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

| **Item** | **Enter Answer(s)** | **TaxSlayer Question** |
| --- | --- | --- |
| **Screen: Basic Information** | | |
| **Municipality Code**  As of when return prepared | County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Municipality: \_\_\_\_\_\_\_\_\_\_\_\_  Use [NJ Municipality Code Lookup Tool](http://taxprep4free.org/Tools/NJ%20Muni%20Lookup/NJMuni.html) | **Question:** Select the County or Municipality of your current residence |
| **Health Insurance for Children**  Insurance status for dependents as of when return prepared | Yes / No (Circle One) | **Question:** If claiming dependents on your federal return, are the dependents covered by health insurance coverage? |
| **Disabled**  Whether disabled for extra NJ exemption | TP: Yes / No (Circle One)  SP: Yes / No (Circle One)  See also: Disability status, below | **Question:** Were you Disabled as of December 31, 2017? |
| **Dependents under age 22 that attended college full time** | Number: \_\_\_\_ | **Question:** Enter the number of dependents under age 22 claimed on your federal return that attended college |
| **Gubernatorial Elections Fund** | TP: Yes / No (Circle One)  SP: Yes / No (Circle One) | **Question:** Gubernatorial Elections Fund |
| **Veteran** | TP: Yes / No (Circle One)  SP: Yes / No (Circle One) | **Question:** Were you are a military veteran who was honorably discharged or released under honorable circumstances from active duty in the Armed Forces of the United States by the last day of the tax year? |
| **Part Year Resident?** | Yes / No (Circle One)  Note: Part Year Residents are Out of Scope | **Question:** Several |
| **Screen: Income Subject to Tax** | | |
| **NJ Line 23 - Gambling Winnings** | **+**\_\_\_\_\_\_\_\_ Total Gambling Winnings  **-**\_\_\_\_\_\_\_\_ NJ Lottery (<= 10,000)  **-**\_\_\_\_\_\_\_\_ Gambling Losses  **=**\_\_\_\_\_\_\_\_ Net Total | **Question:** Enter taxable Gambling Winnings that are taxable to New Jersey |
| **Adjustments to Line 19a**  (Separate amounts for T(Taxpayer) / S(Spouse) | **-**\_\_\_\_\_\_\_\_ T / S Military Pension  **-**\_\_\_\_\_\_\_\_ T / S Disability (Under 65)  **-**\_\_\_\_\_\_\_\_ T / S 414H Pension  **-**\_\_\_\_\_\_\_\_ T / S IRA/403b/457b/TSP  **+**\_\_\_\_\_\_\_\_ T / S PSO Insurance  **-**\_\_\_\_\_\_\_\_ T / S 3 Year Rule (first 3)  **+**\_\_\_\_\_\_\_\_ T / S 3 Year Rule (later)  **=**\_\_\_\_\_\_\_\_ T Total  **=**\_\_\_\_\_\_\_\_ S Total | **Question:** Enter Military Pension, Survivors Benefit Payments, or other Qualifying Income Exempt from NJ Tax; enter the excluded amount as a negative number |
| **Adjustments to Line 19b** | **+**\_\_\_\_\_\_\_\_ Contributory Pension (line 1 - 2a)  **+**\_\_\_\_\_\_\_\_ 414H Pension  **+**\_\_\_\_\_\_\_\_ IRA/403b/457b/TSP  **+**\_\_\_\_\_\_\_\_ 3 Year Rule (first 3)  **=**\_\_\_\_\_\_\_\_ Total | **Question:** Tax-Exempt Pensions, Annuities, and IRA Withdrawals |
| **Adjustments to Line 25** | +\_\_\_\_\_\_\_\_ Taxable Scholarships  +\_\_\_\_\_\_\_\_ Medicaid Waiver Payment on W-2  **-**\_\_\_\_\_\_\_\_ PTR Recovery  **-**\_\_\_\_\_\_\_\_ Homestead Benefit Recovery  **-**\_\_\_\_\_\_\_\_ Non-W-2G Gambling Winnings  **-**\_\_\_\_\_\_\_\_ Other Fed income not taxed in NJ  **=**\_\_\_\_\_\_\_\_ Total | **Question:** Taxable Amount of Scholarships included on Federal Return |
