

PRINTED 09/15/2011

SHIRLEY A GALLO  
 2715 AMOS ST APT 6A  
 MANAHAWKIN NJ 08050-

	Taxpayer	Spouse
SSN	631-99-7611	
Birth	07/01/1991	
Death		
Day Phone	609-555-5555	
Evening		
Cell or Fax		
PIN	12345	

Email SGALLO@MYMAIL.COM  
 Taxpayer Occupation STUDENT Spouse Occupation \_\_\_\_\_  
 Filing Status SINGLE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Preparer ID: \_\_\_\_\_ Preparation Fee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Preparer: \_\_\_\_\_ S24000000  
 Preparer's Use: 1 \_\_\_\_\_ 4 \_\_\_\_\_ Time in return  
 2 \_\_\_\_\_ 5 \_\_\_\_\_ return  
 3 \_\_\_\_\_ 6 \_\_\_\_\_ min.

Recap of 2010 Income Tax Return

Earned Income	4,312.	Federal Tax	
Federal AGI	4,312.	Withholding	104.
Taxable Income		Refund/(Due)	104.
EIC		Tax Bracket	10.0 %

State	NJ			
Tax				
Withholding	19.			
Refund/Due	19.			
State				
Tax				
Withholding				
Refund/Due				

	Maximum RAL	Partial RAL	2 week check	2 week deposit
Qualifying refund				
Fees				
Net refund				
Fast check				
2 week check				
State check				
Check one				

Label (See instructions) Use the IRS label. Otherwise, please print or type. For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending 20 OMB No. 1545-0074 Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code SHIRLEY A GALLO 2715 AMOS ST APT 6A MANAHAWKIN NJ 08050- Your social security number 631-99-7611 Spouse's social security no. You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) You Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see inst) Boxes checked on 6a and 6b No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instr.) Dependents on 6c not entered above Add numbers on lines above

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 4,312. 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends (see instructions) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount (see inst.) 15b 16a Pensions and annuities 16a 16b Taxable amount (see inst.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation (see instructions) 19 20a Social security benefits 20a 20b Taxable amount (see inst.) 20b 21 Other income. List type and amount (see instr.) 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 4,312.

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see instr.) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 4,312.

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	4,312.
	39a	Check <input type="checkbox"/> <input type="checkbox"/> You were born before Jan. 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> <b>39a</b>		
		if: <input type="checkbox"/> <input type="checkbox"/> Spouse was born before Jan. 2, 1946, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> <b>39b</b>		

40	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see instructions)	40	4,612.
41	Subtract line 40a from line 38	41	(300.)
42	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d	42	
43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	<b>Tax</b> (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	

47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your <b>total credits</b>	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	

<b>Other Taxes</b>	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
	60	Add lines 55 through 59. This is your <b>total tax</b>	60	

<b>Payments</b>	61	Federal income tax withheld from Forms W-2 and 1099	61	104.
	62	2010 estimated tax payments and amount applied from 2009 return	62	
	63	Making work pay and government retiree credits. Attach Schedule M	63	
	64 a	<b>Earned income credit (EIC)</b> NO	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> <b>64b</b>		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file (see inst.)	68	
	69	Excess social security and tier 1 RRTA tax withheld (see inst.)	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a and 65 through 71. These are your <b>total payments</b>	72	104.	

<b>Refund</b> Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	73	104.
	74 a	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	74a	104.
	b	Routing number <input type="checkbox"/>		
	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/>		
		Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	75	

<b>Amount You Owe</b>	76	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see inst.	76	
	77	Estimated tax penalty (see instructions)	77	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete the following.  No

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here** 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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		STUDENT	609-555-5555
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN S24000000
	Firm's name				Firm's EIN
	Firm's address				Phone no.

## W-2 DETAIL REPORT - 2010

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
THE KANSAS CITY STEAK HO	44-0997611	X	4312	104	267	63	NJ	4312	19		
			----	---	---	--		----	--		
			4312	104	267	63		4312	19		

Department of the Treasury  
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

**2010**

Declaration Control Number (DCN) ▶ 00007611 1

Taxpayer's name SHIRLEY A GALLO	Social security number 631-99-7611
Spouse's name	Spouse's social security number

<b>Part I Tax Return Information-Tax Year Ending December 31, 2010</b> (Whole Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 4,312.
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3 104.
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4 104.
5 Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize Training to enter or generate my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros  
 as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ 09/14/2011

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN   
ERO firm name Enter five numbers, but do not enter all zeros  
 as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only-continue below**

