

**PETER & HELEN PACE  
123 ELM  
PLUCKEMIN, NJ 07978  
2018 INCOME TAX RETURN**

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

PETER O PACE &  
 HELEN O PACE  
 123 ELM  
 PLUCKEMIN NJ 07978  
 (908) 555-6666

Preparer No.: 995  
 Client No. : XXX-XX-9998  
 Invoice Date: 12/28/2019

**INVOICE**

Description	Amount
PREPARATION OF 2018 FEDERAL/STATE FORMS & WORKSHEETS:  FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 2 (TAX) FORM 1040 SCHEDULE 3 (NONREFUNDABLE CREDITS) SCHEDULE A (ITEMIZED DEDUCTIONS) SCHEDULE A MEDICAL BREAKDOWN SCHEDULE A SALES TAX WORKSHEET SCHEDULE A CONTRIBUTION WORKSHEET SCHEDULE B (INTEREST & DIVIDENDS) SCHEDULE D (CAPITAL GAINS & LOSS) FORM 8949 (SALES OF CAPITAL ASSETS) (2) CAPITAL GAIN TAX WORKSHEET FORM W-2G (GAMBLING WINNINGS) FORM 1099-R (RETIREMENT DISTRIBUTIONS) (4) SSA WORKSHEET FORM 6251 (ALTERNATIVE MINIMUM TAX) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8453 (E-FILE DECLARATION) CHILD TAX CREDIT WORKSHEET FORM 8962 (PREMIUM TAX CREDIT) OTHER INCOME (2) NJ STATE RESIDENT RETURN	
	<b>Total Invoice</b>
	\$0.00
	<b>Amount Paid</b>
	\$0.00
	<b>Balance Due</b>
	\$0.00

TAX YEAR: 2018

PROCESS DATE: 12/28/2019

CLIENT : 861-00-9998 PETER O PACE  
SPOUSE : 862-00-9998 HELEN O PACE

BIRTH DATE : 01/02/1949 Age:69  
BIRTH DATE : 02/03/1959 Age:59

ADDRESS : 123 ELM  
: PLUCKEMIN NJ 07978

PREPARER : 995

Home : (908) 555-6666  
Work : -  
Cell : -  
STATUS : 2  
FED TYPE: Electronic Mail  
ST TYPE : Electronic Mail  
E-MAIL :

PREPARER FEE :  
ELECTRONIC :  
TOTAL FEES :

EFFECTIVE RATE: 9.83%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
BEATRICE PACKER	03/04/1951	67	863-00-9998	SISTER	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040  
 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)  
 SCHEDULE 2 (TAX)  
 SCHEDULE 3 (NONREFUNDABLE CREDITS)  
 FORM W-2G  
 FORM SSA-1099 (SOCIAL SECURITY BENEFITS)  
 STATE & LOCAL REFUNDS  
 FORM 1099-R (RETIREMENT DISTRIBUTIONS)  
 SCHEDULE A (ITEMIZED DEDUCTIONS)  
 SCHEDULE B (INTEREST/DIVIDEND INCOME)  
 SCHEDULE D (CAPITAL GAINS/LOSSES)  
 FORM 6251 (ALTERNATIVE MINIMUM TAX)  
 CHILD TAX CREDIT WORKSHEET  
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
 FORM 8453 (E-FILE TRANSMITTAL ATTACHMENTS)  
 FORM 8949 (SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS)  
 FORM 8962 (PREMIUM TAX CREDIT)  
 NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	2	2
TOTAL INCOME	69146	44410
TOTAL ADJUSTMENTS	23	31500
ADJUSTED GROSS INCOME	69123	0
DEDUCTIONS	29754	12638
EXEMPTIONS	0	9500
TAXABLE INCOME	39369	0
TAX	4414	0
CREDITS	544	0
PAYMENTS	7080	590
REFUND	3210	590
AMOUNT DUE	0	0

CLIENT : PETER PACE  
SPOUSE : HELEN PACE

861-00-9998  
862-00-9998

PREPARER : 995 DATE : 12/28/2019

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\* W-2G INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	GROSS WINNING	FED WITH	STATE WITH ST
1.	S	NJ LOTTERY BOARD	10000	2000	0
		TOTALS.....	10000	2000	0

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\* 1099-R INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	T	ACME PENSIONS	11000	11000	1100	0
2.	S	ACME PENSIONS	12000	12000	1200	0
3.	T	OFFICE OF PERSONN	17000	16500	1700	340 NJ
4.	S	ACME IRAS	1000	1000	100	0
		TOTALS.....	41000	40500	4100	340

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\* FORM SSA-1099 INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	T	U.S.	16000	600	2000
		TOTALS.....	16000	600	2000

## 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 PETER & HELEN PACE 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 12/20/2019

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

Spouse PIN: 12345

PIN Date 12/20/2019

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

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

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>PETER O PACE</b>	Social security number <b>861-00-9998</b>
Spouse's name <b>HELEN O PACE</b>	Spouse's social security number <b>862-00-9998</b>

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

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	<b>69123</b>
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	<b>3870</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	<b>7080</b>
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	<b>3210</b>
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

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

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

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

- I authorize PRACTICE LAB to enter or generate my PIN 

1	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 ▶ 12/28/2019

**Spouse'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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 12/28/2019

**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
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 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 ▶ 12/28/2019

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**U.S. Individual Income Tax Transmittal for an IRS e-file Return**

For the year January 1–December 31, 2018

▶ See instructions on back.

