

**TREVOR BICKLE
123 ELM
PLUCKEMIN, NJ 07978
2018 INCOME TAX RETURN**

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

TREVOR BICKLE
 123 ELM
 PLUCKEMIN NJ 07978
 (908) 555-5555

Preparer No.: 995
 Client No. : XXX-XX-9998
 Invoice Date: 12/13/2019

INVOICE

Description	Amount
PREPARATION OF 2018 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 3 (NONREFUNDABLE CREDITS) FORM 1040 SCHEDULE 4 (OTHER TAXES) SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) FORM 1099-C (CANCELLATION OF DEBT) FORM 1099-G (UNEMPLOYMENT COMPENSATION) FORM 1099-MISC (MISCELLANEOUS INCOME) FORM 1099-R (RETIREMENT DISTRIBUTIONS) FORM 2441 (CHILD CARE CREDIT) FORM 4137 (TAX ON TIPS) FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET CHILD TAX CREDIT WORKSHEET STUDENT LOAN INTEREST WORKSHEET IRA WORKSHEET NJ STATE RESIDENT RETURN	
	Total Invoice
	\$0.00
	Amount Paid
	\$0.00
	Balance Due
	\$0.00

TAX YEAR: 2018

PROCESS DATE: 12/13/2019

CLIENT : 851-00-9998 TREVOR BICKLE

BIRTH DATE : 02/08/1976 Age:42

ADDRESS : 123 ELM
: PLUCKEMIN NJ 07978

PREPARER : 995

Home : (908) 555-5555

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 4

FED TYPE: Direct Deposit

EFFECTIVE RATE: 22.94%

ST TYPE : Direct Deposit

E-MAIL : TBickle@Acme.com

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
TRAVIS BICKLE	07/01/2005	13	852-00-9998	SON	12
TRACY BICKLE	07/01/2008	10	853-00-9998	DAUGHTER	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
 SCHEDULE 3 (NONREFUNDABLE CREDITS)
 SCHEDULE 4 (OTHER TAXES)
 FORM W-2
 FORM 1099-C (CANCELLATION OF DEBT)
 FORM 1099-G (UNEMPLOYMENT COMPENSATION)
 FORM 1099-R (RETIREMENT DISTRIBUTIONS)
 FORM 1099-MISC (Miscellaneous Income)
 SCHEDULE C (BUSINESS INCOME)
 SCHEDULE SE (SELF EMPLOYMENT TAX)
 FORM 2441 (CHILD CARE CREDIT)
 FORM 4137 (SS AND MEDICARE ON UNREPORTED TIP INCOME)
 FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTIONS)
 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
 CHILD TAX CREDIT WORKSHEET
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
 STUDENT LOAN INTEREST DEDUCTION WORKSHEET
 IRA DEDUCTION WORKSHEET
 NJ STATE RESIDENT RETURN

PREPARER : 995 DATE : 12/13/2019

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	4	4
TOTAL INCOME	61205	58405
TOTAL ADJUSTMENTS	13092	0
ADJUSTED GROSS INCOME	48113	58405
DEDUCTIONS	18000	11557
EXEMPTIONS	0	2500
TAXABLE INCOME	24090	44348
TAX	2617	634
CREDITS	2360	0
OTHER TAXES	5270	0
PAYMENTS	9100	1130
REFUND	3573	496
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

RTN: 325070760 ACCOUNT: 987123654 AMOUNT: \$3,573.00

* W-2 INCOME FORMS SUMMARY *

T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T ACME DINER	19000	1900	1178	276	380 NJ
	TOTALS.....	19000	1900	1178	276	380

* FORM 1099-G INCOME FORMS SUMMARY *

[T/S]	PAYER	UNEMPLOYMENT	FED WITH	STATE WITH ST
1.	T NEW JERSEY DEPT OF LABOR	2400	0	0
	TOTALS.....	2400	0	0

* 1099-R INCOME FORMS SUMMARY *

[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	T ACME IRAS	2000	2000	200	0
	TOTALS.....	2000	2000	200	0


