

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

Your first name and initial: **TERRY** Last name: **BALDWIN** Your social security number: **572-00-1235**

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 ✓ 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.) |
|  | 11/26/19 | PAINTER             | <input type="text"/>  |
| 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.) |
|  |          |                     | <input type="text"/>  |

**Paid Preparer Use Only**

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

|            |  |            |       |
|------------|--|------------|-------|
| <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .   | <b>1</b>   |       |
| <b>2a</b>  | Tax-exempt interest . . . . .  | <b>2a</b>  |       |
| <b>2b</b>  | Taxable interest . . . . .   | <b>2b</b>  |       |
| <b>3a</b>  | Qualified dividends . . . . .  | <b>3a</b>  |       |
| <b>3b</b>  | Ordinary dividends . . . . .   | <b>3b</b>  |       |
| <b>4a</b>  | IRAs, pensions, and annuities . . . . .  | <b>4a</b>  |       |
| <b>4b</b>  | Taxable amount . . . . .   | <b>4b</b>  |       |
| <b>5a</b>  | Social security benefits . . . . .   | <b>5a</b>  |       |
| <b>5b</b>  | Taxable amount . . . . .   | <b>5b</b>  |       |
| <b>6</b>   | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>33893</u> . . . . .  | <b>6</b>   | 33893 |
| <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 . . . . .  | <b>7</b>   | 28598 |
| <b>8</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .   | <b>8</b>   | 12000 |
| <b>9</b>   | Qualified business income deduction (see instructions) . . . . .   | <b>9</b>   | 3320  |
| <b>10</b>  | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .   | <b>10</b>  | 13278 |
| <b>11</b>  | <b>a</b> Tax (see inst.) <u>1403</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"/> )<br><b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/> | <b>11</b>  | 1403  |
| <b>12</b>  | <b>a</b> Child tax credit/credit for other dependents <input type="checkbox"/> <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>   | <b>12</b>  |       |
| <b>13</b>  | Subtract line 12 from line 11. If zero or less, enter -0- . . . . .  | <b>13</b>  | 1403  |
| <b>14</b>  | Other taxes. Attach Schedule 4 . . . . .   | <b>14</b>  | 4789  |
| <b>15</b>  | Total tax. Add lines 13 and 14 . . . . .   | <b>15</b>  | 6192  |
| <b>16</b>  | Federal income tax withheld from Forms W-2 and 1099 <b>FORM 1099</b> . . . . .   | <b>16</b>  | 650   |
| <b>17</b>  | Refundable credits: <b>a</b> EIC (see inst.) <input type="checkbox"/> <b>b</b> Sch. 8812 <input type="checkbox"/> <b>c</b> Form 8863 <input type="checkbox"/><br>Add any amount from Schedule 5 <u>6000</u> . . . . .  | <b>17</b>  | 6000  |
| <b>18</b>  | Add lines 16 and 17. These are your total payments . . . . .   | <b>18</b>  | 6650  |
| <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> . . . . .   | <b>19</b>  | 458   |
| <b>20a</b> | Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | <b>20a</b> | 458   |
| <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> . . . . .   | <b>21</b>  |       |
| <b>22</b>  | <b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .   | <b>22</b>  |       |
| <b>23</b>  | Estimated tax penalty (see instructions) . . . . .   | <b>23</b>  |       |

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

**Standard Deduction for —**  
• Single or married filing separately, \$12,000  
• Married filing jointly or Qualifying widow(er), \$24,000  
• Head of household, \$18,000  
• If you checked any box under Standard deduction, see instructions.

**Refund**  
Direct deposit?  
See instructions.

**SCHEDULE 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

BALDWIN

572-00-1235

|                          |   |   |   |             |       |  |
|--------------------------|---|---|---|-------------|-------|--|
| <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>   | 33893 |  |
|                          | <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>   |       |  |
|                          | <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>   | 33893 |  |
|                          | <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>   | 2395  |  |
|                          |   | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>28</b>   |       |  |
|                          |   | <b>29</b>   | Self-employed health insurance deduction . . . . .  | <b>29</b>   | 2900  |  |
|                          |   | <b>30</b>   | Penalty on early withdrawal of savings . . . . .  | <b>30</b>   |       |  |
| <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>   |   | 5295        |       |  |

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

Schedule 1 (Form 1040) 2018

QNA

**SCHEDULE 4  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://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

