

TAX YEAR: 2018

PROCESS DATE: 11/26/2019

CLIENT : 572-00-1803 KAREN CHAMBERS

BIRTH DATE : 08/03/1959 Age:59

ADDRESS : 143 CONCORD LANE  
: DENVILLE NJ 07834

PREPARER : 995

Home : (973) 567-1212

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 5

FED TYPE: Electronic Mail

EFFECTIVE RATE: 10.81%

ST TYPE : Electronic Mail

E-MAIL :

| DEPENDENT NAME | BIRTH DATE | AGE | SSN         | RELATIONSHIP | MONTHS |
|----------------|------------|-----|-------------|--------------|--------|
| AMY HARRIS     | 05/04/1994 | 24  | 586-00-1801 | DAUGHTER     | 12     |

LISTING OF FORMS FOR THIS RETURN

FORM 1040  
 FORM SSA-1099 (SOCIAL SECURITY BENEFITS)  
 FORM 1099-R (RETIREMENT DISTRIBUTIONS)  
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
 NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

| SUMMARY               | FEDERAL | NJ RESIDENT |
|-----------------------|---------|-------------|
| FILING STATUS         | 5       | 5           |
| TOTAL INCOME          | 56083   | 0           |
| TOTAL ADJUSTMENTS     | 0       | 45000       |
| ADJUSTED GROSS INCOME | 56083   | 0           |
| DEDUCTIONS            | 24000   | 1800        |
| EXEMPTIONS            | 0       | 5000        |
| TAXABLE INCOME        | 32083   | 0           |
| TAX                   | 3468    | 80          |
| CREDITS               | 0       | 0           |
| PAYMENTS              | 4850    | 1862        |
| REFUND                | 1382    | 1782        |
| AMOUNT DUE            | 0       | 0           |

\* 1099-R INCOME FORMS SUMMARY \*

|    | [T/S] | PAYER             | GROSS DIST | TAXABLE AMT | FED WITH | STATE WITH ST |
|----|-------|-------------------|------------|-------------|----------|---------------|
| 1. | T     | DEFENSE FINANCE A | 24675      | 24675       | 3400     | 987 NJ        |
| 2. | T     | MAYBERRY SHERIFFS | 23650      | 21850       | 1450     | 875 NJ        |
|    |       | TOTALS.....       | 48325      | 46525       | 4850     | 1862          |

CLIENT : KAREN CHAMBERS

572-00-1803

PREPARER : 995      DATE : 11/26/2019

---

\* FORM SSA-1099 INCOME FORMS SUMMARY \*

---

|    | [T/S] | PAYER       | SSA BENEFITS | FED WITH | PREMIUMS |
|----|-------|-------------|--------------|----------|----------|
| 1. | T     | U.S.        | 11245        | 0        | 0        |
|    |       | TOTALS..... | 11245        | 0        | 0        |

CORRECTED (if checked)

|  |  |  |   |  |                                   |  |
|--|--|--|---|--|-----------------------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.<br><br>DEFENSE FINANCE AND ACCOUNTING<br>8899 E 56TH STREET<br>INDIANAPOLIS IN 46249 |  |  | 1 Gross distribution<br>\$ 24675  | OMB No. 1545-0119<br><br><b>2018</b>                         |                                   | <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b> |
|  |  |  | 2a Taxable amount<br>\$ 24675   | Form <b>1099-R</b>   |                                   |  |
|  |  |  | 2b Taxable amount not determined <input type="checkbox"/>                           | Total distribution <input type="checkbox"/>                  |                                   |  |
| PAYER'S TIN<br>34-0727612  | RECIPIENT'S TIN<br>572-00-1803           |  | 3 Capital gain (included in box 2a)<br>\$   | 4 Federal income tax<br>\$ 3400                              |                                   |  |
| RECIPIENT'S name<br><br>KAREN CHAMBERS   |  |  | 5 Employee contributions/ Designated Roth contributions or insurance premiums<br>\$ | 6 Net unrealized appreciation in employer's securities<br>\$ |                                   | This information is being furnished to the IRS.  |
| Street address (including apt. no.)<br>143 CONCORD LANE  |  |  | 7 Distribution code(s)<br>7   | IRA/SEP/SIMPLE<br><input type="checkbox"/>                   | 8 Other<br>\$ %                   |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>DENVER NJ 07834  |  |  | 9a Your percentage of total<br>%  | 9b Total employee contributions<br>\$                        |                                   |  |
| 10 Amount allocable to IRR within 5 years<br>\$  | 11 1st year of desig. Roth contrib.<br>0 | FATCA filing requirement<br><input type="checkbox"/> | 12 State tax withheld<br>\$ 987   | 13 State/Payer's state no.<br>NJ NJ8410012345                | 14 State distribution<br>\$ 24675 |  |
| Account number (see instructions)  |  | Date of payment                                      | 15 Local tax withheld<br>\$   | 16 Name of locality  | 17 Local distribution<br>\$       |  |