CLIENT : TREVOR BICKLE

851-00-9998


PREPARER : 995 DATE : 12/13/2019

* 1099-MISC INCOME FORMS SUMMARY *

	[T/S]	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPLOYEE COMPENSATION
1.	T	ACME RIDESHARE	0	0	0	7000	35000
		TOTALS.....	0	0	0	7000	35000

		a Employee's social security number 851-00-9998		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 92-1010101				1 Wages, tips, other compensation 19000		2 Federal income tax withheld 1900					
c Employer's name, address, and ZIP code ACME DINER 123 MAIN PLUCKEMIN NJ 07978				3 Social security wages 18400		4 Social security tax withheld 1178					
				5 Medicare wages and tips 19000		6 Medicare tax withheld 276					
				7 Social security tips 600		8 Allocated tips 250					
d Control number				9 Verification code		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. TREVOR BICKLE 123 ELM PLUCKEMIN NJ 07978				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other WD HC 81 DI 36 FLI 17		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number NJ 921010101000		16 State wages, tips, etc. 19000		17 State income tax 380		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

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

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

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

Federal Disclosure

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

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

I TREVOR BICKLE 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 12/5/2019

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.

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name TREVOR BICKLE	Social security number 851-00-9998
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	48113
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	5527
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	9100
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3573
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN

1	9	9	9	8
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 as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 12/13/2019

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

 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 ▶ 12/13/2019

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) **853-00-9998**
TRACY BICKLE

Your first name and initial: **TREVOR** Last name: **BICKLE** Your social security number: **851-00-9998**

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. **123 ELM** 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. **PLUCKEMIN, NJ 07978** 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
TRAVIS	BICKLE	852-00-9998	SON	<input checked="" 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: 12/13/19	Your occupation: DRIVER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <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: S12345678	Firm's EIN: -	Check if: <input type="checkbox"/> 3rd Party Designee
Firm's name ▶ PRACTICE LAB		Phone no. 202-202-2022		
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005				

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	19250
	2a	Tax-exempt interest	2a	2b	Taxable interest
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	3a	Qualified dividends	3a	3b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4a	4b	Taxable amount 2000
	5a	Social security benefits	5a	5b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>39955</u>		6	61205
	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	48113
	8	Standard deduction or itemized deductions (from Schedule A)		8	18000
	9	Qualified business income deduction (see instructions)		9	6023
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	24090
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>2617</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)		11	2617
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	2360
	12	a Child tax credit/credit for other dependents <u>2000</u> b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>		13	257
	13	Subtract line 12 from line 11. If zero or less, enter -0-		14	5270
	14	Other taxes. Attach Schedule 4		15	5527
	15	Total tax. Add lines 13 and 14		16	9100
	16	Federal income tax withheld from Forms W-2 and 1099 FORM 1099		17	
	17	Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____		18	9100
	18	Add lines 16 and 17. These are your total payments		19	3573
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		20a	3573
Direct deposit? See instructions.	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>			
	b	Routing number <u>3 2 5 0 7 0 7 6 0</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number <u>9 8 7 1 2 3 6 5 4</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			

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Your social security number

BICKLE

851-00-9998

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	37155	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13		
	14	Other gains or (losses). Attach Form 4797	14		
	15a	Reserved	15b		
	16a	Reserved	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
	18	Farm income or (loss). Attach Schedule F	18		
	19	Unemployment compensation	19	2400	
	20a	Reserved	20b		
	21	Other income. List type and amount ▶ FORM 1099C	21	400	
	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	39955	
	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	2625
		28	Self-employed SEP, SIMPLE, and qualified plans	28	
		29	Self-employed health insurance deduction	29	3000
		30	Penalty on early withdrawal of savings	30	
31a		Alimony paid b Recipient's SSN ▶ 854-00-9998	31a	3967	
32		IRA deduction	32	1000	
33	Student loan interest deduction	33	2500		
34	Reserved	34			
35	Reserved	35			
36	Add lines 23 through 35	36	13092		

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

Schedule 1 (Form 1040) 2018

QNA

**SCHEDULE 3
(Form 1040)**

Nonrefundable Credits

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Your social security number

TREVOR BICKLE

851-00-9998

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	360
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	360

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

Schedule 3 (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 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Your social security number

BICKLE

851-00-9998

**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	5250
58	20
59	
60a	
60b	
61	
62	
63	
64	5270

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

Schedule 4 (Form 1040) 2018

QNA

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2018

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

TREVOR BICKLE

851-00-9998

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see instructions)	1	6108		
2	Enter amount from Form 1040, line 7 <input type="text" value="2"/> 48113				
3	Multiply line 2 by 7.5% (0.075)	3	3608		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		2500	
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	1214		
	b State and local real estate taxes (see instructions)	5b			
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	1214		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	1214		
	6 Other taxes. List type and amount ▶	6			
	7 Add lines 5e and 6	7		1214	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098	8a			
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved	8d			
	e Add lines 8a through 8c	8e			
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9	10			
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13	14			
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15			
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶	16			
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17		3714	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2018