BALDWIN

Your social security number

572-00-1235

**Other  
Taxes**

- 57** Self-employment tax. Attach Schedule SE . . . . .
- 58** Unreported social security and Medicare tax from: Form **a**  4137 **b**  8919
- 59** Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .
- 60a** Household employment taxes. Attach Schedule H . . . . .
- b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .
- 61** Health care: individual responsibility (see instructions) . . . . .
- 62** Taxes from: **a**  Form 8959 **b**  Form 8960  
**c**  Instructions; enter code(s) \_\_\_\_\_
- 63** Section 965 net tax liability installment from Form 965-A . . . . . **63** | 0
- 64** Add the amounts in the far right column. These are your **total other taxes**. Enter here and on Form 1040, line 14 . . . . .

|            |      |
|------------|------|
| <b>57</b>  | 4789 |
| <b>58</b>  |      |
| <b>59</b>  |      |
| <b>60a</b> |      |
| <b>60b</b> |      |
| <b>61</b>  |      |
| <b>62</b>  |      |
| <b>63</b>  |      |
| <b>64</b>  | 4789 |

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

Schedule 4 (Form 1040) 2018

QNA

**SCHEDULE 5**  
**(Form 1040)**

**Other Payments and Refundable Credits**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **05**

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

BALDWIN

572-00-1235

|  |  |  |              |      |
|--|--|--|--------------|------|
| <b>Other Payments and Refundable Credits</b> | <b>65</b>  | Reserved . . . . .   | <b>65</b>    |      |
|  | <b>66</b>  | 2018 estimated tax payments and amount applied from 2017 return . . . . .  | <b>66</b>    | 6000 |
|  | <b>67a</b>   | Reserved . . . . .   | <b>67a</b>   |      |
|  | <b>b</b>   | Reserved . . . . .   | <b>67b</b>   |      |
|  | <b>68-69</b>   | Reserved . . . . .   | <b>68-69</b> |      |
|  | <b>70</b>  | Net premium tax credit. Attach Form 8962 . . . . .   | <b>70</b>    |      |
|  | <b>71</b>  | Amount paid with request for extension to file (see instructions) . . . . .  | <b>71</b>    |      |
|  | <b>72</b>  | Excess social security and tier 1 RRTA tax withheld . . . . .  | <b>72</b>    |      |
|  | <b>73</b>  | Credit for federal tax on fuels. Attach Form 4136 . . . . .  | <b>73</b>    |      |
|  | <b>74</b>  | Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> _____ | <b>74</b>    |      |
| <b>75</b>                                    | Add the amounts in the far right column. These are your total <b>other payments and refundable credits</b> . Enter here and include on Form 1040, line 17. . . . . | <b>75</b>  | 6000         |      |

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

Schedule 5 (Form 1040) 2018

QNA

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://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

TERRY BALDWIN

572-00-1235

| <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> | 750  |           |      |
|                                    | <b>b</b> State and local real estate taxes (see instructions) . . . . .   | <b>5b</b> | 5500 |           |      |
|                                    | <b>c</b> State and local personal property taxes . . . . .  | <b>5c</b> |      |           |      |
|                                    | <b>d</b> Add lines 5a through 5c . . . . .  | <b>5d</b> | 6250 |           |      |
|                                    | <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .  | <b>5e</b> | 6250 |           |      |
|                                    | <b>6</b> Other taxes. List type and amount ▶ _____  | <b>6</b>  |      |           |      |
|                                    | <b>7</b> Add lines 5e and 6 . . . . .   |           |      | <b>7</b>  | 6250 |
| <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> | 6250 |
|                                    | <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 C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business  
(Sole Proprietorship)**

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **09**

|  |   |  |
|--|---|--|
| Name of proprietor<br><b>TERRY BALDWIN</b>   |   | Social security number (SSN)<br><b>572-00-1235</b> |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br><b>PAINTING WALL</b>   | <b>B</b> Enter code from instructions<br>▶ <b>2   3   8   3   2   0</b> |  |
| <b>C</b> Business name. If no separate business name, leave blank.<br><b>BALDWIN PAINTING</b>  | <b>D</b> Employer ID number (EIN) (see instr.)<br>                      |  |
| <b>E</b> Business address (including suite or room no.) ▶<br>City, town or post office, state, and ZIP code  |   |  |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶   |   |  |
| <b>G</b> Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| <b>H</b> If you started or acquired this business during 2018, check here . . . <input type="checkbox"/>   |   |  |
| <b>I</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |   |  |
| <b>J</b> If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |

**Part I Income**

|   |          |       |
|---|----------|-------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/> | <b>1</b> | 47315 |
| <b>2</b> Returns and allowances . . . . .   | <b>2</b> |       |
| <b>3</b> Subtract line 2 from line 1 . . . . .  | <b>3</b> | 47315 |
| <b>4</b> Cost of goods sold (from line 42) . . . . .  | <b>4</b> |       |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .   | <b>5</b> | 47315 |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .   | <b>6</b> |       |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶   | <b>7</b> | 47315 |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|  |            |      |   |            |       |
|--|------------|------|---|------------|-------|
| <b>8</b> Advertising . . . . .   | <b>8</b>   |      | <b>18</b> Office expense (see instructions)             | <b>18</b>  |       |
| <b>9</b> Car and truck expenses (see instructions). . . . .  | <b>9</b>   | 1073 | <b>19</b> Pension and profit-sharing plans . . . . .    | <b>19</b>  |       |
| <b>10</b> Commissions and fees . . . . .   | <b>10</b>  |      | <b>20</b> Rent or lease (see instructions):             |            |       |
| <b>11</b> Contract labor (see instructions)  | <b>11</b>  |      | <b>a</b> Vehicles, machinery, and equipment             | <b>20a</b> |       |
| <b>12</b> Depletion . . . . .  | <b>12</b>  |      | <b>b</b> Other business property . . . . .              | <b>20b</b> |       |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .  | <b>13</b>  |      | <b>21</b> Repairs and maintenance . . . . .             | <b>21</b>  |       |
| <b>14</b> Employee benefit programs (other than on line 19) . . . . .  | <b>14</b>  |      | <b>22</b> Supplies (not included in Part III) . . . . . | <b>22</b>  |       |
| <b>15</b> Insurance (other than health)  | <b>15</b>  |      | <b>23</b> Taxes and licenses . . . . .                  | <b>23</b>  |       |
| <b>16</b> Interest (see instructions):   |            |      | <b>24</b> Travel and meals:                             |            |       |
| <b>a</b> Mortgage (paid to banks, etc.)  | <b>16a</b> |      | <b>a</b> Travel . . . . .                               | <b>24a</b> |       |
| <b>b</b> Other . . . . .   | <b>16b</b> |      | <b>b</b> Deductible meals (see instructions) . . . . .  | <b>24b</b> |       |
| <b>17</b> Legal and professional services  | <b>17</b>  |      | <b>25</b> Utilities . . . . .                           | <b>25</b>  |       |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶  | <b>28</b>  |      | <b>26</b> Wages (less employment credits) . . . . .     | <b>26</b>  |       |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .   | <b>29</b>  |      | <b>27a</b> Other expenses (from line 48) . . . . .      | <b>27a</b> | 12349 |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .   | <b>30</b>  |      | <b>27b</b> <b>Reserved for future use</b> . . . . .     | <b>27b</b> |       |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2.</b> (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b><br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  |      |   |            | 33893 |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2.</b> (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b><br>• If you checked 32b, you <b>must</b> attach <b>Form 6198.</b> Your loss may be limited. |            |      |   |            |       |

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  Yes     No

|   |           |  |
|---|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |  |
| <b>39</b> Other costs . . . . .   | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month, day, year)    ► 05 / 08 /1998

**44** Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

**a** Business    1968    **b** Commuting (see instructions)    5900    **c** Other    9546

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  Yes     No

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  Yes     No

**47a** Do you have evidence to support your deduction? . . . . .  Yes     No

**b** If "Yes," is the evidence written? . . . . .  Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

|   |           |       |
|---|-----------|-------|
| PAINT   |           | 9673  |
| LIABILITY INSURANCE   |           | 478   |
| BUSINESS CARDS  |           | 35    |
| PERSONALIZED COVERALLS  |           | 250   |
| PAINTING TOOLS AND SUPPLIES   |           | 623   |
| BUSINESS PHONE  |           | 695   |
| LICENSE   |           | 95    |
| ADVERTISING   |           | 350   |
| WEBSITE   |           | 150   |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 12349 |



Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

TERRY BALDWIN

Social security number of person with **self-employment** income ▶

572-00-1235

**Section B—Long Schedule SE**

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . .

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1a</b> | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions)   |           |            |
| <b>b</b>  | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH  | (         | )          |
| <b>2</b>  | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions) |           | 33893      |
| <b>3</b>  | Combine lines 1a, 1b, and 2   |           | 33893      |
| <b>4a</b> | If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.  |           | 31300      |
| <b>b</b>  | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here   |           |            |
| <b>c</b>  | Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue ▶   |           | 31300      |
| <b>5a</b> | Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income   | <b>5a</b> |            |
| <b>b</b>  | Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-  | <b>5b</b> |            |
| <b>6</b>  | Add lines 4c and 5b   | <b>6</b>  | 31300      |
| <b>7</b>  | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018   | <b>7</b>  | 128,400 00 |
| <b>8a</b> | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11   | <b>8a</b> |            |
| <b>b</b>  | Unreported tips subject to social security tax (from Form 4137, line 10)  | <b>8b</b> |            |
| <b>c</b>  | Wages subject to social security tax (from Form 8919, line 10)  | <b>8c</b> |            |
| <b>d</b>  | Add lines 8a, 8b, and 8c  | <b>8d</b> |            |
| <b>9</b>  | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶  | <b>9</b>  | 128400     |
| <b>10</b> | Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)  | <b>10</b> | 3881       |
| <b>11</b> | Multiply line 6 by 2.9% (0.029)   | <b>11</b> | 908        |
| <b>12</b> | <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b>  | <b>12</b> | 4789       |
| <b>13</b> | <b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27</b>  | <b>13</b> | 2395       |

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$7,920, or (b) your net farm profits<sup>2</sup> were less than \$5,717.

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>14</b> | Maximum income for optional methods  | <b>14</b> | 5,280 00 |
| <b>15</b> | Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$5,280. Also include this amount on line 4b above | <b>15</b> |          |

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$5,717 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>16</b> | Subtract line 15 from line 14   | <b>16</b> |  |
| <b>17</b> | Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above | <b>17</b> |  |

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.



For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
572001235

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.)  
BALDWIN TERRY

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  
**BALDWIN TERRY**

Your Social Security Number  
**572001235**

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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 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)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled  | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran   | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner |                  | 1 | x \$3,000 = | <u>3000</u>   |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____         |
| 11. Other Dependents   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |   | 13.         | <b>4000 .</b> |

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  
**BALDWIN TERRY**

Your Social Security Number  
**572001235**

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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.  | .       |
| 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.  | 33893 . |
| 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.  | 33893 . |
| 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.  | 33893 . |
| 30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)   | 30.  | 4000 .  |
| 31. Medical Expenses (Worksheet F and instructions page 24)  | 31.  | 2900 .  |
| 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.  | 6900 .  |
| 37. Taxable Income (Subtract Line 36 from Line 29)   | 37.  | 26993 . |
| 38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)  | 38a. | 5750 .  |
| 38b. Block   |      | 5 .     |
| 38b. Lot   |      | 16 .    |
| 38b. Qualifier   |      |         |
| 38c. County/Municipality Code  |      | 1408    |
| Fill in if you completed Worksheet G-1   |      |         |
| 39. Property Tax Deduction (From Worksheet H) (See instructions)   | 39.  | 5750 .  |
| 40. New Jersey Taxable Income (Subtract Line 39 from Line 37)  | 40.  | 21243 . |
| 41. Tax on Amount on Line 40 (Tax Table page 52)   | 41.  | 301 .   |
| 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.  | 301 .   |
| 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.  | 301 .   |
| 46. Sheltered Workshop Tax Credit  | 46.  | .       |
| 47. Balance of Tax (Subtract Line 46 from Line 45)   | 47.  | 301 .   |
| 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.  | 301 .   |
| 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.  | 301 .   |



Name(s) as shown on Form NJ-1040  
**BALDWIN TERRY**

Your Social Security Number  
**572001235**

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|  |      |                             |
|--|------|-----------------------------|
| 53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)  | 53.  | .                           |
| 54. Property Tax Credit (See instructions page 25)   | 54.  | .                           |
| 55. New Jersey Estimated Tax Payments/Credit from 2017 tax return  | 55.  | 1000 .                      |
| 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.  | 1000 .                      |
| 62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe                  | 62.  | .                           |
| If you owe tax, you can still make a donation on Lines 65 through 72.  |      |                             |
| 63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment | 63.  | 699 .                       |
| 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.  | 699 .                       |

**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](http://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<br><b>TERRY BALDWIN</b> | Social security number<br><b>572-00-1235</b>           |
| Spouse's name<br>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 | 21243 |
| 2 Total tax . . . . .  | 2 | 301   |
| 3 New Jersey income tax withheld . . . . .   | 3 |       |
| 4 Refund . . . . .   | 4 | 699   |
| 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 11235 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 ▶ 11/26/2019

