

PRINTED 09/18/2011

JUSTINE JACKSON
 110 MAIN ST
 TUCKERTON NJ 08087-

	Taxpayer	Spouse
SSN	671-99-7611	
Birth	05/10/1985	
Death		
Day Phone	609-555-5556	
Evening		
Cell or Fax		
PIN	12345	

Email JJACKSON@MYMAIL.COM
 Taxpayer Occupation CUSTOMER SERV Spouse Occupation _____
 Filing Status HEAD OF HOUSEHOLD

ELIZABETH	JACKSON	04/04/2002	672-99-7611	DAUGHTER	12	1
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

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

Recap of 2010 Income Tax Return

Earned Income	12,821.	Federal Tax	_____
Federal AGI	18,518.	Withholding	1,313.
Taxable Income	2,818.	Refund/(Due)	5,150.
EIC	2,718.	Tax Bracket	10.0 %

State	NJ	_____	_____	_____
Tax	_____	_____	_____	_____
Withholding	150.	_____	_____	_____
Refund/Due	694.	_____	_____	_____
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: JUSTINE JACKSON

SSN: 671-99-7611

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
1 Amount paid in 2010. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500	678.		678.
Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 <u>19,196.</u>			
Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$60,000 (\$120,000 married filing jointly) and is -0- when AGI exceeds \$75,000 (\$150,000 married filing jointly).			
2 Student loan interest deduction	678.		678.
Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI			
Education Savings Accounts (ESAs) and QTPs		Taxpayer	Spouse
1 Excess contributions			
2 Taxable distributions			

Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.

No deduction is allowed if filing Form 1040NR or married filing separately.

Some things to consider

Form 8863, Education Credits

- 40% of the American Opportunity Credit is refundable and is reduced once the AGI reaches \$80,000 single (\$160,000, married filing jointly), and is -0- when the AGI reaches \$90,000 single (\$180,000, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches \$50,000, single (\$100,000, married filing jointly), and is -0- when the AGI reaches \$60,000, single (\$120,000, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as \$2,500 credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to \$2,000.

Tuition and Fees as an AGI Deduction

- The deduction is limited to \$4,000, if AGI does not exceed \$65,000, single (\$130,000 married filing jointly).
- The deduction is limited to \$2,000, if AGI exceeds \$65,000, single (\$130,000 married filing jointly).
- The deduction is -0- when AGI exceeds \$80,000, single (\$160,000 married filing jointly).

Student's name	Social security number	Qualified expenses
JUSTINE JACKSON	671-99-7611	
ELIZABETH JACKSON	672-99-7611	
1 Total qualified expense		
2 Modified AGI	18,518.	
3 Tuition and fees deduction	(Spouse amount:)	

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2010

Name: JUSTINE JACKSON

SSN: 671-99-7611

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	18,518.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	281.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy		

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		281.
11	Child tax credit		281.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2010 to 2011

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2010 only, Form 1045 Amt. carried forward from 2009. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2010 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2010 only, Form 1116. Enter amount carried back, if any														
6	Adoption credit, Form 8839														
		<table border="1"> <tr> <td>2006</td> <td>2007</td> <td>2008</td> <td>2009</td> <td>2010</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2006	2007	2008	2009	2010								
2006	2007	2008	2009	2010											
7	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <td>2008</td> <td>2009</td> <td>2010</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2008	2009	2010										
2008	2009	2010													
8	General business credits for 2010 only, Form 3800														
9	Form 8844, for 2010 only. Enter amount carried back														
10	DC first-time homebuyer credit, Form 8859, cumulative total														
11	Prior year minimum tax credit, Form 8801, cumulative total														
12	AMT limited qualified electric vehicle credit from 2010 only														
13	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <td>2006</td> <td>2007</td> <td>2008</td> <td>2009</td> <td>2010</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2006	2007	2008	2009	2010								
2006	2007	2008	2009	2010											

Label	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning ,2010, ending ,20	OMB No. 1545-0074
(See instructions)	Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code	Your social security number 671-99-7611
Use the IRS label. Otherwise, please print or type.	JUSTINE JACKSON	Spouse's social security no.
	110 MAIN ST TUCKERTON NJ 08087-	▲ 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	<input type="checkbox"/> Single	4	<input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2	<input type="checkbox"/> 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	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5	<input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on	
b	<input type="checkbox"/> Spouse	6a and 6b	1
c Dependents:		No. of children on 6c who:	
(1) First name	Last name	lived with you	1
ELIZABETH	JACKSON	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

If more than four dependents, see instr. and check here ▶

d Total number of exemptions claimed

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	12,821.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	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	
	b 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 ▶ <input type="checkbox"/>	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	b Taxable amount (see inst.)
16a Pensions and annuities	16a	b 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		6,375.
20a Social security benefits	20a	b 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		19,196.