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 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 TREVOR BICKLE		Social security number (SSN) 851-00-9998
A Principal business or profession, including product or service (see instructions) OTHER TRANSIT	B Enter code from instructions ▶ 4 8 5 9 9 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G 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		
H If you started or acquired this business during 2018, check here . . . <input type="checkbox"/>		
I 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		
J If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 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"/>	1	55000
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	55000
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	55000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	55000

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	13625	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	4220
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ 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	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31				37155
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. 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**

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

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) ▶ 08 / 01 /2017

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 25000 **b** Commuting (see instructions) 1000 **c** Other 24000

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.

BUSINESS CARDS		150
BUSINESS TOLLS		200
EXPENSES FROM ACME RIDESHARE HQ		1800
RIDESHARE LIABILITY INSURANCE		250
AUTO LOAN INTEREST (50% BUSINESS PORTION)		600
BOTTLED WATER FOR PASSENGERS		20
BUSINESS CELL PHONE		1200
48 Total other expenses. Enter here and on line 27a	48	4220

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

TREVOR BICKLE

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

851-00-9998

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note:** Skip lines 1a and 1b if you use the farm optional method (see instructions)

1a	
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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

1b (
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2 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. **Note:** Skip this line if you use the nonfarm optional method (see instructions)

2	37155
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3 Combine lines 1a, 1b, and 2

3	37155
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4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

4a	34313
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b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b	
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c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue ▶

4c	34313
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5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

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b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b	
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6 Add lines 4c and 5b

6	34313
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7 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

7	128,400 00
----------	------------

8a 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

8a	19000
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b Unreported tips subject to social security tax (from Form 4137, line 10)

8b	250
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c Wages subject to social security tax (from Form 8919, line 10)

8c	
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d Add lines 8a, 8b, and 8c

8d	19250
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9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶

9	109150
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10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

10	4255
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11 Multiply line 6 by 2.9% (0.029)

11	995
-----------	-----

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55**

12	5250
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13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27** **13** 2625

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$7,920, or (b) your net farm profits² were less than \$5,717.

14 Maximum income for optional methods

14	5,280 00
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15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,280. Also include this amount on line 4b above

15	
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Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income,⁴ 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.

16 Subtract line 15 from line 14

16	
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17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

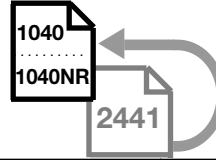
17	
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¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ 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.
⁴ 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.

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.



2018

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return **TREVOR BICKLE** Your social security number **851-00-9998**

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
BETSY PALANTINE	123 ELM PLUCKEMIN NJ 07978	855-00-9998	1800

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
First	Last		
TRAVIS	BICKLE	852-00-9998	600
TRACY	BICKLE	853-00-9998	1200

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 **3** 1800

4 Enter your **earned income**. See instructions **4** 53530

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 **5** 53530

6 Enter the **smallest** of line 3, 4, or 5 **6** 1800

7 Enter the amount from Form 1040, line 7; or Form 1040NR, line 36 **7** 48113

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

8 X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions **9** 360

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 2617

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47 **11** 360

Social Security and Medicare Tax on Unreported Tip Income

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form4137 for the latest information.

