

Samaritan members who are residents of the State of New Jersey

This is a reminder regarding The New Jersey Health Insurance Market Preservation Act, a recently enacted law which requires New Jersey residents to maintain health insurance—and the special provision for members of sharing ministries, such as Samaritan Ministries.

This law requires residents of the State of New Jersey to have minimum essential health coverage (MEC) throughout 2021 or qualify for an exemption of coverage. Failure to have health coverage or qualify for an exemption will result in a Shared Responsibility Payment (SRP).

If you are filing 2021 taxes for the State of New Jersey, you will need to complete **Schedule NJ-HCC** to claim your exemption as a member of a health care sharing ministry. To do so, follow the instructions below. For your convenience, we have also included samples of the tax forms you will be required to complete.

Complete the NJ Insurance Mandate Coverage Exemption Application to obtain an exemption number.

- 1. Go to nj.gov/treasury/njhealthinsurancemandate/exemptions.shtml
- 2. In the first paragraph, select "NJ Insurance Mandate Coverage Exemption Application" link.
- 3. Under Group Membership, select the box to the right of "Health Care Sharing" then scroll down and click "Continue."
- 4. Enter the dates during which time you were a member (January 1–December 31 if a member all year), then fill in the requested information for yourself, your spouse, and any dependents. Once completed, press "Continue" at the bottom of the page.
- 5. Enter "Samaritan Ministries International" as the name of your Health Care Sharing Ministry.
- 6. Check each of the boxes since all of these statements apply to Samaritan, then click "Submit".
- 7. An acknowledgement box with red text will appear. Check that box and click "Continue".
- 8. Certify that all the information you provided is correct by checking the box at the bottom of the page, then click "Submit."
- 9. At the bottom of the page, your unique exemption number— which will be used when completing **Schedule NJ-HCC**—will be listed. **Be sure to retain this exemption number for your records**, as you will need to claim the exemption using the unique exemption number for each person who meets the criteria of that exemption.

Complete Form NJ-1040.

- 1. For **question 14**: Because Samaritan Ministries is not health insurance, most members will fill in the square that says "No Health Insurance".
- 2. For **question 53**: If you were a Samaritan member for the entirety of 2021 and claim your exemption, you should not have a Shared Responsibility Payment. If so, enter \$0.00 here.

Complete Schedule NJ-HCC.

- 1. If you were a Samaritan member for any portion of 2021, answer "No" in Part I and continue to Part II.
- 2. In Part II, enter the exemption number you recorded earlier from the exemption application. You will need to claim exemption using the unique exemption number for each person who meets the criteria of that exemption. Mark the boxes to indicate which months you were a member of Samaritan Ministries.
- 3. If you have more dependents than space allows for in this section, print or make a copy of Schedule NJ-HCC. On the top of the form, remember to enter your last and first name(s) and middle initial(s) and social security number(s) as listed on Form NJ 1040, and then continue by listing your remaining dependents.