| **Screen: Subtractions from Income** | | |
| **Adjustments to Capital Gains** | \_\_\_\_\_\_\_\_ Amount | **Question:** Adjustments to Capital Gains or Losses (Example would be securities that are exempt from NJ Income tax). |
| **Pre-Tax (Federal) / Post-Tax (NJ) Medical** | **+**\_\_\_\_\_\_\_\_ W-2 pre-tax medical premiums (aka Cafeteria Plan, Sec. 125)  **+**\_\_\_\_\_\_\_\_ FSA / HSA distributions  **+**\_\_\_\_\_\_\_\_ PSO Health Ins in 1099-R box 5  **-**\_\_\_\_\_\_\_\_ Non-dependent costs  **=**\_\_\_\_\_\_\_\_ Total | **Question:** Enter any medical insurance premiums that you did not include on your federal return because they were deducted on a pre-tax basis. |
| **Disability status**  Used to determine eligibility for line 27 Pension Exclusion | TP: Yes / No (Circle One)  SP: Yes / No (Circle One) | **Question:** Disabled as per SSA Guidelines (After clicking Begin for Pension Exclusion) |
| **Screen: Credits** | | |
| **Property Tax (Primary Residence Only)** | **+**\_\_\_\_\_\_\_\_ Property Tax paid (Use PTR base amount if TP in PTR program)  **+**\_\_\_\_\_\_\_\_ 18% of Rent paid  **=**\_\_\_\_\_\_\_\_ Total | **Question:** Enter Property Taxes Paid and/or 18% of Net Rent Paid "(enter only the amount of property taxes paid that reflects your percentage of ownership in the property or percentage of the property you occupied) |
| **Property Tax (Homeowner Only)** | \_\_\_\_\_\_\_\_ Block \_\_\_\_\_\_\_\_ Suffix  \_\_\_\_\_\_\_\_ Lot \_\_\_\_\_\_\_\_ Suffix  \_\_\_\_\_\_\_\_ Qualifier  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County / Municipality  \_\_\_\_\_\_ Owner %\_\_\_\_\_ Unit % | **Question:** If were you a Homeowner, Please enter the information related to the property below: Note: Block and Lot are required to be completed. |
| **Credit for Taxes Paid to Another State** | \_\_\_\_\_\_\_\_ Other Jurisdiction - Name  \_\_\_\_\_\_\_\_ Other Jurisdiction - AGI  \_\_\_\_\_\_\_\_ Other Jurisdiction - Tax | **Question:** Credit for Taxes Paid to Another State |
| **Screen: Tax** | | |
| **Use Tax** | \_\_\_\_\_\_\_\_ Amount  Use NJ Worksheet H or NJ Use Tax Calculator | **Question:** Use Tax Due on Out-of-State Purchases |
| **Screen: Payments** | | |
| **Refund amount to apply to 2018** | \_\_\_\_\_\_\_\_ Amount | **Question:** Amount of state refund that you would like to apply to your 2018 return |
| **Private Plan Number(s) from W-2 for NJ-2450** | 1 W-2 EIN \_\_\_\_\_\_\_\_\_\_\_\_ PP#\_\_\_\_\_\_\_\_\_\_\_\_  2 W-2 EIN \_\_\_\_\_\_\_\_\_\_\_\_ PP#\_\_\_\_\_\_\_\_\_\_\_\_  3 W-2 EIN \_\_\_\_\_\_\_\_\_\_\_\_ PP#\_\_\_\_\_\_\_\_\_\_\_\_  4 W-2 EIN \_\_\_\_\_\_\_\_\_\_\_\_ PP#\_\_\_\_\_\_\_\_\_\_\_\_ | **Question:** Enter the W-2 Federal ID Number associated with Private Plan Number  **Question:** Private Plan Number |
| **Screen: Miscellaneous Forms** | | |
| **NJ Estimated Payment Vouchers** | \_\_\_\_\_\_\_\_ Due 04-15-2018  \_\_\_\_\_\_\_\_ Due 06-15-2018  \_\_\_\_\_\_\_\_ Due 09-15-2018  \_\_\_\_\_\_\_\_ Due 01-15-2019 | **Question:** Estimated Payment Vouchers, Form NJ‑1040‑ES |