2018
Attachment
Sequence No. **24**

► Attach to Form 1040, Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

Social security number
851-00-9998

TREVOR BICKLE

1	(a) Name of employer to whom you were required to but didn't report all your tips (see instructions)	(b) Employer identification number (see instructions)	(c) Total cash and charge tips you received (including unreported tips) (see instructions)	(d) Total cash and charge tips you reported to your employer
A	ACME DINER	92-1010101	850	600
B				
C				
D				
E				
2	Total cash and charge tips you received in 2018. Add the amounts from line 1, column (c)		2	850
3	Total cash and charge tips you reported to your employer(s) in 2018. Add the amounts from line 1, column (d)		3	600
4	Subtract line 3 from line 2. This amount is income you must include in the total on Form 1040, line 1; Form 1040NR, line 8; or Form 1040NR-EZ, line 3		4	250
5	Cash and charge tips you received but didn't report to your employer because the total was less than \$20 in a calendar month (see instructions)		5	
6	Unreported tips subject to Medicare tax. Subtract line 5 from line 4		6	250
7	Maximum amount of wages (including tips) subject to social security tax		7	128,400 00
8	Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) and railroad retirement (RRTA) compensation (subject to 6.2% rate) (see instructions)		8	19000
9	Subtract line 8 from line 7. If line 8 is more than line 7, enter -0-		9	109400
10	Unreported tips subject to social security tax. Enter the smaller of line 6 or line 9. If you received tips as a federal, state, or local government employee, see instructions		10	250
11	Multiply line 10 by 0.062 (social security tax rate)		11	16
12	Multiply line 6 by 0.0145 (Medicare tax rate)		12	4
13	Add lines 11 and 12. Enter the result here and on Schedule 4 (Form 1040), line 58; Form 1040NR, line 56; or Form 1040NR-EZ, line 16 (Form 1040-SS and 1040-PR filers, see instructions.)		13	20

General Instructions

Future Developments

For the latest information about developments related to Form 4137 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form4137.

What's New

For 2018, the maximum wages and tips subject to social security tax increases to \$128,400. The social security tax rate an employee must pay on tips remains at 6.2% (0.062).

Reminder

A 0.9% Additional Medicare Tax applies to Medicare wages, Railroad Retirement Tax Act compensation, and self-employment income over a threshold amount based on your filing status. Use Form 8959, Additional Medicare Tax, to figure this tax. For more information on the Additional Medicare Tax, see "What is the Additional Medicare Tax?" at www.irs.gov/AdMT.

Purpose of form. Use Form 4137 **only** to figure the social security and Medicare tax owed on tips you didn't report to your employer, including any allocated tips shown on your Form(s) W-2 that you must report as income. You also must report the income on Form 1040, line 1; Form 1040NR, line 8; or

Form 1040NR-EZ, line 3. By filing this form, your social security and Medicare tips will be credited to your social security record (used to figure your benefits). Don't use Form 4137 as a substitute Form W-2.



If you believe you're an employee and you received Form 1099-MISC, Miscellaneous Income, instead of Form W-2, Wage and Tax Statement, because your employer didn't consider you an employee, don't use this form to report the social security and Medicare tax on that income. Instead, use Form 8919, Uncollected Social Security and Medicare Tax on Wages.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to www.irs.gov/Form5329 for instructions and the latest information.**

Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

TREVOR BICKLE

851-00-9998

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Schedule 4 (Form 1040), line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	2000
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: <u>05</u>	2	2000
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLÉ Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLÉ account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLÉ account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2018 than is allowable or you had an amount on line 17 of your 2017 Form 5329.

9	Enter your excess contributions from line 16 of your 2017 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2018 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2018 traditional IRA distributions included in income (see instructions)	11	
12	2018 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2018 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2018 than is allowable or you had an amount on line 25 of your 2017 Form 5329.

18	Enter your excess contributions from line 24 of your 2017 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2018 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2018 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2018 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2018 were more than is allowable or you had an amount on line 33 of your 2017 Form 5329.

26	Enter the excess contributions from line 32 of your 2017 Form 5329. See instructions. If zero, go to line 31		26
27	If the contributions to your Coverdell ESAs for 2018 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2018 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28		29
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-		30
31	Excess contributions for 2018 (see instructions)		31
32	Total excess contributions. Add lines 30 and 31		32
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57		33

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2018 than is allowable or you had an amount on line 41 of your 2017 Form 5329.

34	Enter the excess contributions from line 40 of your 2017 Form 5329. See instructions. If zero, go to line 39		34
35	If the contributions to your Archer MSAs for 2018 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2018 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36		37
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-		38
39	Excess contributions for 2018 (see instructions)		39
40	Total excess contributions. Add lines 38 and 39		40
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57		41

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2018 than is allowable or you had an amount on line 49 of your 2017 Form 5329.

42	Enter the excess contributions from line 48 of your 2017 Form 5329. If zero, go to line 47		42
43	If the contributions to your HSAs for 2018 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2018 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44		45
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-		46
47	Excess contributions for 2018 (see instructions)		47
48	Total excess contributions. Add lines 46 and 47		48
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57		49

Part VIII Additional Tax on Excess Contributions to an ABL Account. Complete this part if contributions to your ABL account for 2018 were more than is allowable.