▶ Go to [www.irs.gov/Form8453](http://www.irs.gov/Form8453) for the latest information.

**2018**

P R I N T  C L E A R L Y	Your first name and initial <b>PETER O</b>		Last name <b>PACE</b>	Your social security number <b>861-00-9998</b>
	If a joint return, spouse's first name and initial <b>HELEN O</b>		Last name <b>PACE</b>	Spouse's social security number <b>862-00-9998</b>
	Home address (number and street). If you have a P.O. box, see instructions. <b>123 ELM</b>			Apt. no.
	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) <b>PLUCKEMIN, NJ 07978</b>			
	Foreign country name		Foreign province/state/county	Foreign postal code

Please print or type.

▲ **Important!** ▲  
 You **must** enter your SSN(s) above.

**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.**

**Check the applicable box(es) to identify the attachments.**

- Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- Form 3115, Application for Change in Accounting Method
- Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2—Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 5713, International Boycott Report
- Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement, that went into effect after 1984 and before 2009) (see instructions)
- Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
- Form 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 8885, Health Coverage Tax Credit, and all required attachments
- Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

**DON'T SIGN THIS FORM.**



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

Your first name and initial: PETER O Last name: PACE Your social security number: 861-00-9998

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: HELEN O Last name: PACE Spouse's social security number: 862-00-9998

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
BEATRICE	PACKER	863-00-9998	SISTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		12/28/19	RETIRED	<input type="text"/>
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		12/28/19	RETIRED	<input type="text"/>

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
		S12345678	-	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ PRACTICE LAB		Phone no. 202-202-2022		<input type="checkbox"/> Self-employed
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005				

		<b>NON-W2. DISABILITY</b>			
	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	12000
	<b>2a</b>	Tax-exempt interest	<b>2a</b> 3695	<b>2b</b>	4296
	<b>3a</b>	Qualified dividends	<b>3a</b> 412	<b>3b</b>	1047
	<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b> 29000	<b>4b</b>	28500
	<b>5a</b>	Social security benefits	<b>5a</b> 16000	<b>5b</b>	13600
	<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	9703	<b>6</b>	69146
	<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		<b>7</b>	69123
	<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)		<b>8</b>	29754
	<b>9</b>	Qualified business income deduction (see instructions)		<b>9</b>	
	<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	39369
	<b>11</b>	<b>a</b> Tax (see inst.) <u>4296</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )		<b>11</b>	4414
	<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>		<b>12</b>	544
	<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <u>500</u> <b>b</b> Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>		<b>13</b>	3870
	<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	0
	<b>15</b>	Other taxes. Attach Schedule 4		<b>15</b>	3870
	<b>16</b>	Total tax. Add lines 13 and 14	<b>FORM 1099</b>	<b>16</b>	7080
	<b>17</b>	Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	
	<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch. 8812 <b>c</b> Form 8863		<b>18</b>	7080
	<b>19</b>	Add any amount from Schedule 5		<b>19</b>	3210
	<b>20a</b>	Add lines 16 and 17. These are your total payments		<b>20a</b>	3210
	<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>		<b>21</b>	
	<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		<b>22</b>	
	<b>23</b>	<b>a</b> Routing number <u>X X X X X X X X X X X X X X X X</u> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		<b>23</b>	
	<b>24</b>	<b>d</b> Account number <u>X X X X X X X X X X X X X X X X</u>		<b>24</b>	
	<b>25</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>		<b>25</b>	
	<b>26</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions		<b>26</b>	
	<b>27</b>	Estimated tax penalty (see instructions)		<b>27</b>	

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

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

**Refund**  
 Direct deposit? See instructions.

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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040