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

|  |  |  |  |  |                                   |  |
|--|--|--|--|--|-----------------------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.<br><br>MAYBERRY SHERIFFS DEPARTMENT<br>1 HOLLOW TREE RD<br>DENVER NJ 07834 |  |  | 1 Gross distribution<br>\$ 23650   | OMB No. 1545-0119<br><br><b>2018</b>                         |                                   | <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b> |
|  |  |  | 2a Taxable amount<br>\$ 21850  | Form <b>1099-R</b>   |                                   |  |
|  |  |  | 2b Taxable amount not determined <input checked="" type="checkbox"/>                     | Total distribution <input type="checkbox"/>                  |                                   |  |
| PAYER'S TIN<br>21-8000752  | RECIPIENT'S TIN<br>572-00-1803           |  | 3 Capital gain (included in box 2a)<br>\$  | 4 Federal income tax<br>\$ 1450                              |                                   |  |
| RECIPIENT'S name<br><br>KAREN CHAMBERS   |  |  | 5 Employee contributions/ Designated Roth contributions or insurance premiums<br>\$ 1800 | 6 Net unrealized appreciation in employer's securities<br>\$ |                                   | This information is being furnished to the IRS.  |
| Street address (including apt. no.)<br>143 CONCORD LANE  |  |  | 7 Distribution code(s)<br>3  | IRA/SEP/SIMPLE<br><input type="checkbox"/>                   | 8 Other<br>\$ %                   |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>DENVER NJ 07834  |  |  | 9a Your percentage of total<br>%   | 9b Total employee contributions<br>86500                     |                                   |  |
| 10 Amount allocable to IRR within 5 years<br>\$  | 11 1st year of desig. Roth contrib.<br>0 | FATCA filing requirement<br><input type="checkbox"/> | 12 State tax withheld<br>\$ 875  | 13 State/Payer's state no.<br>NJ 218000752000                | 14 State distribution<br>\$ 23650 |  |
| Account number (see instructions)  |  | Date of payment                                      | 15 Local tax withheld<br>\$  | 16 Name of locality  | 17 Local distribution<br>\$       |  |

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

## Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites

### Federal Disclosure

Federal law required this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I KAREN CHAMBERS authorize The Practice Lab:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season.

This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year.

This consent is valid through November 14, 2020

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return.

This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return.