50	Excess contributions for 2018 (see instructions)		50
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABL account on December 31, 2018. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57		51

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2018 (see instructions)		52
53	Amount actually distributed to you in 2018		53
54	Subtract line 53 from line 52. If zero or less, enter -0-		54
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57		55

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form8880 for the latest information.**

2018
Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

TREVOR BICKLE

851-00-9998



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

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

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

	(a) You	(b) Your spouse
1	1000	
2		
3	1000	
4	2000	
5		
6		
7		
8		

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

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

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

7	
9	x
10	
11	
12	

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

2018 Qualified Business Income Deduction—Simplified

Worksheet

***** FILE COPY ONLY - DO NOT MAIL *****

Keep for Your Records



Before you begin: This worksheet is for taxpayers who:

- ✓ Have qualified business income.
- ✓ Are not a patron in a specified agricultural or horticultural cooperative.
- ✓ Have taxable income less than \$157,500 (\$315,000 if married filing jointly).

1.	(a) Trade or business name	(b) Employer identification number	(c) Qualified business income or (loss)
	OTHER TRANSIT	851-00-9998	31530

2. Total qualified business income or (loss). Add the amounts in column 1(c) **2.** 31530
- Note. If reporting qualified business income or (loss) from more than four trades or businesses, see the instructions for line 2 of this worksheet.*
3. Qualified business loss carryforward from the prior year. Enter as a negative number **3.** _____
4. Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- **4.** 31530
5. Qualified business income component. Multiply line 4 by 20% (0.20) **5.** 6306
6. Qualified REIT dividends and PTP income or (loss) **6.** _____
7. Qualified REIT and PTP loss carryforward from the prior year. Enter as a negative number **7.** ()
8. Total qualified REIT and PTP income. Add lines 6 and 7. If zero or less, enter -0- **8.** _____
9. Multiply line 8 by 20% (0.20) **9.** _____
10. Qualified business income deduction before the income limitation. Add lines 5 and 9 **10.** 6306
11. Income before qualified business income deduction **11.** 30113
12. Net capital gains (see instructions) **12.** _____
13. Subtract line 12 from line 11. If zero or less, enter -0- **13.** 30113
14. Income limitation. Multiply line 13 by 20% (0.20) **14.** 6023
15. Qualified business income deduction. Enter the smaller of line 10 or line 14 **15.** 6023
16. Total qualified business loss carryforward. Add lines 2 and 3. If more than zero, enter -0- **16.** ()
17. Total qualified REIT income and PTP loss carryforward. Add lines 6 and 7. If more than zero, enter -0- **17.** ()

Trade or business name

EIN

QB Income

Child Tax Credit and Credit for Other Dependents Worksheet

Before you begin:

✓ Figure the amount of any credits you are claiming on Form 5695, Part II, line 30*; Form 8910; Form 8936; or Schedule R.

*See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.

Part 1

1. Number of qualifying children under 17 with the required social security number: 1 × \$2,000. Enter the result. 1 2000

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ × \$500. Enter the result. 2

Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

3. Add lines 1 and 2 3 2000

4. Enter the amount from Form 1040, line 7, or Form 1040NR, line 35. 4 48113


5. **1040 Filers.** Enter the total of any—
• Exclusion of income from Puerto Rico; and
• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
1040NR Filers. Enter -0-. 5

6. Add lines 4 and 5. Enter the total. 6 48113

7. Enter the amount shown below for your filing status.
• Married filing jointly—\$400,000
• All other filing statuses—\$200,000 7 200000

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6.
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. 8

9. Multiply the amount on line 8 by 5% (0.05). Enter the result. 9 0

10. Is the amount on line 3 more than the amount on line 9?
 No. 
You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a, or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 17b, or Form 1040NR, line 64. Complete the rest of your Form 1040 or Form 1040NR.
 Yes. Subtract line 9 from line 3. Enter the result. 10 2000
Go to Part 2 on the next page.

QNA

Part 2

11. Enter the amount from Form 1040, line 11 or Form 1040NR, line 45.

11 2617

12. Add the following amounts from:

Form 1040	or	Form 1040NR	
Schedule 3, line 48		Line 46	+ _____
Schedule 3, line 49		Line 47	+ _____ 360
Schedule 3, line 50		+ _____
Schedule 3, line 51		Line 48	+ _____
Form 5695, line 30*			+ _____
Form 8910, line 15			+ _____
Form 8936, line 23			+ _____
Schedule R, line 22			+ _____

Enter the total.