Your social security number

861-00-9998

Name(s) shown on Form 1040		Your social security number
PACE		861-00-9998
<b>Additional Income</b>	<b>1-9b</b> Reserved <b>10</b> Taxable refunds, credits, or offsets of state and local income taxes <b>11</b> Alimony received <b>12</b> Business income or (loss). Attach Schedule C or C-EZ <b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> <b>14</b> Other gains or (losses). Attach Form 4797 <b>15a</b> Reserved <b>16a</b> Reserved <b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E <b>18</b> Farm income or (loss). Attach Schedule F <b>19</b> Unemployment compensation <b>20a</b> Reserved <b>21</b> Other income. List type and amount ▶ <b>SEE STATEMENT</b> <b>22</b> Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	<b>1-9b</b> <b>10</b> 46 <b>11</b> <b>12</b> <b>13</b> -1247 <b>14</b> <b>15b</b> <b>16b</b> <b>17</b> <b>18</b> <b>19</b> <b>20b</b> <b>21</b> 10904 <b>22</b> 9703
<b>Adjustments to Income</b>	<b>23</b> Educator expenses <b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 <b>25</b> Health savings account deduction. Attach Form 8889 <b>26</b> Moving expenses for members of the Armed Forces. Attach Form 3903 <b>27</b> Deductible part of self-employment tax. Attach Schedule SE <b>28</b> Self-employed SEP, SIMPLE, and qualified plans <b>29</b> Self-employed health insurance deduction <b>30</b> Penalty on early withdrawal of savings <b>31a</b> Alimony paid <b>b</b> Recipient's SSN ▶ <b>32</b> IRA deduction <b>33</b> Student loan interest deduction <b>34</b> Reserved <b>35</b> Reserved <b>36</b> Add lines 23 through 35	<b>23</b> <b>24</b> <b>25</b> <b>26</b> <b>27</b> <b>28</b> <b>29</b> <b>30</b> 23 <b>31a</b> <b>32</b> <b>33</b> <b>34</b> <b>35</b> <b>36</b> 23

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

Schedule 1 (Form 1040) 2018

QNA

**SCHEDULE 2**  
**(Form 1040)**

**Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

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

**2018**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040

Your social security number

PACE

861-00-9998

<b>Tax</b>	<b>38-44</b>	Reserved . . . . .	<b>38-44</b>	
	<b>45</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>46</b>	118
	<b>47</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 11 . . . . .	<b>47</b>	118

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

**Schedule 2 (Form 1040) 2018**

QNA

**SCHEDULE 3  
(Form 1040)**

**Nonrefundable Credits**

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

PETER & HELEN PACE

861-00-9998

<b>Nonrefundable Credits</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>	44
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19 . . . . .	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	
	<b>52</b>	Reserved . . . . .	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695 . . . . .	<b>53</b>	
	<b>54</b>	Other credits from Form <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>54</b>	
	<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	<b>55</b>	44

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

Schedule 3 (Form 1040) 2018

QNA

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

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

▶ Attach to Form 1040.

**2018**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

PETER & HELEN PACE

861-00-9998

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see instructions)	1	12638		
2	Enter amount from Form 1040, line 7 <input type="text" value="2"/> 69123				
3	Multiply line 2 by 7.5% (0.075)	3	5184		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		4	7454
<b>Taxes You Paid</b>	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 checked="" type="checkbox"/>	5a	904		
	b State and local real estate taxes (see instructions)	5b	9150		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	10054		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10000		
	6 Other taxes. List type and amount ▶	6			
	7 Add lines 5e and 6	7		7	10000
<b>Interest You Paid</b>	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	2700		
	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	2700		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9	10		10	2700
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	600		
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13	14		14	600
<b>Casualty and Theft Losses</b>	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			
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount ▶ <b>GAMBLING LOSSES TO AMOUNT WON 9000</b>	16			
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17			29754
	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 B**  
**(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

PETER & HELEN PACE

Your social security number  
861-00-9998

**Part I**  
**Interest**

(See instructions and the instructions for Form 1040, line 2b.)

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

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

ACME PARTNERS - K1  
ACME BROKERAGE  
  
INTEREST SUBTOTAL  
ABP ADJUSTMENT

Amount	
	434
	4105
	4539
	-243

**2** Add the amounts on line 1 . . . . . **2** 4296

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . **3**

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b . . ▶ **4** 4296

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

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

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

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

**5** List name of payer ▶

ACME BROKERAGE  
ACME PARTNERS

Amount	
	300
	747
<b>5</b>	
<b>6</b>	1047

**6** Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . ▶ **6** 1047

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

**Part III**

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

**Foreign Accounts and Trusts**

(See instructions.)

**7a** At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

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

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

**8** During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

Yes	No
	X
	X

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **12**

Name(s) shown on return

PETER & HELEN PACE

Your social security number

861-00-9998

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b> -72
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -72

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	19560	9800		9760
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	17055	16222	197	1030
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b> 281
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 99
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( 12345)
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> -1175

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

Schedule D (Form 1040) 2018

QNA



**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-1247
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 1247)
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**PETER & HELEN PACE**

Social security number or taxpayer identification number  
**861-00-9998**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ACME BROKERAGE	VARIOUS	12/31/2018	19560	9800	M		9760
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				19560	9800			9760

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side <b>PETER &amp; HELEN PACE</b>	Social security number or taxpayer identification number <b>861-00-9998</b>
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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	50 ZACO	09/11/1996	05/10/2018	4000	3000			1000
	100 ZACO	09/01/1996	10/20/2018	7500	6000			1500
	65 ZAI	INHERIT	10/20/2018	5555	7222	W	197	-1470
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				17055	16222		197	1030

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on Form 1040 or Form 1040NR  
PETER PACE & HELEN PACE

