

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 health care sharing ministries, such as Samaritan Ministries.

This law requires residents of the State of New Jersey to have minimum essential health coverage (MEC) throughout the calendar year or qualify for an exemption of coverage. Failure to have had health coverage or to have qualified for an exemption in tax year 2022 will result in a Shared Responsibility Payment (SRP).

If you are filing 2022 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 the NJ Insurance Mandate Coverage Exemption Application link.
- 3. Under Group Membership, click the Select box to the right of Health Care Sharing.
- 4. Next, scroll down and select Continue.
- 5. 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, select **Continue** (at the bottom of the page).
- 6. Enter Samaritan Ministries International as the name of your Health Care Sharing Ministry.
- 7. Check each of the boxes since all of these statements apply to Samaritan, then click **Submit**.
- 8. An acknowledgement box with red text will appear. Check that box and select **Continue**.
- 9. Certify that all the information you provided is correct by checking the box at the bottom of the page, then select **Submit**.
- 10. At the bottom of the page, your unique exemption number—which you will use 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 member of Samaritan for the entirety of 2022 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 2022, 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.



2022 NJ-1040 New Jersey Resident Income Tax Return

5R	Affix preprinted label below ONLY if the information is correct.									
Your Social Security Number (required)	Ir Social 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.)									
Spouse's/CU Partner's SSN (if filing jointly)										
	ANYONE, JOHN O. AND JULÍE A. ouse's/CU Partner's SSN (if filing jointly) Home Address (Number and Street, including apartment number)									
012345678 1234 Anystreet Ave										
County/Municipality Code (See Table page 50)	City, Town, Post Office		State	ZIP Code						
County/Municipality Code (See Table page 50) 0 1 2 3 4 5 6 7 8 0 1 2 3 4 5 6 7 8	Anytown		N) :	12345						
Fill in if federal extension filed. Fill in	if the address above is a foreign addre	ess. Fill in	if your addro	ess has changed.						
Part-year residents, provide months/days you were a New Jersey resident during 2022: Fiscal year filers only:										
From: M M / D D / 2 2 To: M M	/DD/2 2	Enter month of	our year end	2023						
Filling Status SAMPLE ONLY. Fill in only one.										
1. Single										
2. Married/CU Couple, filing joint return										
3. Married/CU Partner, filing separate reti		a 22N	_							
4. Head of Household	Enter spouse's/CU partner'	S 33IN								
5. Qualifying Widow(er)/Surviving CU Pal Indicate the year of your spouse's/CU		2021								
Exemptions										
Fill in the ovals that apply. You must enter a total in the b	Spouse/ Domest									
6. Regular Self	CU Partner Partner		x \$1,000 =							
7. Senior 65+ (Born in 1955 or earlier)										
8. Blind/Disabled Self Spouse/CU Partner										
9. Veteran										
10. Qualified Dependent Children x \$1,500 =										
11. Other Dependents x \$1,500 =										
12. Dependents Attending Colleges (See instructions) x \$1,000 =										
13. Total Exemption Amount (Add totals from the lines at	6 through 12)	13.								
14. Dependent Information. Provide the following information	· ·			No Health						
Last Name, First Name, Middle Initial AIAJAOIALE TORIA C	Social Security Number 0 0 1 - 2 3 - 4 5 6		irth Year 2 0 1 (Insurance						
Anyone, Joey, C. Anyone, Jill, L.										
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		#4	+++	╡ 'ᆜ'						
			ш							
Division 1 2 3	4 5 6		7							

Your Social Security Number 1234*56*789 & *0*1234*567*8

Page 3

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

41.	Property Tax Deduction (From Worksheet H) (See instructions)41.					
42.	New Jersey Taxable Income (Subtract line 41 from line 39)42.					
43.	Tax on amount on line 42 (Tax Table page 52)					
44.						
45.	Balance of Tax (Subtract line 44 from line 43)					
46.	Sheltered Workshop Tax Credit					
47.	Gold Star Family Counseling Credit (See instructions)					
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)					
49. 50.	Total Credits (Add lines 46 through 48)					
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00					
52.	Interest on Underpayment of Estimated Tax					
53.	Shared Responsibility Payment (See instructions)					
	Total Tax Due (Add lines 50 through 53)					
56.	Property Tax Credit (See instructions page 24)					
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return					
58.	New Jersey Earned Income Tax Credit (See instructions)					
59.	59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)					
60.	0. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)60.					
61.	i1. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)61.					
62.	2. Wounded Warrior Caregivers Credit (See instructions)					
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)63.					
64.	Child and Dependent Care Credit (See instructions)					
65.	New Jersey Child Tax Credit (See instructions)					
	Total Withholdings, Credits, and Payments (Add lines 55 through 65)					
68.	If you owe tax, you can still make a donation on lines 70 through 77. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment					
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If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Schedule NJ-HCC

Health Care Coverage

2022

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

Part I

Did you and, if applicable, all members of your tax bousehold, have minimum essential health coverage for every menth in

· are i												
Did you and, if applicable, all members of your tax hou 2022? (See instructions for line 53, NJ-1040.) Part-yea											nth in	
Yes. You do not owe a shared responsil schedule with your return.	oility pa	aymen	t. Fill ii	n the o	val at	line 53	s, NJ-1	040, a	nd end	close th	nis	
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 53, 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 _c	heck bo	ox if this	s individ	dual ha	s more	than or	ne exen	nption r	umber	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number												
Anyone, Julie A. 012-34-5678										<u> </u>		
Exemption number: A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number												
Anyone, Joey, C. 001-23-4567		Į									Į	
Exemption number: A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
	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 has	s more	than or	ne exen	nption r	umber	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number	Jan	1 60	iviai		iviay	Juli	Jui				1404	
Trains Cooking Trainson												
Exemption number:		С	heck bo	ox if this	s individ	dual has	s more	than or	ne exen	nption r	umber	