12 360

*See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.

13. Subtract line 12 from line 11

13 2257

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

No. Enter -0-.

Yes. If you are filing Form 2555 or 2555-EZ, enter -0-. Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

14 0

15. Subtract line 14 from line 13. Enter the result.

15 2257

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15. See the TIP below.

This is your child tax credit and credit for other dependents.

16 2000

Enter this amount on Form 1040, line 12a, or Form 1040NR, line 49.



You may be able to take the additional child tax credit on Form 1040, line 17b, or Form 1040NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72) or Form 1040NR through line 63 (also complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	3250
Prescription Medicine, Drugs, or Insulin	2750
Mileage (600 miles x 0.180)	<u>108</u>
TOTALS:	6108

TREVOR BICKLE
State and Local General Sales Tax Deduction
Worksheet—Line 5a

851-00-9998

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:07978 State:NJ County:NEW JERSEY STATE City:PLUCKEMIN Days Lived in:365

1. Enter your **state** general sales taxes from the 2018 Optional State Sales Tax Table 1. \$ 689

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. \$ 689

Credit Limit Worksheet - Form 2441, Line 10

Complete this worksheet to figure the amount to enter on line 10.

- 1. Enter the amount from Form 1040, line 11; or Form 1040NR, line 45 1. 2617

- 2. Enter the amount from Schedule 3 (Form 1040), line 48, or Form 1040NR, line 46 2. _____

- 3. Subtract line 2 from line 1. Also enter this amount on Form 2441, line 10. But if zero or less, stop; you cannot take the credit 3. 2617



If you were age 70½ or older at the end of 2018, you can't deduct any contributions made to your traditional IRA or treat them as nondeductible contributions. **Don't** complete this worksheet for anyone age 70½ or older at the end of 2018. If you are married filing jointly and only one spouse was under age 70½ at the end of 2018, complete this worksheet only for that spouse.

Before you begin:

- ✓ Be sure you have read the 11-item list in the instructions for this line. You may not be able to use this worksheet.
- ✓ 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" on the dotted line next to Schedule 1, line 32. If you don't, you may get a math error notice from the IRS.

	Your IRA	Spouse's IRA
1a. Were you covered by a retirement plan (see <i>Were You Covered by a Retirement Plan?</i>)?	1a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. If married filing jointly, was your spouse covered by a retirement plan?		1b. <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Next. If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b if applicable), and go to line 8.</p> <ul style="list-style-type: none"> • \$5,500, if under age 50 at the end of 2018. • \$6,500, if age 50 or older but under age 70½ at the end of 2018. <p>Otherwise, go to line 2.</p>		
2. Enter the amount shown below that applies to you.		
<ul style="list-style-type: none"> • Single, head of household, or married filing separately and you lived apart from your spouse for all of 2018, enter \$73,000. • Qualifying widow(er), enter \$121,000. • Married filing jointly, enter \$121,000 in both columns. But if you checked "No" on either line 1a or 1b, enter \$199,000 for the person who wasn't covered by a plan. • Married filing separately and you lived with your spouse at any time in 2018, enter \$10,000. 	2a. _____	2b. _____
3. Enter the amount from Form 1040, line 6	3. _____	
4. Enter the total of the amounts from Schedule 1, lines 23 through 31a, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 36 other than any amounts identified as "DPAD"	4. _____	
5. Subtract line 4 from line 3. If married filing jointly, enter the result in both columns	5a. _____	5b. _____
6. Is the amount on line 5 less than the amount on line 2?		
<input checked="" type="checkbox"/> No. None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.		
<input type="checkbox"/> Yes. Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you.		
<ul style="list-style-type: none"> • If single, head of household, or married filing separately, and the result is \$10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8. <ul style="list-style-type: none"> i. \$5,500, if under age 50 at the end of 2018. ii. \$6,500, if age 50 or older but under age 70½ at the end of 2018. If the result is less than \$10,000, go to line 7. • If married filing jointly or qualifying widow(er), and the result is \$20,000 or more (\$10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8. <ul style="list-style-type: none"> i. \$5,500, if under age 50 at the end of 2018. ii. \$6,500 if age 50 or older but under age 70½ at the end of 2018. <p>Otherwise, go to line 7.</p>	6a. _____	6b. _____