2021 NJ-1040 New Jersey Resident Income Tax Return

| 5R | Affix preprinted label below ONLY if the information is correct. | | | | | | | | | | | |
|---|---|--|---------------------------------|--------------------|-------------|--|--|--|--|--|--|--|
| 5 | ial Security Number (required) Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) | | | | | | | | | | | |
| Instru | 123456789 Anyone, John O. and Julie A. | | | | | | | | | | | |
| ** | Spouse's/CU Partner's SSN (if filing jointly) Home Address (Number and Street, including apartment number) | | | | | | | | | | | |
| otific | 012345678 1234 Anystreet Ave | | | | | | | | | | | |
| County/Muni | cipality Code (See Table page 50) | City, Town, Post Office | | State | ZIP Code | | | | | | | |
| Privacy | 0 1 2 3 | Anytown | | N) | 12345 | | | | | | | |
| Fill in if federal extension filed. Fill in if the address above is a foreign address. Fill in if your address has changed. | | | | | | | | | | | | |
| Part-year resider From: M M | nts, provide months/days you were a Ne $^{\prime}$ | w Jersey resident during 2021: | Fiscal year file Enter month of | | 2022 | | | | | | | |
| Filing Status SAMPLE ONLY. Fill in only one. | | | | | | | | | | | | |
| 1. | Single | | | | | | | | | | | |
| 2. | Married/CU Couple, filing joint return | | | _ | | | | | | | | |
| 3. | Married/CU Partner, filing separate reto | urn Lalla - La | | | | | | | | | | |
| 4. | Head of Household | Enter spouse's/CU partner | 's SSN | | | | | | | | | |
| 5. | Qualifying Widow(er)/Surviving CU Pal Indicate the year of your spouse's/CU | | 2020 | | | | | | | | | |
| Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. | | | | | | | | | | | | |
| 6. Regular | Self | Spouse/ Domes CU Partner Partner | | x \$1,000 = | <u>.</u> | | | | | | | |
| 7. Senior 65+ (Bo in 1955 or ear | I I Self | Spouse/CU Partner | | x \$1,000 = | | | | | | | | |
| 8. Blind/Disabled | Self | Spouse/CU Partner | | x \$1,000 = | | | | | | | | |
| 9. Veteran | Self | Spouse/CU Partner | | x \$6,000 = | | | | | | | | |
| 10. Qualified Dep | pendent Children | | | x \$1,500 = | | | | | | | | |
| 11 Other Depen | dents | | | x \$1,500 = | | | | | | | | |
| • | Attending Colleges (See instructions) | | | x \$1,000 = | | | | | | | | |
| 13. Total Exempt | ion Amount (Add totals from the lines at | 6 through 12) | 13. | | | | | | | | | |
| · · | nformation. Provide the following information | - | | | No Health | | | | | | | |
| Last Name, First | Name, Middle Initial 2, Joey, C. | Social Security Number 0 0 1 - 2 3 - 4 5 | | irth Year 2 0 1 | 6 Insurance | | | | | | | |
| Anyone | | | | | | | | | | | | |
| Findonic | , Juli, C. | 0001234 | 56 | 201 | 4 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Division 1 use | 2 3 | 4 5 6 | | 7 | | | | | | | | |

Your Social Security Number 123456789 & 012345678

Name(s) as shown on Form NJ-1040 Anyone, John O. and Julie A.

