

New Jersey Checklist – TaxSlayer Online (TSO) TY2016

Name: _____

Item	Enter Answer(s)	TaxSlayer Question
Screen: Basic Information		
Municipality Code As of when return prepared	County: <u>SOMERSET</u> Municipality: <u>BEDMINSTER TWP</u> Use NJ Municipality Code Lookup Tool	Question: Select the County or Municipality of your current residence
Health Insurance for Children Insurance status for dependents as of when return prepared	<input checked="" type="radio"/> Yes / <input type="radio"/> 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 / <input checked="" type="radio"/> No (Circle One) SP: Yes / <input checked="" type="radio"/> No (Circle One) See also: Disability status, below	Question: Were you Disabled as of December 31, 2016?
Dependents under age 22 that attended college full time	Number: <u>1</u>	Question: Enter the number of dependents under age 22 claimed on your federal return that attended college
Gubernatorial Elections Fund	TP: Yes / <input checked="" type="radio"/> No (Circle One) SP: <input checked="" type="radio"/> Yes / <input type="radio"/> No (Circle One)	Question: Gubernatorial Elections Fund
Part Year Resident?	Yes / <input checked="" type="radio"/> No (Circle One) Note: Part Year Residents are Out of Scope	Question: Several
Screen: Income Subject to Tax		
NJ Line 23 - Gambling Winnings	+ <u>1,300</u> Total Gambling Winnings - <u>200</u> NJ Lottery (<= 10,000) <i>SEE</i> - <u>1,444</u> Gambling Losses <i>SCRATCHPADS</i> = <u>-344</u> Net Total	Question: Enter taxable Gambling Winnings
Adjustments to Line 19a (Separate amounts for T(Taxpayer) / S(Spouse))	- <u>1,200</u> <input checked="" type="radio"/> T / <input type="radio"/> 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 or Survivor's Benefit Payments received; enter the excluded amount as a negative number
Adjustments to Line 19b	+ <u>335</u> Contributory Pension (line 1 - 2a) + _____ 414H Pension + _____ IRA/403b/457b/TSP <i>SEE ANNUITY CALCULATOR</i> + _____ 3 Year Rule (first 3) = _____ Total	Question: Tax-Exempt Pensions and Annuities
Adjustments to Line 25	+ _____ 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	Question: Taxable Amount of Scholarships included on Federal Return

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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	+ <u>1,200</u> 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 / <u>No</u> (Circle One) SP: Yes / <u>No</u> (Circle One)	Question: Disabled as per SSA Guidelines
Screen: Credits		
Property Tax	+ <u>7,135</u> Property Tax paid (Use PTR base amount if TP in PTR program) + _____ 18% of Rent paid = _____ Total	Question: Property Tax Credit/Deduction
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	<u>84</u> Amount Use NJ Worksheet H	Question: Use Tax Due on Out-of-State Purchases <i>SEE NJ USE TAX WORKSHEET</i>
Screen: Miscellaneous Forms		
NJ Estimated Payment Vouchers	_____ <u>20</u> Due 04-15-2017 _____ <u>20</u> Due 06-15-2017 _____ <u>20</u> Due 09-15-2017 _____ <u>20</u> Due 01-15-2018	Question: Estimated Payment Vouchers, Form NJ-1040-ES