Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space X Single Married filing jointly Married filing separately Head of household Qualifying widow(er) Your first name and initial Last name Your social security number CORY BOOKER Someone can claim you as a dependent Your standard deduction: You were born before January 2, 1954 You are blind If joint return, spouse's first name and initial Spouse's social security number Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.) Spouse itemizes on a separate return or you were dual-status alien Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign** (see inst.) You Spouse City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents. see inst. and ✓ here ▶ NEWARK NJ Dependents (see instructions): (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see inst.): Child tax credit Credit for other dependents (1) First name Last name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, Sign correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge. Here Date If the IRS sent you an Identity Protection Your signature Your occupation PIN, enter it Joint return? SENATOR here (see inst. See instructions. If the IRS sent you an Identity Protection Spouse's signature. If a joint return, both must sign. Keep a copy for Date Spouse's occupation PIN, enter it your records. here (see inst. PTIN Preparer's name Preparer's signature Firm's EIN Check if: **Paid** X 3rd Party Designee **Preparer** Self-employed Firm's name ▶ Phone no. Use Only Firm's address ▶ Form **1040** (2018) For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2 152,639. Wages, salaries, tips, etc. Attach Form(s) W-2 . 1 1 76. 2a Tax-exempt interest . 2a **b** Taxable interest 2b Attach Form(s) За Qualified dividends . 3a **b** Ordinary dividends 3b W-2 Also attach Form(s) W-2G and IRAs, pensions, and annuities . 4a **b** Taxable amount 4b 4a 1099-R if tax was withheld. 5a Social security benefits . 5a **b** Taxable amount 5b 152,715. 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, 152,715. subtract Schedule 1, line 36, from line 6 Standard Deduction for-8 Standard deduction or itemized deductions (from Schedule A) . 8 34,000. Single or married 9 Qualified business income deduction (see instructions) . filing separately, \$12,000 118,715. 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-10 Married filing **a** Tax (see inst.) 22,781. (check if any from: **1** Form(s) 8814 **2** Form 4972 11 jointly or Qualifying widow(er), **b Add** any amount from Schedule 2 and check here 11 22,781. \$24,000 Head of 12 a Child tax credit/credit for other dependents 12 household. 13 Subtract line 12 from line 11. If zero or less, enter -0-22,781. 13 \$18,000 If you checked 14 0. Other taxes. Attach Schedule 4. 14 any box under 22,781. 15 15 Standard Total tax. Add lines 13 and 14 . deduction. 16 29,446. Federal income tax withheld from Forms W-2 and 1099 16 see instructions. Refundable credits: a EIC (see inst.) No **b** Sch. 8812 Add any amount from Schedule 5 17 29,446. 18 Add lines 16 and 17. These are your total payments 18 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid 6,665. 19 19 Refund 6,665. 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here 20a Direct deposit? **▶** b X Checking Savings Routing number **c** Type: See instructions.

 \blacktriangleright

21

BAA

Estimated tax penalty (see instructions).

Amount of line 19 you want applied to your 2019 estimated tax

Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions

▶ d

21

Amount You Owe

SCHEDULE A (Form 1040)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Attach to Form 1040.

OMB No. 1545-0074

2018
Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

name(s) snown on	FOIII	1040			TOL	ir sociai security number
CORY BOOK	ΞR					
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 7 2				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
-	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You	5	State and local taxes.				
Paid	2	State and local income taxes or general sales taxes. You may				
	Ĭ	include either income taxes or general sales taxes on line 5a,				
		but not both. If you elect to include general sales taxes instead				
		of income taxes, check this box ▶ □	5a	25,815.		
	k	State and local real estate taxes (see instructions)	5b	10,211.		
		State and local personal property taxes	5с	· .		
		Add lines 5a through 5c	5d	36,026.		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		· .		
		separately)	5e	10,000.		
	6	Other taxes. List type and amount ▶				
			6			
	7	Add lines 5e and 6			7	10,000.
Interest You	8	Home mortgage interest and points. If you didn't use all of your				
Paid	•	home mortgage loan(s) to buy, build, or improve your home,				
Caution: Your		see instructions and check this box ▶				
mortgage interest deduction may be	a	Home mortgage interest and points reported to you on Form				
limited (see instructions).		1098	8a			
	k	Home mortgage interest not reported to you on Form 1098. If				
		paid to the person from whom you bought the home, see				
		instructions and show that person's name, identifying no., and				
		address ►				
			8b			
	C	Points not reported to you on Form 1098. See instructions for				
		special rules	8c			
	C	Reserved	8d			
	e	Add lines 8a through 8c	8e			
	9	Investment interest. Attach Form 4952 if required. See				
		instructions	9			
	10	Add lines 8e and 9			10	
Gifts to	11					
Charity		see instructions	11	24,000.		
16	12	Other than by cash or check. If any gift of \$250 or more, see				
If you made a gift and got a		instructions. You must attach Form 8283 if over \$500	12			
benefit for it, see instructions.	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	24,000.
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (othe	r than net qualified		
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from I	ine 1	18 of that form. See		
		instructions			15	
Other	16	Other—from list in instructions. List type and amount ▶				
Itemized						
Deductions					16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Al	so, e	enter this amount on		
Itemized		Form 1040, line 8			17	34,000.
Deductions	18	If you elect to itemize deductions even though they are less t	han	your standard		
		deduction check here				

2018 NJ-1040

New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040 2018 Page 1

Your Social Security Number (required)

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint Filers enter first name and middle initial of each}.\ Enter\ spouse's \textit{'CU partner's last name ONLY if different.'})$

BOOKER CORY

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50)

City, Town, Post Office NEWARK

State ZIP Code

NJ

Driver's License Number (Voluntary) (Instructions page 42)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

X I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Presidential disaster relief.