	Your IRA	Spouse's IRA
<p>7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of \$10, increase it to the next multiple of \$10 (for example, increase \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200.</p> <ul style="list-style-type: none"> • Single, head of household, or married filing separately, multiply by 55% (0.55) (or by 65% (0.65) in the column for the IRA of a person who is age 50 or older at the end of 2018). • Married filing jointly or qualifying widow(er), multiply by 27.5% (0.275) (or by 32.5% (0.325) in the column for the IRA of a person who is age 50 or older at the end of 2018). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who wasn't covered by a retirement plan, multiply by 55% (0.55) (or by 65% (0.65) if age 50 or older at the end of 2018). 	7a.	7b.
	5500	
<p>8. Enter the total of your (and your spouse's if filing jointly):</p> <ul style="list-style-type: none"> • Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 32. • Alimony and separate maintenance payments reported on Schedule 1, line 11. • Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q. 	8.	
	19250	
<p>9. Enter the earned income you (and your spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 27 and 28. If zero or less, enter -0-. For more details, see Pub. 590-A</p>	9.	
	34530	
<p>10. Add lines 8 and 9</p>	10.	
	53780	
<div style="display: flex; align-items: center; margin-top: 10px;"> <p style="font-size: small;">If married filing jointly and line 10 is less than \$11,000 (\$12,000 if one spouse is age 50 or older at the end of 2018; \$13,000 if both spouses are age 50 or older at the end of 2018), stop here and use the worksheet in Pub. 590-A to figure your IRA deduction.</p> </div>		
<p>11. Enter traditional IRA contributions made, or that will be made by the due date of your 2018 return not counting extensions (April 15, 2019 for most people), for 2018 to your IRA on line 11a and to your spouse's IRA on line 11b</p>	11a.	11b.
	1000	
<p>12. On line 12a, enter the smallest of line 7a, 10, or 11a. On line 12b, enter the smallest of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 32. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606)</p>	12a.	12b.
	1000	

QNA

Worksheet 4-1. **Student Loan Interest Deduction Worksheet**

Keep for Your Records 

Use this worksheet instead of the worksheet in the Form 1040 instructions if you are filing **Form 2555, 2555-EZ, or 4563**, or you are excluding income from sources within Puerto Rico. Before using this worksheet, you must complete **Form 1040**, line 6, and Schedule 1 (Form 1040), lines 23 through 32, plus any amount to be entered on the dotted line next to line 36.

1.	Enter the total interest you paid in 2018 on qualified student loans. Don't enter more than \$2,500	1.	<u>2500</u>
2.	Enter the amount from Form 1040, line 6	2.	<u>61205</u>
3.	Enter the total of the amounts from Schedule 1 (Form 1040), lines 23 through 32	3.	<u>10592</u>
4.	Enter the total of any amounts entered on the dotted line next to Schedule 1 (Form 1040), line 36, other than any amount identified as "DPAD"	4.	_____
5.	Add lines 3 and 4	5.	<u>10592</u>
6.	Subtract line 5 from line 2	6.	<u>50613</u>
7.	Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45; or Form 2555-EZ, line 18)	7.	_____
8.	Enter any foreign housing deduction (Form 2555, line 50)	8.	_____
9.	Enter the amount of income from Puerto Rico you are excluding	9.	_____
10.	Enter the amount of income from American Samoa you are excluding (Form 4563, line 15)	10.	_____
11.	Add lines 6 through 10. This is your modified adjusted gross income	11.	<u>50613</u>
12.	Enter the amount shown below for your filing status	12.	<u>65000</u>
	• Single, head of household, or qualifying widow(er)—\$65,000		
	• Married filing jointly—\$135,000		
13.	Is the amount on line 11 more than the amount on line 12?		
	<input checked="" type="checkbox"/> No. Skip lines 13 and 14, enter -0- on line 15, and go to line 16.		
	<input type="checkbox"/> Yes. Subtract line 12 from line 11	13.	_____
14.	Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	14.	_____
15.	Multiply line 1 by line 14	15.	_____
16.	Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1 (Form 1040), line 33. Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	16.	<u>2500</u>

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**** SUPPORTING NOTES FOR SCHEDULE C

851-00-9998
TREVOR BICKLE

Schedule of Gross Receipts or Sales:

