

PRINTED 09/17/2011

TROY H MCCOOK
 YVONNE
 30911 CHARLES BUSBY ROAD
 PATERSON NJ 07524-

	Taxpayer	Spouse
SSN	651-99-7611	652-99-7611
Birth	09/11/1936	10/07/1939
Death		
Day Phone	973-444-5555	
Evening		
Cell or Fax		
PIN	12345	12345

Email _____
 Taxpayer Occupation RETIRED Spouse Occupation RETIRED
 Filing Status MARRIED FILING JOINT

Preparer ID: _____ Preparation Fee: _____ Date: _____
 Preparer: _____ S24000000

Preparer's Use:	1 _____	4 _____	Time in
	2 _____	5 _____	return
	3 _____	6 _____	min.

Recap of 2010 Income Tax Return

Earned Income		Federal Tax	738.
Federal AGI.....	28,851.	Withholding	4,895.
Taxable Income.....	7,951.	Refund/(Due).....	4,157.
EIC		Tax Bracket	10.0 %

State	NJ	_____	_____	_____
Tax	_____	_____	_____	_____
Withholding	_____	_____	_____	_____
Refund/Due.....	50.	_____	_____	_____
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				

Name: TROY H & YVONNE MCCOOK

SSN: 651-99-7611

Interest. List all interest on Schedule B, regardless of the amount.

Unemployment and/or state tax refund. Fill out 1099G worksheet

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	12,765.	10,200.	
Railroad tier 1 received this year			
Total	12,765.	10,200.	22,965.
Medicare to Schedule A	1,157.	1,157.	
Federal tax withheld	1,277.	1,020.	

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 26,073.

+ tax-exempt interest: _____ and excluded income from American Samoa (Form 4563) or

Puerto Rico: _____ + 50% of the benefits received: 11,483. **37,556.**

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable

2,778.

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable **A**

Modified AGI	
\$34,000 (\$44,000)	
Subtract	

X 85%=

Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly)

Add **B**

Taxable social security and railroad retirement tier 1. Minimum of A or B

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2010			
Using the above modified AGI, this is the taxable amount of the 2010 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

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 TROY H MCCOOK YVONNE MCCOOK 30911 CHARLES BUSBY ROAD PATERSON NJ 07524- Your social security number 651-99-7611 Spouse's social security no. 652-99-7611 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 [X]

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

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [X] Spouse Boxes checked on 6a and 6b 2 c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) V if qualifying child for child tax credit (see inst) No. of children on 6c who: lived with you 0 did not live with you due to divorce or separation (see instr.) 0 Dependents on 6c not entered above 0 Add numbers on lines above 2 d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 500. b Qualified dividends (see instructions) 9b 500. 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 [X] 13 100. 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see inst.) 15b 13,223. 16a Pensions and annuities 16a b Taxable amount (see inst.) 16b 12,250. 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 22,965. b Taxable amount (see inst.) 20b 2,778. 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 28,851.

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 28,851.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	28,851.
	39a	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1946, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before Jan. 2, 1946, <input type="checkbox"/> Blind. Total boxes checked 39a 2		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	13,600.
	41	Subtract line 40a from line 38	41	15,251.
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	7,300.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	7,951.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	738.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	738.
	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 total credits	54		
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	738.	
Other Taxes	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 total tax	60	738.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	4,895.
	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	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	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 total payments	72	4,895.	
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	4,157.
	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	4,157.
	b	Routing number 098309175 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 8508839921		
	Amount of line 73 you want applied to your 2011 estimated tax	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see inst.	76	
	77	Estimated tax penalty (see instructions)	77	

If you have a qualifying child, attach Schedule EIC.

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
RETIRED		RETIRED	973-444-5555
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		RETIRED	

Paid Preparer's Use Only	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.