Page 3

| 10. | Property Tax Deduction (From Worksheet H) (See instructions) | | 40. | | Щ | Ц | | Ц | 4 | 4 | ᆜ |
|-------------|--|----------|-----|-------|---|-----|---|---|----------|---|-----------|
| 11. | New Jersey Taxable Income (Subtract line 40 from line 38)41. | _ | | | Щ | Щ | | Ц | _ | 4 | ᆜ |
| 12. | Tax on amount on line 41 (Tax Table page 52) | 42. | | | | Ш | | Ш | | | \sqcup |
| 13. | Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 43. | ļ | | | | | Ц | | 4 | |
| 14. | Balance of Tax (Subtract line 43 from line 42) | 44. | ļ | | Щ | Щ | Щ | Ц | _ | 4 | _ |
| 1 5. | Sheltered Workshop Tax Credit | 45. | ļ | | Щ | Щ | Щ | Ц | <u> </u> | 4 | _ |
| 16. | Gold Star Family Counseling Credit (See instructions) | 46. | ļ | | Щ | Щ | Щ | Ц | _ | 4 | _ |
| 17. | Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 47. | ļ | | Щ | Щ | Щ | Ц | | 4 | _ |
| 18. | Total Credits (Add lines 45 through 47) | 48. | ļ | | Щ | Щ | Щ | Ц | _ | 4 | _ |
| | Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases | | I | | | | | 뭐 | ᅦ | 井 | _ |
| | (See instructions) If no Use Tax, enter 0.00 | | i | | H | H | | H | | # | ╡ |
| 51. | Interest on Underpayment of Estimated Tax | 51. | | | | | | | | | _ |
| 52. | Shared Responsibility Payment (See instructions) | 52. | | | | | | | | _ | |
| 53. | Total Tax Due (Add lines 49 through 52) | 53. | | | | | | | | | |
| | Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099)(Part-year, see instr.)54. | | | | | | | | | | |
| 55. | Property Tax Credit (See instructions page 23) | | | | | 55. | | | | | |
| 56. | New Jersey Estimated Tax Payments/Credit from 2020 tax return | | | | | | | | | | |
| 57. | 7. New Jersey Earned Income Tax Credit (See instructions) | | | | | | | | | | |
| | 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 | | | | | | | | Ц, | | _ |
| 58. | Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | | | . 58. | | 닏 | | Щ | 4 | 4 | ᆜ |
| 59. | 9. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)59. | | | | | | | | | | |
| 60. | Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instruc | ctions). | | . 60. | | 닖 | | Н | 4 | 4 | _ |
| 31. | Wounded Warrior Caregivers Credit (See instructions) | | | .61. | | Щ | | Н | ᅫ | 4 | _ |
| 62. | Pass-Through Business Alternative Income Tax Credit (See instructions)62. | L | | | Ш | 닏 | | Щ | 4 | 4 | _ |
| 33. | Child and Dependent Care Credit (See instructions) | | | 63. | | Щ | Ш | Ц | <u> </u> | _ | _ |
| | Total Withholdings, Credits, and Payments (Add lines 54 through 63)64. | Ŀ | | | Ш | Щ | Ш | Ш | | | |
| 55. | If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe | | | | | | | | | | |
| | Subtract line 04 from line 33 and enter the amount you owe | | | | | | | | | | |
| 66. | If you owe tax, you can still make a donation on lines 68 through 75. | - | ٦, | | | | | | | _ | _ |
| 66. | · · · · · · · · · · · · · · · · · · · | Ē | | | | | | Д | | ⇉ | \exists |



If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

| Name(s) as shown on Form NJ-1040 Anyone, John O. and Julie A. | Social Security Number 123-45-6789 & 012-34-5678 |
|--|--|

Schedule NJ-HCC

Health Care Coverage

2021

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

| If your income on line 25 is at or below the i | ming a | 1100110 | na (sc | C IIISt | luctio | 113 <i>)</i> , u | J 110t (| compi | CIC III | 13 3011 | Cadic | • |
|--|--------|---------|---------|------------|-----------|------------------|----------|---------|----------|----------|--------|-----|
| Part I | | , | , | | | , | | , | | , | | , |
| Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident. Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return. No. Continue to Part II. | | | | | | | | | | | | |
| Part II | | | | | | | | | | | | |
| Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals. | | | | | | | | | | | | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Name Social Security Number ANYONE, JOHN O. 123-45-6789 | | | | | | | | | | | | |
| Exemption number: A 0 0 0 0 0 0 0 0 0 0 0 0 Check box if this individual has more than one exemption number | | | | | | | | | | | | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Name Social Security Number Anyone, Julie A. 012-34-5678 | | | | | | | | | | | | |
| Exemption number: A 0 0 0 0 0 0 0 0 | 0 0 | 0 c | heck be | ox if this | s individ | dual ha | s more | than or | ne exen | nption r | number | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Name Social Security Number | | | | | i I | | | | Ī | i | | |
| Anyone, Joey, C. 001-23-4567 | | | | | | | | | <u> </u> | | | |
| Exemption number: A 0 0 0 0 0 0 0 | 0 0 | 0 c | heck be | ox if this | s individ | dual has | s more | than or | ne exen | nption r | number | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Name Social Security Number | | | | | | | | | | | | |
| Anyone, Jíll, L. 000-12-3456 | | | | | | | | | | | | |
| Exemption number: A 0 0 0 0 0 0 0 0 | 0 0 | 0 c | heck bo | ox if this | s individ | dual ha | s more | than or | ne exen | nption r | number | |
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Name Social Security Number | | | | | | | | | | | | |
| Exemption number: Check box if this individual has more than one exemption number | | | | | | | | | | | | |