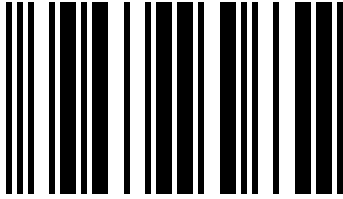
**Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 00761198765  
 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ S24000000 Training Date ▶ 09/14/2011

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2010 or Other Tax Year

Beginning \_\_\_\_\_, 2010 \_\_\_\_ Month Ending \_\_\_\_\_ 200\_\_  
On-line Federal Ext. Confirmation # \_\_\_\_\_

GALLO SHIRLEY A

2715 AMOS ST APT 6A

MANAHAWKIN

NJ 08050-0000 1531

1055

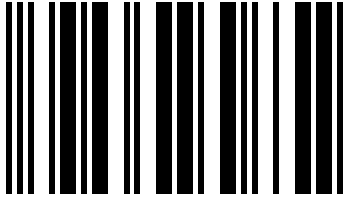
631997611

Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2010. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 54 in full. Write Social Security # on check or money order and make payable to:  
STATE OF NEW JERSEY - TGI  
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: N J Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111  
If REFUND: N J Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Your Signature Date Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

Paid Preparer's Signature	Federal Identification Number S24000000
	Firm's Name
	Federal Employer Identification Number



000000000000000000

GALLO SHIRLEY A

001	00	014	4312	040	0	SS#	631997611
EXT	0	15a	0	40a	0	SP#	0
FS	1	15b	0	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	1	017	0	045	0	SS2	0
007	0	018	0	046	0	BY2	0
008	0	019	0	047	19	SS3	0
009	0	020	0	048	0	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	0	BY4	0
12a	1	023	0	50b	0	DDI	4
12b	0	024	0	50c	0	AT	0
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	4312	052	0	RN	0
GEF	0	27a	0	053	0	PID	S24000000
HCa	0	27b	0	054	19	FID	0
HCb	0	27c	0	055	0		
HCc	0	029	1000	056	19		
HCd	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1531	033	0	060	0		
PDR	0	36a	0	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	5429	037	3312	63c	0		
		038	0	064	0		
				065	19		

Name <b>GALLO SHIRLEY A</b>	Social Security Number <b>631-99-7611</b>
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**RESIDENCY STATUS** If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From \_\_\_\_\_ To \_\_\_\_\_  
 MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1.  Single 2.  Married/CU Couple, filing joint return 3.  Married/CU Partner, filing separate return 4.  Head of Household 5.  Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS 6. Regular  10. Number of other dependents  0  
 7. Age 65 or Over  11. Dependents attending colleges  0  
 8. Blind or Disabled  12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)  1  
 9. Number of qualified dependent children  0 (Line 12b - Add Lines 9 and 10)  0

13. Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	
a.				If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)
b.				
c.				
d.				

**GUBERNATORIAL ELECTIONS FUND** Do you wish to designate \$1 of your taxes for this fund?  Yes  No  
 If joint return, does your spouse/CU partner wish to designate \$1?  Yes  No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	4,312.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	
16. Dividends	16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19	
20. Distributive Share of Partnership Income (See instructions)	20	
21. Net pro rata share of S Corporation Income (See instructions) (Enclose Schedule)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	
23. Net Gambling Winnings (See Instructions)	23	
24. Alimony and separate maintenance payments received	24	
25. Other (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	4,312.
27a. Pension Exclusion (See instructions)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b	
27c. Total Exclusion Amount (Add line 27a and Line 27b)	27c	
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.	28	4,312.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	1,000.
30. Medical Expenses (See Worksheet and instr.)	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	1,000.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	3,312.
36a. Total Property Taxes Paid	36a	
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010		
36c. Property Tax Deduction (See instructions)	36c	
37. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	3,312.
38. Tax (From Tax Tables, see instructions)	38	0
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.)	40	
41. Balance of Tax (Subtract Line 40 from Line 38)	41	
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44	
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed.	45	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	0.



Name		Social Security Number	
GALLO SHIRLEY A		631-99-7611	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	19.
48	Property Tax Credit (See instructions)	48	
49	New Jersey Estimated Tax Payments/Credit from 2009 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one)	50	
Fill in the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/>			
Fill in the box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>			
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr.) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	19.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	
If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.			
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	19.
Deductions from Overpayment on Line 56 which you elect to credit to:			
57	Your 2011 tax	57	
58	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63	Other Designated Contribution (See instructions) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	19.

**DIRECT DEPOSIT INFORMATION**

`1' for Refund only and `4' for no.

Check Routing Number

Account Number

Type of account (`C' for Checking, `S' for Savings)

Fill in check box if refund is going to an account outside the US

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