					
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	586-00-1800					
<b>3 Child's year of birth</b>	Year <u>1</u> <u>9</u> <u>9</u> <u>3</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4 a</b> Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input checked="" type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2018?	<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	DAUGHTER					
<b>6 Number of months child lived with you in the United States during 2018</b>  • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

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

Schedule EIC (Form 1040) 2018

QNA

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.**

**2018**  
Attachment  
Sequence No. **54**

Name(s) shown on return  
**JOHN ADAMS**

Your social security number  
**572-00-1234**



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

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

	(a) You	(b) Your spouse
<b>1</b> Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2018. <b>Do not</b> include rollover contributions . . . . .		
<b>2</b> Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2018 (see instructions) . . . . .	1000	
<b>3</b> Add lines 1 and 2 . . . . .	1000	
<b>4</b> Certain distributions received <b>after</b> 2015 and <b>before</b> the due date (including extensions) of your 2018 tax return (see instructions). If married filing jointly, include <b>both</b> spouses' amounts in <b>both</b> columns. See instructions for an exception . . . . .		
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	1000	
<b>6</b> In each column, enter the <b>smaller</b> of line 5 or \$2,000 . . . . .	1000	
<b>7</b> Add the amounts on line 6. If zero, <b>stop</b> ; you can't take this credit . . . . .		1000
<b>8</b> Enter the amount from Form 1040, line 7* or Form 1040NR, line 36 . . . . .	31950	
<b>9</b> Enter the applicable decimal amount shown below.		

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

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

<b>10</b> Multiply line 7 by line 9 . . . . .	<b>10</b>	100
<b>11</b> Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	<b>11</b>	1405
<b>12</b> <b>Credit for qualified retirement savings contributions.</b> Enter the <b>smaller</b> of line 10 or line 11 here and on Schedule 3 (Form 1040), line 51; or Form 1040NR, line 48 . . . . .	<b>12</b>	100

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

**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: 0 × \$2,000. Enter the result. 1
  
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 1 × \$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
  
4. Enter the amount from Form 1040, line 7, or Form 1040NR, line 35. 4
  
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
  
7. Enter the amount shown below for your filing status.  
  - Married filing jointly—\$400,000
  - All other filing statuses—\$200,0007
  
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
  
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   
*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 | 1405

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	+ _____ 100
Form 5695, line 30*			+ _____
Form 8910, line 15			+ _____
Form 8936, line 23			+ _____
Schedule R, line 22			+ _____

Enter the total.

12 | 100

\*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 | 1305

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 | 1305

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 | 500

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.



# Worksheet A—2018 EIC—Line 17a

Keep for Your Records 

**Before you begin:** ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

## Part 1


### All Filers Using Worksheet A

1. Enter your earned income from Step 5. 

1	30500
---	-------

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. 

2	1565
---	------

If line 2 is zero,  You can't take the credit. Enter “No” in the space to the left of Form 1040, line 17.

3. Enter the amount from Form 1040, line 7. 

3	31950
---	-------

4. Are the amounts on lines 3 and 1 the same?  
 **Yes.** Skip line 5; enter the amount from line 2 on line 6.  
 **No.** Go to line 5.

## Part 2

### Filers Who Answered “No” on Line 4

5. If you have:  
● No qualifying children, is the amount on line 3 less than \$8,500 (\$14,200 if married filing jointly)?  
● 1 or more qualifying children, is the amount on line 3 less than \$18,700 (\$24,350 if married filing jointly)?

**Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

**No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. Look at the amounts on lines 5 and 2. Then, enter the **smaller** amount on line 6.

5	1333
---	------

## Part 3

### Your Earned Income Credit

6. **This is your earned income credit.**

6	1333
---	------

Enter this amount on Form 1040, line 17a. ⋮

### Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2018.

# Worksheet B—2018 EIC—Line 17a



Use this worksheet if you answered “Yes” to Step 5, question 2.

