

TAX YEAR: 2018

PROCESS DATE: 01/03/2019

CLIENT : 851-00-0752 WALTER WINSTON
SPOUSE : 852-00-0752 WENDY WINSTON

BIRTH DATE : 01/02/1948 Age:70
BIRTH DATE : 02/03/1958 Age:60

ADDRESS : 123 ELM
: PLUCKEMIN NJ 07978

PREPARER : 995

Home : (973) 555-5555
Work : -
Cell : -
STATUS : 2
FED TYPE: Electronic Mail
ST TYPE : Regular Tax
E-MAIL : NONE@TAXSLAYERPRO.COM

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 11.11%

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 4 (OTHER TAXES)
SCHEDULE 6 (FOREIGN ADDRESS AND THIRD PARTY DESIGNEE)
FORM W-2
FORM W-2G
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
SCHEDULE B (INTEREST/DIVIDEND INCOME)
SCHEDULE C-EZ (BUSINESS INCOME)
SCHEDULE D (CAPITAL GAINS/LOSSES)
SCHEDULE SE (SELF EMPLOYMENT TAX)
QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	2	2
TOTAL INCOME	62340	51071
TOTAL ADJUSTMENTS	90	0
ADJUSTED GROSS INCOME	62250	24305
DEDUCTIONS	25300	7962
EXEMPTIONS	0	3000
TAXABLE INCOME	36837	13343
TAX	4014	187
CREDITS	0	0
PAYMENTS	6303	500
OTHER TAXES	80	0
EARNED INCOME CREDIT	0	0
REFUND	2209	313
AMOUNT DUE	0	0

CLIENT : WALTER WINSTON
SPOUSE : WENDY WINSTON

851-00-0752
852-00-0752

PREPARER : 995 DATE : 01/03/2019

* W-2 INCOME FORMS SUMMARY *

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	S	ACME SCHOOL	15876	1588	1053	246	500 NJ
		TOTALS.....	15876	1588	1053	246	500

* W-2G INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS WINNING	FED WITH	STATE WITH ST
1.	T	ACME CASINO	4000	400	0
2.	S	NEW JERSEY LOTTERY	1500	150	0
		TOTALS.....	5500	550	0

* 1099-R INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	T	DEFENSE FINANCE A	1200	1200	120	0
2.	T	ACME IRAS	3000	0	0	0
3.	T	ACME TRUST	2424	0	0	0
4.	T	ACME PENSIONS	28000	26766	2677	0
		TOTALS.....	34624	27966	2797	0

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	T	U.S.	13682	1368	1338
		TOTALS.....	13682	1368	1338

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

Your first name and initial WALTER	Last name WINSTON	Your social security number 851-00-0752
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input checked="" type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind		
If joint return, spouse's first name and initial WENDY	Last name WINSTON	Spouse's social security number 852-00-0752
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)
Home address (number and street). If you have a P.O. box, see instructions. 123 ELM		Apt. no. Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. PLUCKEMIN, NJ 07978		If more than four dependents, see inst. and ✓ here <input type="checkbox"/>

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 01/03/19	Your occupation RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date 01/03/19	Spouse's occupation TEACHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparers See Schedule 6	Print/Type preparer's name	Preparer's signature	PTIN S23051413	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's name ▶ PRACTICE LAB		Firm's EIN ▶ -	

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	15876		
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	338	b Taxable interest	2b	3569
	3a	Qualified dividends	3a	199	b Ordinary dividends	3b	232
	4a	IRAs, pensions, and annuities	4a	34624	b Taxable amount	4b	27966
	5a	Social security benefits	5a	13682	b Taxable amount	5b	11630
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>3067</u>	6		6	62340	
	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		62250		
	8	Standard deduction or itemized deductions (from Schedule A)	8		25300		
	9	Qualified business income deduction (see instructions)	9		113		
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10		36837		
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.	11	a Tax (see inst) <u>4014</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	11		4014		
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12		
		12	Subtract line 12 from line 11. If zero or less, enter -0-	13		4014	
		13	Other taxes. Attach Schedule 4	14		80	
		14	Total tax. Add lines 13 and 14	15		4094	
		15	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	16		6303	
		16	Refundable credits: a EIC (see inst.) _____ b Sch 8812 _____ c Form 8863 _____	17			
		17	Add any amount from Schedule 5 _____	18		6303	
		18	Add lines 16 and 17. These are your total payments	19		2209	
		19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a		2209	
Direct deposit? See instructions.	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a				
	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				

Go to www.irs.gov/Form1040 for instructions and the latest information.

