

## PRO-P3 Fleming Review Guide

Intake Sheet, page 4, Section B:

1: Yes - James	2: No	3: No	4: Yes – All	5: Yes – All
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E-file created: No longer possible for TY2011

AGI: 38,439

Refund/(Amount Owed): 39

Diagnostic:

Overridden Entries:

- Overridden Entry 'FIRST2' on 'NJ Dependents Information'
- Overridden Entry 'LAST2' on 'NJ Dependents Information'
- Overridden Entry 'SSN2' on 'NJ Dependents Information'
- Overridden Entry 'BYEAR2' on 'NJ Dependents Information'

Estimated Entries: Dependent on Template used to create return

Form	Payer/Name/Line	Comment
Main Info	Present home address	356 WILKES DRIVE (not 365...)
	Email address	<a href="mailto:ANNA0733@MYMAIL.COM">ANNA0733@MYMAIL.COM</a>
	Telephone numbers	Both Daytime (201-555-1212) and Cell phone (862-555-3434)
	Taxpayer Information	Check disability box for taxpayer
	Presidential Election	Check You box
	Filing Status	4 Head of household
	Dependents/Nondependents	Best Practice: list in order of age, youngest first James is code 0: Non-dependents DC box checked for both EIC box checked for both
1040 pg 1	Line 7	22,530 If 17,130, 1099-R [Tri-State] does not have Disability box checked.
	Line 11	BP: Use Scratch Pad to document Alimony Received calculation
Interest Stmt	Global Investment	Exempt Interest: 0 in box 1/3, no state adjustments, E in NAEOB
Sch C Pg1	Line F	Cash accounting
	Line G	Yes
	Part I, line 1b	12,176, 1099-MISC is linked to this line
	Part II, line 9	119 from Sch C page 2 Part IV
	Part II, line 28	4,917 with each item, except car expense, listed either in Part V or on scratch pad [e.g., to line 18 or 22]
Sch C Pg2	Part IV	Line 43: 7-1-2008 Line 44: a=234, b=0, c=10,000 Line 45: Yes; 46: No; 47a: Yes; 47b: Yes
1099-MISC	Line 7	12,176

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Sch EIC	All	Unnecessary questions unanswered e.g. 4a, 4b
Sch EIC Wkt	All	Unnecessary questions unanswered e.g. 4b, 9b, 9c, 9d
W-2	Oakwood World-Herald	Line 14: NJSDI=73, NJSUI=56, NJFLI=9, NJSUI=6
		Line 15: NJ; line 16: 14,598; line 17: 575
W-2	Butler Inc	Line 14: NJSDIPP=78, NJSUI=11, NJFLI=2 Note: change NJSDI to NJSDIPP [Private Plan] (see also NJ-2450)
		Line 15: NJ; line 16: 2,532; line 17: 201
1099-R	Tri-State Publishers	Disability box checked
2441	EIN? Box	Checked
	Part II	Line 2(c): James=903, Grete=890
All	TSJ boxes	Either T or blank

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### New Jersey

<b>Form</b>	<b>Payer/Name/Line</b>	<b>Comment/Reference</b>
NJ 1040 Pg1	County/Municipality code	0906
NJ 1040 Pg3	Gubernatorial Fund	Taxpayer: Yes
	Line 13 Dependent's information	Should show both Grete and James
	Line 19 [Pensions, . . and IRA Withdrawals]	5000 [From IRA Wkt (01)]
	Line 28 [NJ Gross Income]	27,206
	Line 36a [Total Property Taxes Paid]	2,160 [From Worksheet F]
	Line 36c [Property Tax Deduction]	0 [From Worksheet F]
	<b>Line 37 [NJ Taxable Income]</b>	<b>23,706</b>
NJ 1040 Pg4	Line 47 [Total NJ Income Tax Withheld]	776
	Line 48 [Property tax credit]	50 [From Worksheet F]
	Line 52 [Excess NJ disability]	3 [From NJ 2450]
	<b>Line 65 [Refund]</b>	<b>591</b>
	Worksheet F, Line 1, Rent you paid	12,000
NJ Dep Wkt	Dependents Information	James added via override: First name: JAMES Last name: FLEMMING SSN: 243-xx-xxxx Birth year: 2005
NJ DD Wkt	Direct Deposit and Direct Debit . . .	Check to have check mailed
NJ 2450	Line 1b	Enter Plan number 9786654 for Private Plan Disability on Butler W-2 and add 78 to Column B with a scratch pad
NJ 2450	Line 2	A = 73; B = 151; C = 11 If Private Plan Disability on Butler W-2 was not entered, B = 73
NJ IRA Wkt (01)	Part 1, Enter the copy number of the IRA	1 Removing the red fields from the remainder of the form is optional