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1		
dd2.	Account type (C for checking, S for savings)	dd2.	C		
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.			
dd4.	Routing number	dd4.			
dd5.	Account number	dd5.			





Part-year residents, provide mon	ths/days you were a New Jersey resident during 2018:	Fiscal year filers only:	
From:	To:	Enter month of your year end	2019

Filing Status Fill in only one.

- X Single 1.
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter Spouse's/CU partner's SSN
- Qualifying Widow(er)/Surviving CU Partner 5.

Indicate the year of your spouse's/CU partner's death: 2016 2017

ExemptionsFill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	×	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 = 1000
7.	Senior 65+ (Born in 1953 or earlier)		Self	Spouse/CU Partner			x \$1,000 =
8.	Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =
9.	Veteran		Self	Spouse/CU Partner			x \$3,000 =
10.	Qualified Dependent Children						x \$1,500 =
11.	Other Dependents						x \$1,500 =
12.	Dependents Attending Colleges (See	instruct	ions)				x \$1,000 =
13.	Total Exemption Amount (Add totals	from th	e lines at 6 throug	h 12)			13. 1000 .

14.	Dependent Information. Provide the following information for each dependent.	Fill in oval only if the dependent does not have	health insurance. (See	instructions)
	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.		_		
b.		_		
c.		_		
d.		_		

NJ-1040

2018 Page 3



Name(s) as shown on Form NJ-1040

BOOKER CORY

Your Social Security Number

174000 Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) 15. 15. 76 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) 16a. 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a 16b. 17. Dividends 17. 18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C) 18. 19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4) 19. 20a. Pensions, Annuities, and IRA Withdrawals (See instructions) 20a. Excludable Pensions, Annuities, and IRA Withdrawals 20b. 20b. 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) 21. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) 22. 22. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4) 23. 23. Net Gambling Winnings (See instructions) 24 24. Alimony and Separate Maintenance Payments received 25. 25. Other (Enclose documents) (See instructions) 26. 26. 174076 27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26) 27 Retirement/Pension Exclusion (See instructions) 28a. 28a Other Retirement Income Exclusion (Worksheet D and instructions page 22) 28b. 28b. Total Exclusion Amount (Add Lines 28a and 28b) 28c. 28c. 174076 New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions) 29. 29. 1000 30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.) 30. Medical Expenses (Worksheet F and instructions page 24) 31 31 Alimony and Separate Maintenance Payments (See instructions) 32. 32. **Oualified Conservation Contribution** 33 33 34. Health Enterprise Zone Deduction 34. 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) 35. Total Exemptions and Deductions (Add Lines 30 through 35) 36. 1000 36. 173076 37. Taxable Income (Subtract Line 36 from Line 29) 37 10211 Total Property Taxes (18% of Rent) Paid (Instructions page 25) 38a. 38a. 38b. 38b. Lot Qualifier 38b. County/Municipality Code 38c Fill in if you completed Worksheet G 10211 . 39. Property Tax Deduction (From Worksheet H) (See instructions) 39. 162865 40. New Jersey Taxable Income (Subtract Line 39 from Line 37) 40. Tax on Amount on Line 40 (Tax Table page 52) 8248 41. 41. 42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) 42. Enter Code 8248 Balance of Tax (Subtract Line 42 from Line 41) 43. 43. Child and Dependent Care Credit (See instructions) 44. 44. Fill in if you are a CU couple claiming the Child and Dependent Care Credit 8248 45. Balance of Tax (Subtract Line 44 from Line 43) 45 Sheltered Workshop Tax Credit 46. 46. 8248 Balance of Tax (Subtract Line 46 from Line 45) 47. 47. Gold Star Family Counseling Credit (See instructions) 48 48 Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry 8248 49. 49. 0 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00 50. Interest on Underpayment of Estimated Tax 51. Fill in if Form NJ-2210 is enclosed 8248 Total Tax Due (Add Lines 49, 50, and 51) 52.



NJ-1040

2018 Page 4

Name(s) as shown on Form NJ-1040

BOOKER CORY

Your Social Security Number

9790 Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) 53. 53. 54. Property Tax Credit (See instructions page 25) 54. 55. New Jersey Estimated Tax Payments/Credit from 2017 tax return 55. 56. New Jersey Earned Income Tax Credit (See instructions) 56. Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) 57. 57. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) 58. 58. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) 59. 60. Wounded Warrior Caregivers Credit (See instructions) 60. Total Withholdings, Credits, and Payments (Add Lines 53 through 60) 9790 61. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe 62. 62. If you owe tax, you can still make a donation on Lines 65 through 72. 1542 63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment 63. Amount from Line 63 you want to credit to your 2019 tax 64. 64. Contribution to N.J. Endangered Wildlife Fund \$10 65. \$20 Other 65. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other 66. 66. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other 67. 67. Contribution to N.J. Breast Cancer Research Fund \$20 Other 68. \$10 68. 69. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other 69. \$20 Other 70 70 Other Designated Contribution (See instructions) \$10 Enter Code Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code 71. 71. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code 72. 72. 73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72) 73. 74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73) 74.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No

This does not reduce your refund or increase your balance due.

Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)

Health Insurance

Paid Preparer's Signature

75.

Indicate whether or not you (and your spouse/CU partner or domestic You Yes No partner) have health insurance coverage on the date you file this return.

Spouse/CU Partner Yes No Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Firm's Name Federal Employer Identification Number

Tax Due Address

1542

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation Revenue Processing Center PO Box 111

Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to: State of New Jersey – TGI

You can also make a payment on our website: www.njtaxation.org

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555

Federal Identification Number