US Schedule D

Schedule D Tax Worksheet

2010

Name: TROY H & YVONNE MCCOOK

SSN: 651-99-7611

1	Taxable income from Form 1040, line 43, Form 1040NR, line 40, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet				7,951.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	500.			
3	Line 4g of Form 4952				
4	Line 4e of Form 4952				
5	Subtract line 4 from line 3				
6	Subtract line 5 from line 2. If -0- or less, enter -0-		500.		
7	Smaller of line 15 or line 16 of Schedule D	100.			
8	Smaller of line 3 or line 4				
9	Subtract line 8 from line 7. If -0- or less, enter -0-		100.		
10	Add lines 6 and 9			600.	
11	Add lines 18 and 19 of Schedule D				
12	Smaller of line 9 or line 11				
13	Subtract line 12 from line 10. If -0- or less, enter -0-				600.
14	Subtract line 13 from line 1. If -0- or less, enter -0-				7,351.
15	Smaller of line 1 or \$68,000 if married filing jointly or qualifying widow(er); \$34,000, if single or married filing separately; \$45,550 if head of household		7,951.		
16	Smaller of line 14 or line 15		7,351.		
17	Subtract line 10 from line 1. If -0- or less, enter -0-	7,351.			
18	Larger of line 16 or line 17			7,351.	
19	Subtract line 16 from line 15			600.	
20	Smaller of line 1 or line 13				
21	Amount from line 19				
22	Subtract line 21 from line 20				
23	Multiply line 22 by 15%				
24	Smaller of line 9 above or Schedule D, line 19				
25	Add lines 10 and 18				
26	Amount from line 1				
27	Subtract line 26 from line 25. If -0- or less, enter -0-				
28	Subtract line 27 from line 24. If -0- or less, enter -0-				
29	Multiply line 28 by 25%				
30	Add lines 18, 19, 22, and 28				
31	Subtract line 30 from line 1				
32	Multiply line 31 by 28%				
33	Tax on line 18 amount				738.
34	Add lines 23, 29, 32, and 33				738.
35	Tax on line 1 amount				798.
36	Tax on all taxable income. Smaller of lines 34 or 35				738.

1099-R DETAIL REPORT - 2010

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
PHOENIX INVESTMENT P	65-9997611	S	7		1225NJ		12250	12250		12250		
AMERITECH PENSION TR	65-7997611	T	7	X	1323NJ		13223	13223		13223		
					----		-----	-----		-----		
					2548		25473	25473		25473		

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 TROY H MCCOOK	Social security number 651-99-7611
Spouse's name YVONNE MCCOOK	Spouse's social security number 652-99-7611

Part I Tax Return Information-Tax Year Ending December 31, 2010 (Whole Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 28,851.
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2 738.
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3 4,895.
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4 4,157.
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 ▶ 09/17/2011

Spouse'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.

Spouse's signature ▶ _____ Date ▶ 09/17/2011

Practitioner PIN Method Returns Only-continue below

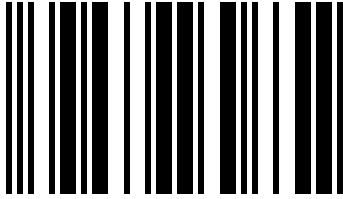
Part III Certification and Authentication-Practitioner PIN Method Only

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 ▶ 09/17/2011

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 # _____

MCCOOK TROY H & YVONNE

30911 CHARLES BUSBY ROAD

PATERSON NJ 07524-0000 1608

4098

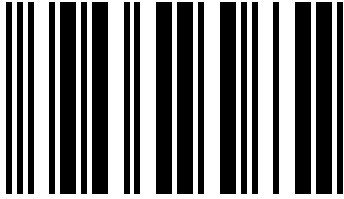
651997611

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



300000008508839921

MCCOOK TROY H & YVONNE

001	00	014	0	040	0	SS#	651997611
EXT	0	15a	0	40a	0	SP#	652997611
FS	2	15b	0	042	0	SS1	0
DP	0	016	500	044	0	BY1	0
006	2	017	0	045	0	SS2	0
007	2	018	100	046	0	BY2	0
008	0	019	25473	047	0	SS3	0
009	0	020	0	048	50	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	0	BY4	0
12a	4	023	0	50b	0	DDI	1
12b	0	024	0	50c	0	AT	C
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	26073	052	0	RN	098309175
GEF	1	27a	20000	053	0	PID	S24000000
HCa	0	27b	0	054	50	FID	0
HCb	0	27c	20000	055	0		
HCc	0	029	4000	056	50		
HCd	0	030	2193	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1608	033	0	060	0		
PDR	0	36a	2250	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	0300	037	0	63c	0		
		038	0	064	0		
				065	50		