QNA

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 for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

WINSTON

851-00-0752

Additional Income	1-9b	Reserved	1-9b
	10	Taxable refunds, credits, or offsets of state and local income taxes	10
	11	Alimony received	11
	12	Business income or (loss). Attach Schedule C or C-EZ	12 567
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13 -3000
	14	Other gains or (losses). Attach Form 4797	14
	15a	Reserved	15b
	16a	Reserved	16b
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
	18	Farm income or (loss). Attach Schedule F	18
	19	Unemployment compensation	19
	20a	Reserved	20b
	21	Other income. List type and amount ▶ <u>GAMBLING WINNINGS</u>	21 5500
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . .	22 3067
Adjustments to Income	23	Educator expenses	23
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . .	24
	25	Health savings account deduction. Attach Form 8889 . .	25
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26
	27	Deductible part of self-employment tax. Attach Schedule SE	27 40
	28	Self-employed SEP, SIMPLE, and qualified plans . .	28
	29	Self-employed health insurance deduction	29
	30	Penalty on early withdrawal of savings	30 50
	31a	Alimony paid b Recipient's SSN ▶ _____	31a
	32	IRA deduction	32
	33	Student loan interest deduction	33
	34	Reserved	34
	35	Reserved	35
	36	Add lines 23 through 35	36 90

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

Schedule 1 (Form 1040) 2018

QNA

**SCHEDULE 4
(Form 1040)**

Other Taxes

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

WINSTON

851-00-0752

**Other
Taxes**

- 57** Self-employment tax. Attach Schedule SE
- 58** Unreported social security and Medicare tax from: Form **a** 4137 **b** 8919
- 59** Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required
- 60a** Household employment taxes. Attach Schedule H
- b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required
- 61** Health care: individual responsibility (see instructions)
- 62** Taxes from: **a** Form 8959 **b** Form 8960
c Instructions; enter code(s) _____
- 63** Section 965 net tax liability installment from Form 965-A **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

57	80
58	
59	
60a	
60b	
61	
62	
63	
64	80

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

Schedule 4 (Form 1040) 2018

QNA



Name(s) as shown on Form NJ-1040
WINSTON WALTER & WENDY

Your Social Security Number
851000752

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	16987 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	3519 .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	338 .
17. Dividends	17.	232 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	567 .
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	26766 .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	1234 .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	.
24. Net Gambling Winnings (See instructions)	24.	3000 .
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.	51071 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	26766 .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	.
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	26766 .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	24305 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	3000 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	852 .
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.	3852 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	20453 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	7110 .
38b. Block		23456 .
38b. Lot		00056 .
38b. Qualifier		
38c. County/Municipality Code		1801
Fill in if you completed Worksheet G-1		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	7110 .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	13343 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	187 .
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.	187 .
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.	187 .
46. Sheltered Workshop Tax Credit	46.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	187 .
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.	187 .
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.	187 .

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Name(s) as shown on Form NJ-1040
WINSTON WALTER & WENDY

Your Social Security Number
851000752

1038

53.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		53.	500	.
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.	500	.
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.	313	.
64.	Amount from Line 63 you want to credit to your 2019 tax		64.	.	.
65.	Contribution to N.J. Endangered Wildlife Fund	\$10	65.	.	.
66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	66.	.	.
67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	67.	.	.
68.	Contribution to N.J. Breast Cancer Research Fund	\$10	68.	.	.
69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	69.	.	.
70.	Other Designated Contribution (See instructions)	\$10	70.	.	.
71.	Other Designated Contribution (See instructions)	\$10	71.	.	.
72.	Other Designated Contribution (See instructions)	\$10	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.	313	.

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

Firm's Name

Federal Employer Identification Number

PRACTICE LAB
15 PRACTICE LAB WAY WASHINGTON DC 20005

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

DONATIONS MAIL