Your social security number  
861-00-9998

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

<b>1</b>	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	<b>1</b>	39369
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	<b>2a</b>	10000
<b>b</b>	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	<b>2b</b>	( 46)
<b>c</b>	Investment interest expense (difference between regular tax and AMT)	<b>2c</b>	
<b>d</b>	Depletion (difference between regular tax and AMT)	<b>2d</b>	
<b>e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	<b>2e</b>	
<b>f</b>	Alternative tax net operating loss deduction	<b>2f</b>	( )
<b>g</b>	Interest from specified private activity bonds exempt from the regular tax	<b>2g</b>	8
<b>h</b>	Qualified small business stock, see instructions	<b>2h</b>	
<b>i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>2i</b>	
<b>j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>2j</b>	
<b>k</b>	Disposition of property (difference between AMT and regular tax gain or loss)	<b>2k</b>	
<b>l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	<b>2l</b>	
<b>m</b>	Passive activities (difference between AMT and regular tax income or loss)	<b>2m</b>	
<b>n</b>	Loss limitations (difference between AMT and regular tax income or loss)	<b>2n</b>	
<b>o</b>	Circulation costs (difference between regular tax and AMT)	<b>2o</b>	
<b>p</b>	Long-term contracts (difference between AMT and regular tax income)	<b>2p</b>	
<b>q</b>	Mining costs (difference between regular tax and AMT)	<b>2q</b>	
<b>r</b>	Research and experimental costs (difference between regular tax and AMT)	<b>2r</b>	
<b>s</b>	Income from certain installment sales before January 1, 1987	<b>2s</b>	( )
<b>t</b>	Intangible drilling costs preference	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	<b>4</b>	49331

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. (If you were under age 24 at the end of 2018, see instructions.) <b>IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . .</b> Single or head of household . . . \$ 500,000 . . . \$ 70,300 Married filing jointly or qualifying widow(er) 1,000,000 . . . 109,400 Married filing separately . . . 500,000 . . . 54,700 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	109400
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	<b>6</b>	
<b>7</b>	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • <b>All others:</b> If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.	<b>7</b>	
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions)	<b>8</b>	44
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7	<b>9</b>	
<b>10</b>	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions)	<b>10</b>	4370
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	<b>11</b>	

**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.**

Name shown on your return

Your social security number

PETER O PACE

861-00-9998

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter your tax family size (see instructions)		<b>1</b>	3	
<b>2a</b>	Modified AGI. Enter your modified AGI (see instructions)	<b>2a</b>	75218		
<b>b</b>	Enter the total of your dependents' modified AGI (see instructions)	<b>2b</b>			
<b>3</b>	Household income. Add the amounts on lines 2a and 2b (see instructions)		<b>3</b>	75218	
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC		<b>4</b>	20420	
<b>5</b>	Household income as a percentage of federal poverty line (see instructions)		<b>5</b>	368 %	
<b>6</b>	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> <b>No.</b> Continue to line 7. <input type="checkbox"/> <b>Yes.</b> You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.				
<b>7</b>	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		<b>7</b>	0.0956	
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	7191		
		<b>b</b>	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>	599

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
 **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11 Annual Totals</b>	6840	7553	7191	362	362	480
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
<b>12</b> January						
<b>13</b> February						
<b>14</b> March						
<b>15</b> April						
<b>16</b> May						
<b>17</b> June						
<b>18</b> July						
<b>19</b> August						
<b>20</b> September						
<b>21</b> October						
<b>22</b> November						
<b>23</b> December						

<b>24</b>	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	<b>24</b>	362
<b>25</b>	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	<b>25</b>	480
<b>26</b>	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 5 (Form 1040), line 70, or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	<b>26</b>	

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b>	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	118
<b>28</b>	Repayment limitation (see instructions)	<b>28</b>	2600
<b>29</b>	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 46, or Form 1040NR, line 44	<b>29</b>	118

<u>Description of Income</u>	<u>Amount</u>
TAXABLE PTR REFUND	504
TAXABLE HB REFUND	400
GAMBLING WINNINGS	10000
<hr/>	<hr/>
TOTALS	10904

# Child Tax Credit and Credit for Other Dependents Worksheet

### Before you begin:

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

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

## Part 1

1. Number of qualifying children under 17 with the required social security number: 0 × \$2,000. Enter the result. 1

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 1 × \$500. Enter the result. 2

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

3. Add lines 1 and 2 3

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


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

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

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

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

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

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

QNA

Part 2

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

11 4414

12. Add the following amounts from:

Form 1040	or	Form 1040NR	
Schedule 3, line 48		Line 46	+ 44
Schedule 3, line 49		Line 47	+ _____
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 44

\*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 4370

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 4370

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

No. Enter the amount from line 10.

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

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

16 500

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



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

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



Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	10778
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	300
Qualified Long-Term Care Insurance	<u>1560</u>
TOTALS:	12638

PETER & HELEN PACE  
**State and Local General Sales Tax Deduction**  
**Worksheet—Line 5a**

861-00-9998

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. \$ 904

**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- ..... 2. \$ \_\_\_\_\_

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

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. \$ 904

**Worksheet 2. Applying the Deduction Limits**

**Caution:** Don't use this worksheet to figure the contributions you can deduct this year if you have a carryover of a charitable contribution from an earlier year.