The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 14, 2020). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Taxpayer PIN: 12345

PIN Date 11/26/2019

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |  |  |
|--|--|--|
| Taxpayer's name<br><b>KAREN CHAMBERS</b> |  | Social security number<br><b>572-00-1803</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> | <b>56083</b> |
| <b>2</b> | Total tax (Form 1040, line 15; Form 1040NR, line 61)  | <b>2</b> | <b>3468</b>  |
| <b>3</b> | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | <b>3</b> | <b>4850</b>  |
| <b>4</b> | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)             | <b>4</b> | <b>1382</b>  |
| <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 | 8 | 0 | 3 |
|---|---|---|---|---|

 as my signature on my tax year 2018 electronically filed income tax return. **ERO firm name**  
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. **ERO firm name**  
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) **586-00-1801**  
**AMY HARRIS**

Your first name and initial: **KAREN** Last name: **CHAMBERS** Your social security number: **572-00-1803**

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.) |
|   | Spouse's signature. If a joint return, <b>both</b> 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                          | Firm's EIN | Check if:<br><input type="checkbox"/> 3rd Party Designee<br><input type="checkbox"/> Self-employed |
| Firm's name ▶ <b>PRACTICE LAB</b>                               |                      | <b>S23051413</b>              | -          |  |
| Firm's address ▶ <b>15 PRACTICE LAB WAY WASHINGTON DC 20005</b> |                      | Phone no. <b>202-202-2022</b> |            |  |

|                |   |                                    |       |     |       |
|----------------|---|------------------------------------|-------|-----|-------|
|                |   | <b>NON-W2. DISABILITY P50=1800</b> |       | 1   | 21850 |
| 1              | Wages, salaries, tips, etc. Attach Form(s) W-2  |                                    |       | 1   | 21850 |
| 2a             | Tax-exempt interest   | 2a                                 |       | 2b  |       |
| 3a             | Qualified dividends   | 3a                                 |       | 3b  |       |
| 4a             | IRAs, pensions, and annuities   | 4a                                 |       | 4b  | 24675 |
| 5a             | Social security benefits  | 5a                                 | 11245 | 5b  | 9558  |
| 6              | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22  |                                    |       | 6   | 56083 |
| 7              | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6             |                                    |       | 7   | 56083 |
| 8              | <b>Standard deduction or itemized deductions</b> (from Schedule A)  |                                    |       | 8   | 24000 |
| 9              | Qualified business income deduction (see instructions)  |                                    |       | 9   |       |
| 10             | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-  |                                    |       | 10  | 32083 |
| 11             | a Tax (see inst.) <u>3468</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) |                                    |       | 11  | 3468  |
|                | b Add any amount from Schedule 2 and check here <input type="checkbox"/>  |                                    |       | 12  |       |
| 12             | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>                                     |                                    |       | 13  | 3468  |
| 13             | Subtract line 12 from line 11. If zero or less, enter -0-   |                                    |       | 14  | 0     |
| 14             | Other taxes. Attach Schedule 4  |                                    |       | 15  | 3468  |
| 15             | Total tax. Add lines 13 and 14  |                                    |       | 16  | 4850  |
| 16             | Federal income tax withheld from Forms W-2 and 1099 <b>FORM 1099</b>  |                                    |       | 17  |       |
| 17             | Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863   |                                    |       | 18  | 4850  |
|                | Add any amount from Schedule 5  |                                    |       | 19  | 1382  |
| 18             | Add lines 16 and 17. These are your total payments  |                                    |       | 20a | 1382  |
| 19             | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid   |                                    |       |     |       |
| 20a            | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>   |                                    |       |     |       |
| ▶ b            | Routing number <u>X X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                      |                                    |       |     |       |
| ▶ d            | Account number <u>X X X X X X X X X X X X X X X X</u>   |                                    |       |     |       |
| 21             | Amount of line 19 you want applied to your 2019 estimated tax ▶ 21  |                                    |       |     |       |
| Amount You Owe | 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22  |                                    |       |     |       |
| 23             | Estimated tax penalty (see instructions) ▶ 23   |                                    |       |     |       |

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

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

**Refund**  
 Direct deposit? See instructions.



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](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