Name MCCOOK TROY H & YVONNE	Social Security Number 651-99-7611
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RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the From _____ To _____ taxable year, give the period of New Jersey residency: 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 <input type="checkbox"/> 2	10. Number of other dependents <input type="checkbox"/> 0
7. Age 65 or Over <input type="checkbox"/> 2	11. Dependents attending colleges <input type="checkbox"/> 0
8. Blind or Disabled <input type="checkbox"/> 0	12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) <input type="checkbox"/> 4
9. Number of qualified dependent children <input type="checkbox"/> 0	(Line 12b - Add Lines 9 and 10) <input type="checkbox"/> 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 Do you wish to designate \$1 of your taxes for this fund? Yes No

ELECTIONS FUND 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	
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	500.
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	100.
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19	25,473.
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	26,073.
27a. Pension Exclusion (See instructions)	27a	20,000.
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b	
27c. Total Exclusion Amount (Add line 27a and Line 27b)	27c	20,000.
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.	28	6,073.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	4,000.
30. Medical Expenses (See Worksheet and instr.)	30	2,193.
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	6,193.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	0
36a. Total Property Taxes Paid	36a	2,250.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010	36b	<input type="checkbox"/>
36c. Property Tax Deduction (See instructions)	36c	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	
38. Tax (From Tax Tables, see instructions)	38	0
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	39	
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.)	40	<input type="checkbox"/>
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	<input type="checkbox"/>
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	0.

Name		Social Security Number	
MCCOOK TROY H & YVONNE		651-99-7611	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	
48	Property Tax Credit (See instructions)	48	50.
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	50.
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	50.
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	50.

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

Name(s) as shown on Form NJ-1040 MCCOOK TROY H & YVONNE	Your Social Security Number 651-99-7611
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Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	
3.	Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____	3.	%
IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.		COLUMN A	
COLUMN B			
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	
5.	Property Tax Enter in Box 5a the amount from Worksheet F and Deduction line 1. See instructions. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5.	
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	
7.	Tax on Line 6 amount (From Tax Tables or Tax Rate Schedules)	7.	
8.	Allowable Credit (Line 3 times Line 7)	8.	
9.	Credit for Taxes Enter in Box 9a the income or wage tax Paid to Other paid to other jurisdiction during tax year on Jurisdiction income shown on Line 1. See instructions. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.	

- 0 -

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
2.	Capital Gains Distributions					100.
3.	Other Net Gains					
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					100.

Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.
3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)				

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2010

Name: TROY H & YVONNE MCCOOK

SSN: 651-99-7611

Tax Return Information

1 Refund	50.
2 Balance Due	

Direct Deposit and Direct Debit Information

- Check here if you had a Federal refund and want the state refund deposited to the same bank account as listed on the Federal return. This information will not appear below, but will be transmitted to New Jersey with the electronic return.
- Check here if you want the state refund deposited into a different account.
- Check here to have a refund check mailed to you.

Direct Debit of Balance Due

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.
Enter the date you want the balance due to be withdrawn from your account
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date **09/17/2011**
Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number 098309175
Account number 8508839921
Account type Checking Savings

Will the refund or debit you are requesting involve a foreign bank account? Yes No

Electronic Filing Only

If you used a different account for direct deposit of your state tax refund or requested electronic funds withdrawal for your state tax balance due, rekey the account information below from the check or other document for verification.

RTN:

Account:

Name: MCCOOK TROY H & YVONNE

SSN: 651-99-7611

Part I

1	Value of IRA on December 31, 2010	137,255.
2	Total distributions from IRA during the tax year	13,223.
3	Total value of IRA	150,478.
*Unrecovered contributions: Complete either line 4a or 4b		
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2010	150,478.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	13,223.

Part II: Unrecovered contributions (For Second and Later Years)

1	Last year's unrecovered contributions	
2	Amount withdrawn last year	
3	Taxable portion of last year's withdrawal	
4	Contributions recovered last year	
5	This year's unrecovered contributions	
6	Contributions to IRA during current tax year	
7	Total unrecovered contributions	