<b>Step 1. Enter any qualified conservation contributions (QCCs) made during the year.</b>		
1. If you are a qualified farmer or rancher, enter any QCCs subject to the limit based on 100% of adjusted gross income (AGI) . . . . .	1	
2. Enter any QCCs not entered on line 1 . . . . .	2	
<b>Step 2. Enter your other charitable contributions made during the year.</b>		
3. Enter cash contributions payable for California wildfires that you elect to treat as qualified contributions . . . . .	3	
4. Enter your contributions of capital gain property "for the use of" any qualified organization . . . . .	4	
5. Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line . . . . .	5	
6. Enter your contributions of capital gain property to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	6	
7. Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	7	
8. Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line . . . . .	8	
9. Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line . . . . .	9	
10. Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	10	600
<b>Step 3. Figure your deduction for the year (if any result is zero or less, enter -0-)</b>		
11. Enter your adjusted gross income (AGI) . . . . .	11	69123
<i>Cash contributions subject to the limit based on 60% of AGI</i> (If line 10 is zero, enter -0- on lines 12 through 14)		
12. Multiply line 11 by 0.6 . . . . .	12	41474
13. <b>Deductible amount.</b> Enter the smaller of line 10 or line 12 . . . . .	13	600
14. Carryover. Subtract line 13 from line 10 . . . . .	14	
<i>Noncash contributions subject to the limit based on 50% of AGI</i> (If line 9 is zero, enter -0- on lines 15 through 18)		
15. Multiply line 11 by 0.5 . . . . .	15	
16. Subtract line 13 from line 15 . . . . .	16	
17. <b>Deductible amount.</b> Enter the smaller of line 9 or line 16 . . . . .	17	
18. Carryover. Subtract line 17 from line 9 . . . . .	18	
<i>Contributions (other than capital gain property) subject to limit based on 30% of AGI</i> (If lines 5 and 7 are both zero, enter -0- on lines 19 through 25)		
19. Multiply line 11 by 0.5 . . . . .	19	
20. Add lines 8, 9, and 10 . . . . .	20	
21. Subtract line 20 from line 19 . . . . .	21	
22. Multiply line 11 by 0.3 . . . . .	22	
23. Add lines 5 and 7 . . . . .	23	
24. <b>Deductible amount.</b> Enter the smallest of line 21, 22, or 23 . . . . .	24	
25. Carryover. Subtract line 24 from line 23 . . . . .	25	
<i>Contributions of capital gain property subject to limit based on 30% of AGI</i> (If line 8 is zero, enter -0- on lines 26 through 31)		
26. Multiply line 11 by 0.5 . . . . .	26	
27. Add lines 9 and 10 . . . . .	27	
28. Subtract line 27 from line 26 . . . . .	28	
29. Multiply line 11 by 0.3 . . . . .	29	
30. <b>Deductible amount.</b> Enter the smallest of line 8, 28, or 29 . . . . .	30	
31. Carryover. Subtract line 30 from line 8 . . . . .	31	
<i>Contributions subject to the limit based on 20% of AGI</i> (If lines 4 and 6 are both zero, enter -0- on lines 32 through 41)		
32. Multiply line 11 by 0.5 . . . . .	32	
33. Add lines 13, 17, 24, and 30 . . . . .	33	
34. Subtract line 33 from line 32 . . . . .	34	
35. Multiply line 11 by 0.3 . . . . .	35	
36. Subtract line 24 from line 35 . . . . .	36	
37. Subtract line 30 from line 35 . . . . .	37	
38. Multiply line 11 by 0.2 . . . . .	38	
39. Add lines 4 and 6 . . . . .	39	
40. <b>Deductible amount.</b> Enter the smallest of line 34, 36, 37, 38, or 39 . . . . .	40	
41. Carryover. Subtract line 40 from line 39 . . . . .	41	
<i>QCCs subject to limit based on 50% of AGI</i> (If line 2 is zero, enter -0- on lines 42 through 46)		
42. Multiply line 11 by 0.5 . . . . .	42	
43. Add lines 13, 17, 24, 30, and 40 . . . . .	43	
44. Subtract line 43 from line 42 . . . . .	44	
45. <b>Deductible amount.</b> Enter the smaller of line 2 or line 44 . . . . .	45	
46. Carryover. Subtract line 45 from line 2 . . . . .	46	

