Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Item** | **Enter Answer(s)** | **Box Used to Enter into TSO** |
| --- | --- | --- |
| **Screen: Basic Information** |
| **Municipality Code**As of return date | County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Use [NJ Municipality Code Lookup Tool](http://taxprep4free.org/Tools/NJ%20Muni%20Lookup/NJMuni.html) | “Select the County or Municipality of your current residence” |
| **Disabled (**for extra NJ exemption) | TP: Yes / No SP: Yes / No  | “Were you Disabled as of December 31, 2019?” |
| **Dependents under age 22 that attended college full time** | Number: \_\_\_\_  | “Enter the number of dependents under age 22 claimed on your federal return that attended college” |
| **Gubernatorial Elections Fund** | TP: Yes / No SP: Yes / No  | “Gubernatorial Elections Fund” |
| **Veteran** | TP: Yes / No SP: Yes / No  | “Were you are [sic] a military veteran who was honorably discharged …?” |
| **Screen: Income Subject to Tax** |
| **NJ Line 24 - Gambling Winnings** | **+**\_\_\_\_\_\_\_\_ Total Gambling Winnings (W-2G + other winnings)**-**\_\_\_\_\_\_\_\_ NJ Lottery (<= $10,000 per instance)**-**\_\_\_\_\_\_\_\_ Gambling Losses**=**\_\_\_\_\_\_\_\_ Net Total | “Enter taxable Gambling Winnings that are taxable to New Jersey” |
| **Adjustments to Line 20a - Taxable Amounts of IRAs, Pensions, and Annuities**(Separate amounts for TP (Taxpayer) / SP (Spouse) | **-**\_\_\_\_\_\_\_\_ TP / SP Military Pension**-**\_\_\_\_\_\_\_\_ TP / SP Disability (Under 65)**-**\_\_\_\_\_\_\_\_ TP / SP Govt. Employee Pension **-**\_\_\_\_\_\_\_\_ TP / SP IRA/403b/457b/TSP**+**\_\_\_\_\_\_\_\_ TP / SP Public Safety Officer (PSO) Insurance**-**\_\_\_\_\_\_\_\_ TP / SP 3 Year Rule (first 3 years)**+**\_\_\_\_\_\_\_\_ TP / SP 3 Year Rule (later years)**+**\_\_\_\_\_\_\_\_ TP / SP Qualified Charitable Distribution**=**\_\_\_\_\_\_\_\_ TP Total \_\_\_\_\_\_\_\_ SP Total | “Enter Military Pension, Survivors Benefit Payments, other Qualifying Income Exempt from NJ Tax, or Nonresidency Pension income; enter the excluded amount as a negative number” |
| **Adjustments to Line 20b - Excludable Amounts of IRAs, Pensions and Annuities** | **+**\_\_\_\_\_\_\_\_ Pension with After-Tax Contributions **+**\_\_\_\_\_\_\_\_ Govt. Employee Pension **+**\_\_\_\_\_\_\_\_ IRA/403b/457b/TSP**+**\_\_\_\_\_\_\_\_ 3 Year Rule (first 3 years)**=**\_\_\_\_\_\_\_\_ Total | “Tax-Exempt Pensions, Annuities, and IRA Withdrawals” |
| **Adjustments to Line 26 – Other Income** | +\_\_\_\_\_\_\_\_ Taxable Scholarships+\_\_\_\_\_\_\_\_ Medicaid Waiver Payment on W-2**-**\_\_\_\_\_\_\_\_ PTR Recovery**-**\_\_\_\_\_\_\_\_ Homestead Benefit Recovery**-**\_\_\_\_\_\_\_\_ HSA distributions (NOT qualified)**-**\_\_\_\_\_\_\_\_ Non-W-2G Gambling Winnings**-**\_\_\_\_\_\_\_\_ Jury Duty Pay Returned to Employer**=**\_\_\_\_\_\_\_\_ Total | “Taxable Amount of Scholarships included on Federal Return” |
| **Screen: Subtractions from Income** |