<u>Description</u>	<u>Amount</u>
1099-K	18,000
TIPS	2,000
<u>Total Gross Receipts or Sales:</u>	<u>20,000</u>



For Privacy Act Notification, See Instructions

1038

Your Social Security Number (required)
851009998

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.)
BICKLE TREVOR

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

County/Municipality Code (See Table page 50)
1801

Home Address (Number and Street, including apartment number)
123 ELM

City, Town, Post Office
PLUCKEMIN

State ZIP Code
NJ 07978-

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

Presidential disaster relief.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)

dd1. 1

dd2. Account type (C for checking, S for savings)

dd2. C

dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States

dd3.

dd4. Routing number

dd4.

325070760

dd5. Account number

dd5.

987123654





Name(s) as shown on Form NJ-1040
BICKLE TREVOR

Your Social Security Number
851009998

1038

Part-year residents, provide months/days you were a New Jersey resident during 2018:
From: _____ To: _____

Fiscal year filers only:
Enter month of your year end _____

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter Spouse's/CU partner's SSN _____
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2016 2017

Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1953 or earlier)		Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self	Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children					1	x \$1,500 =	<u>1500</u>
11. Other Dependents						x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)						x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>2500</u> .

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>BICKLE TRAVIS</u>	<u>852009998</u>	<u>2005</u>	
b.	_____	_____	_____	
c.	_____	_____	_____	
d.	_____	_____	_____	



Name(s) as shown on Form NJ-1040
BICKLE TREVOR

Your Social Security Number
851009998

1038

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	19000	.
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.	37155	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	2000	.
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.	250	.
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	58405	.
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.	58405	.
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	2500	.
31. Medical Expenses (Worksheet F and instructions page 24)	31.	7590	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	3967	.
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.	14057	.
37. Taxable Income (Subtract Line 36 from Line 29)	37.	44348	.
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	1620	.
38b. Block	.	.	.
38b. Lot	.	.	.
38b. Qualifier	.	.	.
38c. County/Municipality Code Fill in if you completed Worksheet G-1	.	.	.
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.	.
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	44348	.
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	706	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code	42.	.	.
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	706	.
44. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	44.	72	.
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	634	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	634	.
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.	634	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	.	.
51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	51.	.	.
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	634	.



Name(s) as shown on Form NJ-1040
BICKLE TREVOR

Your Social Security Number
851009998

1038

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	1080 .
54. Property Tax Credit (See instructions page 25)	54.	50 .
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	. .
56. New Jersey Earned Income Tax Credit (See instructions)	56.	. .
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.	1130 .
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.	496 .
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.	496 .

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	<input checked="" type="checkbox"/>	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
S12345678

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

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.

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 Deduction for Medical Expenses		
1. Total unreimbursed medical expenses	1.	5758
2. Enter Line 29, Form NJ-1040 <u>58405</u> × .02 =	2.	1168
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero	3.	4590
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.	3000
6. Total Deduction for Medical Expenses. Add lines 3, 4, and 5. Enter the result here and on Line 31, Form NJ-1040. If zero, enter zero here and make no entry on Line 31, Form NJ-1040	6.	7590
(Keep for your records)		

BICKLE , TREVOR

851-00-9998

NJ FORM 1040 - OTHER INCOME DETAILS

OTHER INCOME

250

NJ e-file Signature Authorization

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

2018

Taxpayer's name TREVOR BICKLE	Social security number 851-00-9998
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

Part I Tax Return Information-Tax Year Ending December 31, 2018 (Whole Dollars Only)		
1 New Jersey Taxable income	1	44348
2 Total tax	2	634
3 New Jersey income tax withheld	3	1080
4 Refund	4	496
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 19998 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 ▶ 12/13/2019

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 ▶ 12/13/2019

**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 BICKLE TREVOR	Social Security Number 851 00 9998
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Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2018

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	OTHER TRANSIT	851-00-9998	37155
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. 37155

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership 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.

Part III Net Pro Rata Share of S Corporation Income		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 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.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		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: 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/ 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 BICKLE TREVOR	Social Security Number 851 00 9998
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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.	37155	1b.	37155
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.	37155	6b.	37155
PART II Adjustment Calculation					
7.	Total Regular Business Income	7.	37155		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	37155		
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.			
PART III Loss Carryforward to Tax Year 2019					
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