**Note:** Worksheet 2 continues on the next page.

**Worksheet 2—continued**

<b>QCCs subject to limit based on 100% of AGI</b> (If line 1 is zero, enter -0- on lines 47 through 51)			
47.	Enter the amount from line 11 . . . . .	47	
48.	Add lines 13, 17, 24, 30, 40, and 45 . . . . .	48	
49.	Subtract line 48 from line 47 . . . . .	49	
50.	<b>Deductible amount.</b> Enter the smaller of line 1 or line 49 . . . . .	50	
51.	Carryover. Subtract line 50 from line 1 . . . . .	51	
<b>Qualified contributions for certain disaster relief efforts</b> (If line 3 is zero, enter -0- on lines 52 through 56)			
52.	Enter the amount from line 11 . . . . .	52	
53.	Add lines 13, 17, 24, 30, 40, 45, and 50 . . . . .	53	
54.	Subtract line 53 from line 52 . . . . .	54	
55.	<b>Deductible amount.</b> Enter the smaller of line 3 or line 54 . . . . .	55	
56.	Carryover. Subtract line 55 from line 3 . . . . .	56	
<b>Deduction for the year</b>			
57.	Add lines 13, 17, 24, 30, 40, 45, 50, and 55. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12, whichever is appropriate. Also, enter the amount from line 55 on the dotted line next to the line 11 entry space. . . . .	57	600
<b>Note:</b> Any amounts in the carryover column are not deductible this year but can be carried over to next year. See <i>Carryovers</i> , later, for more information about how you will use them next year.			

QNA



# Qualified Dividends and Capital Gain Tax Worksheet—Line 11a

Keep for Your Records

**Before you begin:** ✓ See the earlier instructions for line 11a to see if you can use this worksheet to figure your tax.  
 ✓ Before completing this worksheet, complete Form 1040 through line 10.  
 ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.

1.	Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	39369
2.	Enter the amount from Form 1040, line 3a*	2.	412
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	
	<input type="checkbox"/> <b>No.</b> Enter the amount from Schedule 1, line 13.		
4.	Add lines 2 and 3	4.	412
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6.	412
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7.	38957
8.	Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	8.	77200
9.	Enter the smaller of line 1 or line 8	9.	39369
10.	Enter the smaller of line 7 or line 9	10.	38957
11.	Subtract line 10 from line 9. This amount is taxed at 0%	11.	412
12.	Enter the smaller of line 1 or line 6	12.	412
13.	Enter the amount from line 11	13.	412
14.	Subtract line 13 from line 12	14.	
15.	Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	15.	479000
16.	Enter the smaller of line 1 or line 15	16.	39369
17.	Add lines 7 and 11	17.	39369
18.	Subtract line 17 from line 16. If zero or less, enter -0-	18.	
19.	Enter the smaller of line 14 or line 18	19.	
20.	Multiply line 19 by 15% (0.15)	20.	
21.	Add lines 11 and 19	21.	412
22.	Subtract line 21 from line 12	22.	
23.	Multiply line 22 by 20% (0.20)	23.	
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	4296
25.	Add lines 20, 23, and 24	25.	4296
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	4344
27.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	4296

\* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

PETER & HELEN PACE  
28% Rate Gain Worksheet—Line 18

1. Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II .....	1. _____
2. Enter as a positive number the total of:	
• Any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain;	} .....
• 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain; and	
• 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.	
Don't make an entry for any section 1202 exclusion that is 100% of the gain.	
3. Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824 .....	3. _____
4. Enter the total of any collectibles gain reported to you on:	
• Form 1099-DIV, box 2d;	} .....
• Form 2439, box 1d; and	
• Schedule K-1 from a partnership, S corporation, estate, or trust.	
5. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C .....	5. ( <u>12345</u> )
6. If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- .....	6. ( <u>72</u> )
7. Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 .....	7. _____

QNA

### Unrecaptured Section 1250 Gain Worksheet—Line 19

Keep for Your Records



If you aren't reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions	1.	
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2.	
3. Subtract line 2 from line 1	3.	
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year. See instructions	4.	
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain"	5.	
6. Add lines 3 through 5	6.	
7. Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7	7.	
8. Enter the amount, if any, from Form 4797, line 8	8.	
9. Subtract line 8 from line 7. If zero or less, enter -0-	9.	
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain. See instructions	10.	
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R	11.	
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale. See instructions	12.	
13. Add lines 9 through 12	13.	
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0-	14.	
15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15.	( 72)
16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C*	16.	( 12345)
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17.	12417
18. <b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19	18.	

\* If you are filing Form 2555 or 2555-EZ (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Form 1040 instructions before completing this line.

QNA

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

Keep for Your Records



**Before you begin:**

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

1.	Enter the total amount from <b>box 5</b> of <b>all</b> your <b>Forms SSA-1099</b> and <b>Forms RRB-1099</b> . Also, enter this amount on Form 1040, line 5a	1.	16000
2.	Multiply line 1 by 50% (0.50)	2.	8000
3.	Combine the amounts from Form 1040, lines 1, 2b, 3b, 4b, and Schedule 1, line 22	3.	55546
4.	Enter the amount, if any, from Form 1040, line 2a	4.	3695
5.	Combine lines 2, 3, and 4	5.	67241
6.	Enter the total of the amounts from Schedule 1, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 36 other than any amounts identified as “DPAD”	6.	23
7.	Is the amount on line 6 less than the amount on line 5? <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5	7.	67218
8.	If you are: <ul style="list-style-type: none"> <li>• Married filing jointly, enter \$32,000</li> <li>• Single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2018, enter \$25,000</li> <li>• Married filing separately and you lived with your spouse at any time in 2018, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17</li> </ul>	8.	32000
9.	Is the amount on line 8 less than the amount on line 7? <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040, line 5b. If you are married filing separately and you <b>lived apart</b> from your spouse for all of 2018, be sure you entered “D” to the right of the word “benefits” on line 5a. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 8 from line 7	9.	35218
10.	Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2018	10.	12000
11.	Subtract line 10 from line 9. If zero or less, enter -0-	11.	23218
12.	Enter the <b>smaller</b> of line 9 or line 10	12.	12000
13.	Enter one-half of line 12	13.	6000
14.	Enter the <b>smaller</b> of line 2 or line 13	14.	6000
15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	15.	19735
16.	Add lines 14 and 15	16.	25735
17.	Multiply line 1 by 85% (0.85)	17.	13600
18.	<b>Taxable social security benefits.</b> Enter the <b>smaller</b> of line 16 or line 17. Also enter this amount on Form 1040, line 5b	18.	13600