| **Adjustments to Capital Gains** | \_\_\_\_\_\_\_\_ Amount | “Adjustments to Capital Gains …” |
| **Pre-Tax (Federal) / Post-Tax (NJ) Medical** | **+**\_\_\_\_\_\_\_\_ W-2 pre-tax medical premiums (aka Cafeteria Plan, Sec. 125)**+**\_\_\_\_\_\_\_\_ FSA / HSA distributions (qualified)**+**\_\_\_\_\_\_\_\_ Public Safety Officer Health Insurance in 1099-R box 5**-**\_\_\_\_\_\_\_\_ Non-dependent costs**=**\_\_\_\_\_\_\_\_ Total | “Enter any medical insurance premiums that you did not include on your federal return because they were deducted on a pre-tax basis.” |
| **Other Retirement Income Exclusion (62 or older)** | Yes / No – At least one spouse 62 or older and line 27 <= $100,000 and line 29 > 0 | “Pension Exclusion” - Begin |
| **Screen: Credits** |
| **Property Tax Credit/Deduction (Primary Residence Only)** | **+**\_\_\_\_\_\_\_\_ Gross Property Tax paid (Use PTR base amount if TP in PTR program)**+**\_\_\_\_\_\_\_\_ 18% of Rent paid**=**\_\_\_\_\_\_\_\_ Total | “Enter Property Taxes Paid and/or 18% of Net Rent Paid "(enter only the amount of property taxes …” |
|  Homeowner / Renter / Both | “Type of rent or taxes paid for Property Tax Deduction in 2019?” |
| \_\_\_\_\_\_\_\_ Block \_\_\_\_\_\_\_\_ Suffix\_\_\_\_\_\_\_\_ Lot \_\_\_\_\_\_\_\_ Suffix\_\_\_\_\_\_\_\_ Qualifier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County/Municipality | “If were you [sic] a Homeowner or Both, Please enter the information related …: Note: Block and Lot are required to be completed.” |
|  Yes / No – Eligible for HB | “Are you eligible and file for a homestead benefit …?” |
| \_\_\_\_\_\_ Owner %\_\_\_\_\_ Unit % | “Owners Percentage” and “Unit Percentage” |
| **Credit for Taxes Paid to Another State** | \_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_ AGI \_\_\_\_\_\_\_ Tax | “Credit for Taxes Paid to Another State” |
| **Wounded Warrior Caregiver Credit** | \_\_\_\_\_\_\_\_ Amount (Plus a bunch of other stuff) | “Wounded Warrior Caregiver Credit” |
| **Screen: Tax** |
| **Use Tax** | \_\_\_\_\_\_\_\_ AmountUse NJ Worksheet K or NJ Use Tax Calculator | “Use Tax Due on Out-of-State Purchases” |
| **Everyone had MEC** | Yes / No – If No, Use NJ HCC / SRP Worksheet | “Did you and, if applicable, all members of your health care shared responsibility family, have qualifying coverage for every month in 2019?” |
| **Screen: Payments** |
| **Refund Amount to Apply to 2020** | \_\_\_\_\_\_\_\_ Amount | “Amount of state refund that you would like to apply to your 2020 return” |
| **Private Plan Number(s) from W-2 for NJ-2450** | 1 W-2 EIN \_\_\_\_\_\_\_\_\_\_\_\_ PP#\_\_\_\_\_\_\_\_\_\_\_\_2 W-2 EIN \_\_\_\_\_\_\_\_\_\_\_\_ PP#\_\_\_\_\_\_\_\_\_\_\_\_ | “Enter the W-2 Federal ID …” and “Private Plan Number” itself |
| **Screen: Miscellaneous Forms** |
| **NJ Estimated Payments (next year)** | \_\_\_\_\_\_ Due 04-15-2020 \_\_\_\_\_\_ Due 06-15-2020\_\_\_\_\_\_ Due 09-15-2020 \_\_\_\_\_\_ Due 01-15-2021 | “Estimated Payment Vouchers, Form NJ‑1040‑ES” |