

**New Jersey Checklist – TaxSlayer Online (TSO) TY2016**

Name: ANDERSON

Item	Enter Answer(s)	TaxSlayer Question
<b>Screen: Basic Information</b>		
<b>Municipality Code</b> As of when return prepared	County: <u>BERGEN</u> Municipality: <u>EDGEWATER</u> Use <a href="#">NJ Municipality Code Lookup Tool</a>	<b>Question:</b> Select the County or Municipality of your current residence
<b>Health Insurance for Children</b> Insurance status for dependents as of when return prepared	Yes / <input checked="" type="radio"/> No (Circle One)	<b>Question:</b> If claiming dependents on your federal return, are the dependents covered by health insurance coverage?
<b>Disabled</b> Whether disabled for extra NJ exemption	TP: Yes / <input checked="" type="radio"/> No (Circle One) SP: Yes / <input checked="" type="radio"/> No (Circle One) See also: Disability status, below	<b>Question:</b> Were you Disabled as of December 31, 2016?
<b>Dependents under age 22 that attended college full time</b>	Number: <u>6</u>	<b>Question:</b> Enter the number of dependents under age 22 claimed on your federal return that attended college
<b>Gubernatorial Elections Fund</b>	TP: Yes / <input checked="" type="radio"/> No (Circle One) SP: Yes / No (Circle One)	<b>Question:</b> Gubernatorial Elections Fund
<b>Part Year Resident?</b>	Yes / <input checked="" type="radio"/> No (Circle One) Note: Part Year Residents are Out of Scope	<b>Question:</b> Several
<b>Screen: Income Subject to Tax</b>		
<b>NJ Line 23 - Gambling Winnings</b>	+ _____ Total Gambling Winnings - _____ NJ Lottery (<= 10,000) - _____ Gambling Losses = _____ Net Total	<b>Question:</b> Enter taxable Gambling Winnings
<b>Adjustments to Line 19a</b> (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	<b>Question:</b> Enter Military Pension or Survivor's Benefit Payments received; enter the excluded amount as a negative number
<b>Adjustments to Line 19b</b>	+ _____ Contributory Pension (line 1 - 2a) + _____ 414H Pension + _____ IRA/403b/457b/TSP + _____ 3 Year Rule (first 3) = _____ Total	<b>Question:</b> Tax-Exempt Pensions and Annuities
<b>Adjustments to Line 25</b>	+ _____ Taxable Scholarships + _____ Medicaid Waiver Payment on W-2 - _____ 1099-C (No longer applicable) - _____ PTR Recovery - _____ Homestead Benefit Recovery - _____ Non-W-2G Gambling Winnings - _____ Other Fed income not taxed in NJ = _____ Total	<b>Question:</b> Taxable Amount of Scholarships included on Federal Return

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<b>Screen: Subtractions from Income</b>		
<b>Adjustments to Capital Gains</b>	_____ Amount	<b>Question:</b> Adjustments to Capital Gains or Losses (Example would be securities that are exempt from NJ Income tax).
<b>Pre-Tax (Federal) / Post-Tax (NJ) Medical</b>	+ _____ 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	<b>Question:</b> Enter any medical insurance premiums that you did not include on your federal return because they were deducted on a pre-tax basis.
<b>Disability status</b> Used to determine eligibility for line 27 Pension Exclusion	TP: Yes / No (Circle One) SP: Yes / No (Circle One)	<b>Question:</b> Disabled as per SSA Guidelines
<b>Screen: Credits</b>		
<b>Property Tax</b>	+ _____ Property Tax paid (Use PTR base amount if TP in PTR program) + <u>2160</u> 18% of Rent paid <u>12,000 x .18 =</u> = <u>2160</u> Total	<b>Question:</b> Property Tax Credit/Deduction
<b>Credit for Taxes Paid to Another State</b>	_____ Other Jurisdiction - Name _____ Other Jurisdiction - AGI _____ Other Jurisdiction - Tax	<b>Question:</b> Credit for Taxes Paid to Another State
<b>Screen: Tax</b>		
<b>Use Tax</b>	_____ Amount Use NJ Worksheet H	<b>Question:</b> Use Tax Due on Out-of-State Purchases
<b>Screen: Miscellaneous Forms</b>		
<b>NJ Estimated Payment Vouchers</b>	_____ Due 04-15-2017 _____ Due 06-15-2017 _____ Due 09-15-2017 _____ Due 01-15-2018	<b>Question:</b> Estimated Payment Vouchers, Form NJ-1040-ES