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



**Exemption Worksheet—  
Line 5**

*Keep for Your Records*



**Note.** If Form 6251, line 4, is equal to or more than: \$781,200 if single or head of household, \$1,437,600 if married filing jointly or qualifying widow(er), or \$718,800 if married filing separately, your exemption is zero. **Don't** complete this worksheet; instead, enter the amount from Form 6251, line 4, on line 6 and go to line 7.

- 
1. Enter: \$70,300 if single or head of household; \$109,400 if married filing jointly or qualifying widow(er); \$54,700 if married filing separately ..... **1.** 109400
  2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 4 ..... **2.** 49331
  3. Enter: \$500,000 if single or head of household; \$1,000,000 if married filing jointly or qualifying widow(er); \$500,000 if married filing separately ..... **3.** 1000000
  4. Subtract line 3 from line 2. If zero or less, enter -0- ..... **4.** \_\_\_\_\_
  5. Multiply line 4 by 25% (0.25) ..... **5.** \_\_\_\_\_
  6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under *Certain Children Under Age 24* apply to you, complete lines 7 through 10. Otherwise, **stop here** and enter this amount on Form 6251, line 5, and go to Form 6251, line 6 ..... **6.** 109400
  7. Minimum exemption amount for certain children under age 24 ..... **7.** \$7,600
  8. Enter your **earned income**, if any (see instructions) ..... **8.** \_\_\_\_\_
  9. Add lines 7 and 8 ..... **9.** \_\_\_\_\_
  10. Enter the **smaller** of line 6 or line 9 here and on Form 6251, line 5, and go to Form 6251, line 6 ..... **10.** \_\_\_\_\_
-



For Privacy Act Notification, See Instructions

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Your Social Security Number (required)  
861009998

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.)  
PACE PETER O & HELEN O

Spouse's/CU Partner's SSN (if filing jointly)  
862009998

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. 4
dd2. Account type (C for checking, S for savings)	dd2.
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.
dd4. Routing number	dd4.
dd5. Account number	dd5.





Name(s) as shown on Form NJ-1040  
PACE PETER O & HELEN O

Your Social Security Number  
861009998

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

Fiscal year filers only:  
Enter month of your year end \_\_\_\_\_

**Filing Status**  
Fill in only one.

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

**Exemptions**

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

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1953 or earlier)	<input checked="" type="checkbox"/>	Self		Spouse/CU Partner		1	x \$1,000 =	<u>1000</u>
8. Blind/Disabled	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner		2	x \$1,000 =	<u>2000</u>
9. Veteran	<input checked="" type="checkbox"/>	Self		Spouse/CU Partner		1	x \$3,000 =	<u>3000</u>
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>9500</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>PACKER BEATRICE</u>	<u>863009998</u>	<u>1951</u>	
b.	_____			
c.	_____			
d.	_____			



Name(s) as shown on Form NJ-1040  
PACE PETER O & HELEN O

Your Social Security Number  
861009998

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	3765 .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	4203 .
17. Dividends	17.	1047 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	11098 .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	28500 .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	500 .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	.
24. Net Gambling Winnings (See instructions)	24.	.
25. Alimony and Separate Maintenance Payments received	25.	.
26. Other (Enclose documents) (See instructions)	26.	.
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	44410 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	28500 .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	31500 .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	60000 .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	.
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	9500 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	12638 .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.
33. Qualified Conservation Contribution	33.	.
34. Health Enterprise Zone Deduction	34.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	.
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	22138 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	.
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	5650 .
38b. Block	.	.
38b. Lot	.	.
38b. Qualifier	.	.
38c. County/Municipality Code	1801	.
Fill in if you completed Worksheet G-1		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	.
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	.
Enter Code		
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	.
44. Child and Dependent Care Credit (See instructions)	44.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	.
46. Sheltered Workshop Tax Credit	46.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	.
51. Interest on Underpayment of Estimated Tax	51.	.
Fill in if Form NJ-2210 is enclosed		
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	.