KAREN CHAMBERS

572-00-1803

| <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> | 1862 |           |      |
|                                    | <b>b</b> State and local real estate taxes (see instructions) . . . . .   | <b>5b</b> | 5600 |           |      |
|                                    | <b>c</b> State and local personal property taxes . . . . .  | <b>5c</b> |      |           |      |
|                                    | <b>d</b> Add lines 5a through 5c . . . . .  | <b>5d</b> | 7462 |           |      |
|                                    | <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .  | <b>5e</b> | 7462 |           |      |
|                                    | <b>6</b> Other taxes. List type and amount ▶ _____  | <b>6</b>  |      |           |      |
|                                    | <b>7</b> Add lines 5e and 6 . . . . .   |           |      | <b>7</b>  | 7462 |
| <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> | 7462 |
|                                    | <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

KAREN CHAMBERS  
**State and Local General Sales Tax Deduction**  
**Worksheet—Line 5a**

572-00-1803

Keep for Your Records 



Instead of using this worksheet, you can find your deduction by using the Sales Tax Deduction Calculator at [IRS.gov/SalesTax](https://www.irs.gov/SalesTax).

**Before you begin:** See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2018, or
- Had any **nontaxable** income in 2018.

Zip:07834 State:NJ County:NEW JERSEY STATE City:DENVILLE Days Lived in:365

1. Enter your **state** general sales taxes from the 2018 Optional State Sales Tax Table ..... 1. \$ 727

**Next.** If, for all of 2018, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2018?

No. Enter -0-.

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

2. \$ \_\_\_\_\_

3. Did your locality impose a **local** general sales tax in 2018? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

No. Skip lines 3 through 5, enter -0- on line 6, and go to line 7.

Yes. Enter your **local** general sales tax rate, but omit the percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2018, see the instructions for line 3 of the worksheet

3. \_\_\_\_\_

4. Did you enter -0- on line 2?

No. Skip lines 4 and 5 and go to line 6.

Yes. Enter your **state** general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0

4. 6.6250

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)

5. \_\_\_\_\_

6. Did you enter -0- on line 2?

No. Multiply line 2 by line 3.

Yes. Multiply line 1 by line 5. If you lived in more than one locality in the same state during 2018, see the instructions for line 6 of the worksheet.

6. \$ \_\_\_\_\_

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet

7. \$ \_\_\_\_\_

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5a. Be sure to check the **box** on that line

8. \$ 727

**Social Security Benefits Worksheet—Lines 5a and 5b**

Keep for Your Records



**Before you begin:**

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

|     |  |     |       |       |
|-----|--|-----|-------|-------|
| 1.  | Enter the total amount from <b>box 5</b> of <b>all</b> your <b>Forms SSA-1099</b> and <b>Forms RRB-1099</b> . Also, enter this amount on Form 1040, line 5a  | 1.  | 11245 |       |
| 2.  | Multiply line 1 by 50% (0.50)  | 2.  | 5623  |       |
| 3.  | Combine the amounts from Form 1040, lines 1, 2b, 3b, 4b, and Schedule 1, line 22   | 3.  | 46525 |       |
| 4.  | Enter the amount, if any, from Form 1040, line 2a  | 4.  |       |       |
| 5.  | Combine lines 2, 3, and 4  | 5.  | 52148 |       |
| 6.  | Enter the total of the amounts from Schedule 1, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 36 other than any amounts identified as “DPAD”  | 6.  |       |       |
| 7.  | Is the amount on line 6 less than the amount on line 5?  |     |       |       |
|     | <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b.  |     |       |       |
|     | <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5  | 7.  | 52148 |       |
| 8.  | If you are:  |     |       |       |
|     | <ul style="list-style-type: none"> <li>• Married filing jointly, enter \$32,000</li> <li>• Single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2018, enter \$25,000</li> <li>• Married filing separately and you lived with your spouse at any time in 2018, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17</li> </ul> | }   | 8.    | 25000 |
| 9.  | Is the amount on line 8 less than the amount on line 7?  |     |       |       |
|     | <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b. If you are married filing separately and you <b>lived apart</b> from your spouse for all of 2018, be sure you entered “D” to the right of the word “benefits” on line 5a.  |     |       |       |
|     | <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 8 from line 7  | 9.  | 27148 |       |
| 10. | Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2018  | 10. | 9000  |       |
| 11. | Subtract line 10 from line 9. If zero or less, enter -0-   | 11. | 18148 |       |
| 12. | Enter the <b>smaller</b> of line 9 or line 10  | 12. | 9000  |       |
| 13. | Enter one-half of line 12  | 13. | 4500  |       |
| 14. | Enter the <b>smaller</b> of line 2 or line 13  | 14. | 4500  |       |
| 15. | Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-  | 15. | 15426 |       |
| 16. | Add lines 14 and 15  | 16. | 19926 |       |
| 17. | Multiply line 1 by 85% (0.85)  | 17. | 9558  |       |
| 18. | <b>Taxable social security benefits.</b> Enter the <b>smaller</b> of line 16 or line 17. Also enter this amount on Form 1040, line 5b  | 18. | 9558  |       |