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse’s amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

<b>Part 1</b>  <b>Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE</b>	1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.	1a	
	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+	1b
	c. Combine lines 1a and 1b.	=	1c
	d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.	-	1d
	e. Subtract line 1d from 1c.	=	1e

<b>Part 2</b>  <b>Self-Employed NOT Required To File Schedule SE</b>  <small>For example, your net earnings from self-employment were less than \$400.</small>	2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.		
	a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.	2a	
	b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	+	2b
c. Combine lines 2a and 2b.	=	2c	
<small>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.</small>			

<b>Part 3</b>  <b>Statutory Employees Filing Schedule C or C-EZ</b>	3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee.	3	
---	---	---	--

<b>Part 4</b>  <b>All Filers Using Worksheet B</b>  <small>Note. If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.</small>	4a. Enter your earned income from Step 5.	4a	30500
	b. Combine lines 1e, 2c, 3, and 4a. <b>This is your total earned income.</b>	4b	30500
If line 4b is zero or less,  You can’t take the credit. Enter “No” in the space to the left of Form 1040, line 17.			
5. If you have: <ul style="list-style-type: none"> <li>● 3 or more qualifying children, is line 4b less than \$49,194 (\$54,884 if married filing jointly)?</li> <li>● 2 qualifying children, is line 4b less than \$45,802 (\$51,492 if married filing jointly)?</li> <li>● 1 qualifying child, is line 4b less than \$40,320 (\$46,010 if married filing jointly)?</li> <li>● No qualifying children, is line 4b less than \$15,270 (\$20,950 if married filing jointly)?</li> </ul>			
<input type="checkbox"/> <b>Yes.</b> If you want the IRS to figure your credit, see <i>Credit figured by the IRS</i> , earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.			
<input type="checkbox"/> <b>No.</b> You can’t take the credit. Enter “No” in the space to the left of Form 1040, line 17.			

**Worksheet B**—2018 EIC—Line 17a—Continued

Keep for Your Records



**Part 5**

**All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b. 

<b>6</b>	30500
----------	-------

7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. 

<b>7</b>	1565
----------	------

If line 7 is zero, You can't take the credit. Enter "No" in the space to the left of Form 1040, line 17.

8. Enter the amount from Form 1040, line 7. 

<b>8</b>	31950
----------	-------

9. Are the amounts on lines 8 and 6 the same?  
 **Yes.** Skip line 10; enter the amount from line 7 on line 11.  
 **No.** Go to line 10.

**Part 6**

**Filers Who Answered "No" on Line 9**

10. If you have:  
 ● No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?  
 ● 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?  
 **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.  
 **No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. 

<b>10</b>	1333
-----------	------

Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11.

**Part 7**

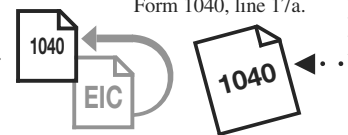
**Your Earned Income Credit**

11. **This is your earned income credit.**

<b>11</b>	1333
-----------	------

**Reminder—**

✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on Form 1040, line 17a.



*If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2018.*



For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
572001234

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.)  
ADAMS JOHN

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

County/Municipality Code (See Table page 50)  
1408

Home Address (Number and Street, including apartment number)  
143 CONCORD LANE

City, Town, Post Office  
DENVER

State ZIP Code  
NJ 07834-

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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  
ADAMS JOHN

Your Social Security Number  
572001234

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	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					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>2500</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>HARRIS AMY</u>	<u>586001800</u>	<u>1993</u>	
b.	_____	_____	_____	
c.	_____	_____	_____	
d.	_____	_____	_____	



Name(s) as shown on Form NJ-1040  
ADAMS JOHN

Your Social Security Number  
572001234

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	31000 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	146 .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	3 .
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.	31146 .
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.	31146 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	2500 .
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.	2500 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	28646 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	90 .
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.	. .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	28646 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	431 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code	42.	. .
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	431 .
44. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	44.	. .
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	431 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	431 .
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.	431 .
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 Fill in if Form NJ-2210 is enclosed	51.	. .
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	431 .



Name(s) as shown on Form NJ-1040  
ADAMS JOHN

Your Social Security Number  
572001234

1038

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	1679 .
54. Property Tax Credit (See instructions page 25)	54.	50 .
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	. .
56. New Jersey Earned Income Tax Credit (See instructions)	56.	493 .
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.	2222 .
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.	1791 .
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.	1791 .

**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