Name(s) as shown on Form NJ-1040  
**PACE PETER O & HELEN O**

Your Social Security Number  
**861009998**

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53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	340 .
54. Property Tax Credit (See instructions page 25)	54.	. .
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	250 .
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.	590 .
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe If you owe tax, you can still make a donation on Lines 65 through 72.	62.	. .
63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	590 .
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.	590 .

**Gubernatorial Elections Fund**

Do you want to designate \$1 to the Gubernatorial Elections Fund? You  Yes  No  
If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes  No  
This does not reduce your refund or increase your balance due.

**Health Insurance**

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.  
You  Yes  No  
Spouse/CU Partner  Yes  No  
Domestic Partner Yes  No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's/CU Partner's Signature (required if filing jointly) \_\_\_\_\_ Date \_\_\_\_\_

Paid Preparer's Signature \_\_\_\_\_ Federal Identification Number \_\_\_\_\_

Firm's Name \_\_\_\_\_ Federal Employer Identification Number \_\_\_\_\_  
**PRACTICE LAB**  
**15 PRACTICE LAB WAY WASHINGTON DC 20005**

**S12345678**

**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

**Worksheet D**  
**Unclaimed Pension Exclusion**

**Age Requirement: 62 or older**

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

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

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

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

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

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

- 6. **Enter: if your filing status is:**  
 \$60,000 Married/CU couple, filing joint return  
 \$45,000 Single; Head of household; Qualifying widow(er)/  
 surviving CU partner  
 \$30,000 Married/CU partner, filing separate return ..... 6. 60000
- 7. Enter the amount from Line 28a, NJ-1040 ..... 7. 28500
- 8. Unclaimed Pension Exclusion. Subtract line 7 from line 6. Include this amount on Line 28b, NJ-1040 ..... 8. 31500

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

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

**(Keep for your records)**

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

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

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

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

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

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

**Line 28c – Total Exclusion Amount**

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

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

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

**Line 30 – Exemption Amount**

Enter the total exemption amount from Line 13.

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

**Line 31 – Medical Expenses**

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

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

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

Use Worksheet F below to calculate your medical expenses deduction.

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

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

Worksheet F Deduction for Medical Expenses	
1. Total unreimbursed medical expenses .....	1. <u>12638</u>
2. Enter Line 29, Form NJ-1040 _____ × .02 = .....	2. _____
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero .....	3. <u>12638</u>
4. Enter the amount of your qualified Archer MSA contributions from federal Form 8853 .....	4. _____
5. Enter the amount of your self-employed health insurance deduction .....	5. _____
6. <b>Total Deduction for Medical Expenses.</b> Add lines 3, 4, and 5. Enter the result here and on Line 31, Form NJ-1040. If zero, enter zero here and make no entry on Line 31, Form NJ-1040 .....	6. <u>12638</u>
<b>(Keep for your records)</b>	

**NJ e-file Signature Authorization**

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

**2018**

Taxpayer's name <b>PETER O PACE</b>	Social security number <b>861-00-9998</b>
Spouse's name or Civil Union Prtnr's <b>HELEN O PACE</b>	Spouse's social security number or Civil Union Prtnr's <b>862-00-9998</b>

<b>Part I Tax Return Information-Tax Year Ending December 31, 2018 (Whole Dollars Only)</b>	
1 New Jersey Taxable income . . . . .	1
2 Total tax . . . . .	2
3 New Jersey income tax withheld . . . . .	3 340
4 Refund . . . . .	4 590
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 ▶ 12/28/2019

Spouse's PIN: check one box only  
(or Civil Union Prtnr's PIN)

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.

Spouse's signature or Civil Union Prtnr's ▶ \_\_\_\_\_ Date ▶ 12/28/2019

**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 ▶ 12/28/2019

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



**Schedule NJ-DOP**  
(Previously Schedule B)

Net Gains or Income From  
Disposition of Property

**2018**

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	50 ZACO	09/11/1996	05/10/2018	4000	3000	1000
	100 ZACO	09/01/1996	10/20/2018	7500	6000	1500
	65 ZAI	INHERIT	12/31/2018	5555	7222	-1667
	ADJ-65 ZAI	INHERIT	12/31/2018	197		197
	ACME BROKERAGE	VARIOUS	12/31/2018	19560	9800	9760
2.	Capital Gains Distributions .....					99
3.	Other Net Gains .....					209
4.	Net Gains (Add Lines 1, 2, and 3.) (Enter here and on Line 19. If loss, enter ZERO here and make no entry on Line 19.)					11098

Keep a copy of this schedule for your records

NJ SCHEDULE B - NET GAINS OR INCOME

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>SALES PRICE</u>	<u>COST PRICE</u>	<u>GAIN/ LOSS</u>
50 ZACO	09/11/96	05/10/18	4000	3000	1000
100 ZACO	09/01/96	10/20/18	7500	6000	1500
65 ZAI	INHERIT	12/31/18	5555	7222	-1667
ADJ-65 ZAI	INHERIT	12/31/18	197		197
ACME BROKERAGE	VARIOUS	12/31/18	19560	9800	9760
NET GAIN OR LOSS					10790