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



Your Social Security Number (required)  
572001803

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.)  
CHAMBERS KAREN

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  
CHAMBERS KAREN

Your Social Security Number  
572001803

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  | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner |                  | 1   | x \$1,000 = | <u>1000</u>   |
| 9. Veteran   | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner |                  | 1   | x \$3,000 = | <u>3000</u>   |
| 10. Qualified Dependent Children                                       |                                     |      |                   |                  |     | x \$1,500 = | _____         |
| 11. Other Dependents   |                                     |      |                   |                  |     | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                   |                  |     | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  | 13. |             | <u>5000</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. | _____                                 | _____                  | _____      | <input type="checkbox"/> |
| b. | _____                                 | _____                  | _____      | <input type="checkbox"/> |
| c. | _____                                 | _____                  | _____      | <input type="checkbox"/> |
| d. | _____                                 | _____                  | _____      | <input type="checkbox"/> |



Name(s) as shown on Form NJ-1040  
**CHAMBERS KAREN**

Your Social Security Number  
**572001803**

1038

|  |      |         |
|--|------|---------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.  | .       |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)   | 16a. | .       |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a                                       | 16b. | .       |
| 17. Dividends  | 17.  | .       |
| 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.  | .       |
| 28a. Retirement/Pension Exclusion (See instructions)   | 28a. | .       |
| 28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)  | 28b. | 45000 . |
| 28c. Total Exclusion Amount (Add Lines 28a and 28b)  | 28c. | 45000 . |
| 29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)  | 29.  | .       |
| 30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)   | 30.  | 5000 .  |
| 31. Medical Expenses (Worksheet F and instructions page 24)  | 31.  | 1800 .  |
| 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.  | 6800 .  |
| 37. Taxable Income (Subtract Line 36 from Line 29)   | 37.  | .       |
| 38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)  | 38a. | 5850 .  |
| 38b. Block   | .    | .       |
| 38b. Lot   | .    | .       |
| 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.  | .       |
| 40. New Jersey Taxable Income (Subtract Line 39 from Line 37)  | 40.  | .       |
| 41. Tax on Amount on Line 40 (Tax Table page 52)   | 41.  | .       |
| 42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 42.  | .       |
| Enter Code   |      |         |
| 43. Balance of Tax (Subtract Line 42 from Line 41)   | 43.  | .       |
| 44. Child and Dependent Care Credit (See instructions)   | 44.  | .       |
| Fill in if you are a CU couple claiming the Child and Dependent Care Credit  |      |         |
| 45. Balance of Tax (Subtract Line 44 from Line 43)   | 45.  | .       |
| 46. Sheltered Workshop Tax Credit  | 46.  | .       |
| 47. Balance of Tax (Subtract Line 46 from Line 45)   | 47.  | .       |
| 48. Gold Star Family Counseling Credit (See instructions)  | 48.  | .       |
| 49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry   | 49.  | .       |
| 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00                 | 50.  | 80 .    |
| 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.  | 80 .    |