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_  
or Civil Union Prtnr's

**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 ▶ 11/26/2019

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

|   |                                       |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>BALDWIN TERRY | Social Security Number<br>572 00 1235 |
|---|---------------------------------------|

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2018**

| <b>Part I Net Profits From Business</b> |   | List the net profit (loss) from business(es). See Instructions. |                  |
|---|---|---|------------------|
|   | Business Name   | Social Security Number/<br>Federal EIN                          | Profit or (Loss) |
| 1.                                      | BALDWIN PAINTING  | 572-00-1235   | 33893            |
| 2.                                      |   |   |                  |
| 3.                                      |   |   |                  |
| 4.                                      | Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 18, NJ-1040. If loss, make no entry on Line 18.) |   | 4. 33893         |

| <b>Part II Distributive Share of Partnership Income</b> |   | List the distributive share of income (loss) from partnership(s). See instructions. |  |
|---|---|---|--|
|   | Partnership Name  | Federal EIN   | Share of Partnership<br>Income or (Loss) |
| 1.  |   |   |  |
| 2.  |   |   |  |
| 3.  |   |   |  |
| 4.  | Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21, NJ-1040. If loss, make no entry on Line 21.) |   | 4.                                       |

| <b>Part III Net Pro Rata Share of S Corporation Income</b> |  | List the pro rata share of income (usable loss) from S corporation(s). See instructions. |  |
|--|--|--|--|
|  | S Corporation Name   | Federal EIN  | Pro Rata Share of S Corporation<br>Income or (Usable Loss) |
| 1.   |  |  |  |
| 2.   |  |  |  |
| 3.   |  |  |  |
| 4.   | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, NJ-1040. If loss, make no entry on Line 22.) |  | 4.   |

| <b>Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b> |   | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property:<br>1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights |                                     |                  |
|---|---|---|-------------------------------------|------------------|
|   | Source of Income or Loss. If rental real estate, enter physical address of property.                                    | Social Security Number/<br>Federal EIN  | Type – Enter number from list above | Income or (Loss) |
| 1.  |   |   |                                     |                  |
| 2.  |   |   |                                     |                  |
| 3.  |   |   |                                     |                  |
| 4.  | Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, NJ-1040. If loss, make no entry on Line 23.) |   |                                     | 4.               |

**Keep a copy of this schedule for your records**

|  |  |
|--|--|
| Name(s) as shown on Form NJ-1040<br><b>BALDWIN TERRY</b> | Social Security Number<br><b>572 00 1235</b> |
|--|--|

**Schedule NJ-BUS-2** New Jersey Gross Income Tax **2018**  
(Form NJ-1040) Alternative Business Calculation Adjustment

| PART I Income (Loss)                               |   | Column A                           |       | Column B                           |       |
|--|---|------------------------------------|-------|------------------------------------|-------|
|  |   | Reportable Regular Business Income |       | Alternative Business Income (Loss) |       |
| 1.   | Net Profits From Business   | 1a.                                | 33893 | 1b.                                | 33893 |
| 2.   | Distributive Share of Partnership Income                          | 2a.                                |       | 2b.                                |       |
| 3.   | Net Pro Rata Share of S Corporation Income                        | 3a.                                |       | 3b.                                |       |
| 4.   | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a.                                |       | 4b.                                |       |
| 5.   | Loss Carryforward From Tax Year 2017                              |                                    |       | 5b.                                | ( )   |
| 6.   | Totals  | 6a.                                | 33893 | 6b.                                | 33893 |
| <b>PART II Adjustment Calculation</b>              |   |                                    |       |                                    |       |
| 7.   | Total Regular Business Income                                     | 7.                                 | 33893 |                                    |       |
| 8.   | Total Alternative Business Income/(Loss). (If loss, enter zero)   | 8.                                 | 33893 |                                    |       |
| 9.   | Business Increment (Line 7 minus Line 8)                          | 9.                                 |       |                                    |       |
| 10.  | Adjustment Percentage   | 10.                                | 0.50  |                                    |       |
| 11.  | Alternative Business Calculation Adjustment (Line 9 x 0.50)       | 11.                                |       |                                    |       |
| <b>PART III Loss Carryforward to Tax Year 2019</b> |   |                                    |       |                                    |       |
| 12.  | Loss Carryforward to Tax Year 2019                                | 12.                                |       | ( )                                |       |

**Instructions**

- Line 1a. Enter the amount from Line 18 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 21 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 22 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 23 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 35 of Form NJ-1040.
- Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**