Name(s) as shown on Form NJ-1040  
**CHAMBERS KAREN**

Your Social Security Number  
**572001803**

1038

|  |                            |        |
|--|----------------------------|--------|
| 53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)  | 53.                        | 1862 . |
| 54. Property Tax Credit (See instructions page 25)   | 54.                        | .      |
| 55. New Jersey Estimated Tax Payments/Credit from 2017 tax return  | 55.                        | .      |
| 56. New Jersey Earned Income Tax Credit (See instructions)   | 56.                        | .      |
| Fill in if you had the IRS calculate your federal earned income credit   |                            |        |
| Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit  |                            |        |
| 57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)   | 57.                        | .      |
| 58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)                                      | 58.                        | .      |
| 59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)                                    | 59.                        | .      |
| 60. Wounded Warrior Caregivers Credit (See instructions)   | 60.                        | .      |
| 61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)  | 61.                        | 1862 . |
| 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.                        | 1782 . |
| 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.                        | 1782 . |

**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

**Worksheet D  
Unclaimed Pension Exclusion**

**Age Requirement: 62 or older**

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

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

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

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

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

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

- 6. **Enter: if your filing status is:**  
 \$60,000 Married/CU couple, filing joint return  
 \$45,000 Single; Head of household; Qualifying widow(er)/  
 surviving CU partner  
 \$30,000 Married/CU partner, filing separate return ..... 6. 45000
- 7. Enter the amount from Line 28a, NJ-1040 ..... 7. \_\_\_\_\_
- 8. Unclaimed Pension Exclusion. Subtract line 7 from line 6. Include this amount on Line 28b, NJ-1040 ..... 8. 45000

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

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

**(Keep for your records)**

**Line 28b – Other Retirement Income Exclusion**

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

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

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

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

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

**Line 28c – Total Exclusion Amount**

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



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

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

**Line 30 – Exemption Amount**

Enter the total exemption amount from Line 13.

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

**Line 31 – Medical Expenses**

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

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

You can also deduct qualified Archer MSA contributions and self-employed health insurance costs. Information is available on our website at [www.njtaxation.org](http://www.njtaxation.org).

Use Worksheet F below to calculate your medical expenses deduction.

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

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

| Worksheet F<br>Deduction for Medical Expenses   |                |
|---|----------------|
| 1. Total unreimbursed medical expenses .....  | 1. <u>1800</u> |
| 2. Enter Line 29, Form NJ-1040 _____ × .02 = .....  | 2. _____       |
| 3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here.<br>If zero or less, enter zero .....  | 3. <u>1800</u> |
| 4. Enter the amount of your qualified Archer MSA contributions from federal Form 8853 .....   | 4. _____       |
| 5. Enter the amount of your self-employed health insurance deduction .....  | 5. _____       |
| 6. <b>Total Deduction for Medical Expenses.</b> Add lines 3, 4, and 5. Enter the result here and on Line 31, Form NJ-1040.<br>If zero, enter zero here and make no entry on Line 31, Form NJ-1040 ..... | 6. <u>1800</u> |
| <b>(Keep for your records)</b>  |                |

**NJ e-file Signature Authorization**

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

**2018**

|  |  |
|--|--|
| Taxpayer's name<br><b>KAREN CHAMBERS</b> | Social security number<br><b>572-00-1803</b>           |
| Spouse's name or Civil Union Prtnr's     | Spouse's social security number or Civil Union Prtnr's |

| <b>Part I Tax Return Information-Tax Year Ending December 31, 2018 (Whole Dollars Only)</b> |  |      |
|---|--|------|
| 1   | New Jersey Taxable income . . . . .      |      |
| 2   | Total tax . . . . .                      | 80   |
| 3   | New Jersey income tax withheld . . . . . | 1862 |
| 4   | Refund . . . . .                         | 1782 |
| 5   | Amount you owe . . . . .                 |      |

**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 11803 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 or Civil Union Prtnr's ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 369258 98765  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 11/26/2019

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