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	678.	
	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		678.
	37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37		18,518.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	18,518.
	39a	Check <input type="checkbox"/> You were born before Jan. 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before Jan. 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	8,400.
	41	Subtract line 40a from line 38	41	10,118.
	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	2,818.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	281.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	281.	
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	281.	
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	281.	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55		

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	

Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	1,313.	FORM 1099
	62	2010 estimated tax payments and amount applied from 2009 return	62		
	63	Making work pay and government retiree credits. Attach Schedule M	63	400.	
	64 a	Earned income credit (EIC)	64a	2,718.	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b			
	65	Additional child tax credit. Attach Form 8812	65	719.	
	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	5,150.		

Refund 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 overpaid	73	5,150.
	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	5,150.
	b	Routing number <input type="text" value="234567890"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text" value="12345678901"/>		
		Amount of line 73 you want applied to your 2011 estimated tax <input type="checkbox"/> 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	

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)

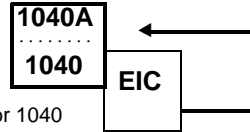
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	CUSTOMER SERV	609-555-5556
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>		

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

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2010

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Name(s) shown on return
JUSTINE JACKSON

Your social security number
671-99-7611

Before you begin:

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name	Last name	First name	Last name	First name	Last name
		ELIZABETH	JACKSON			
2 Child's SSN The child must have an SSN as defined in the Form 1040A instructions or the Form 1040 instructions unless the child was born and died in 2010. If your child was born and died in 2010 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	672-99-7611					
3 Child's year of birth	Year	2002	Year		Year	
	If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		If born after 1991 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
4 a Was the child under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Continue.	Go to line 5.	Continue.	Go to line 5.	Continue.
b Was the child permanently and totally disabled during any part of 2010?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Continue.	The child is not a qualifying child.	Continue.	The child is not a qualifying child.	Continue.	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER					
6 Number of months child lived with you in the United States during 2010						
• If the child lived with you for more than half of 2010 but less than 7 months, enter "7." • If the child was born or died in 2010 and your home was the child's home for the entire time he or she was alive during 2010, enter "12".	12 months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040A or 1040) 2010

US Schedule EIC

Earned Income Credit Worksheet

2010

Name: JUSTINE JACKSON

SSN: 671-99-7611

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received					12,821.
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					12,821.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				12821.	12,821.
6	Credit from EIC table on line 5 income				3050.	
7	Adjusted gross income				18518.	
8	Credit from EIC table on line 7 income, if line 7 greater than • \$7,499 (\$12,499 if married filing jointly) and no qualifying children • \$16,449 (\$21,449 if married filing jointly) and 1 or more qualifying children				2718.	
9	Earned inc. credit. If line 7 is less than \$7,500 (\$12,500, \$16,450, \$21,450), line 6. Otherwise the smaller of line 6 or line 8				2718.	2,718.

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Attachment
Sequence No. **166**

Name(s) shown on return
JUSTINE JACKSON

Your social security number
671-99-7611



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1 a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions)

1a

b Nontaxable combat pay included on line 1a
(see instructions)

1b

2 Multiply line 1a by 6.2% (.062)

2

3 Enter \$400 (\$800 if married filing jointly)

3

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

4

400.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

5

18,518.

6 Enter \$75,000 (\$150,000 if married filing jointly)

6

75,000.

7 Is the amount on line 5 more than the amount on line 6?

- No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- Yes.** Subtract line 6 from line 5

7

8 Multiply line 7 by 2% (.02)

8

9 Subtract line 8 from line 4. If zero or less, enter -0-

9

400.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No.** Enter -0- on line 10 and go to line 11.
- Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly)

10

11 **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11

400.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule M (Form 1040A or 1040) 2010

W-2 DETAIL REPORT - 2010

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
ANAS CLOSET	67-9997611	X	12821	675	795	186	NJ	12821	150		
			-----	---	---	---		-----	---		
			12821	675	795	186		12821	150		

1099G DETAIL REPORT - 2010

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	6375		638	
		----		---	
		6375		638	

Additional Child Tax Credit

1040
1040A
1040NR

8812

2010

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return
JUSTINE JACKSON

Your social security number
671-99-7611

Part I All Filers

<p>1 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).</p> <p>If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.</p>	1	1,000.
2 Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2	281.
3 Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	719.
4 a Earned income (see instructions)	4a	12,821.
b Nontaxable combat pay (see instructions)	4b	
5 Is the amount on line 4a more than \$3,000?		
<input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6.		
<input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	9,821.
6 Multiply the amount on line 5 by 15% (.15) and enter the result	6	1,473.
Next. Do you have three or more qualifying children?		
<input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13.		
<input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

Part II Certain Filers Who Have Three or More Qualifying Children

<p>7 Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions</p>	7	
<p>8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60.</p> <p>1040A filers: Enter -0-.</p> <p>1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 59.</p>	8	
9 Add lines 7 and 8	9	
<p>10 1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69.</p> <p>1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see the instructions).</p> <p>1040NR filers: Enter the amount from Form 1040NR, line 64.</p>	10	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	
12 Enter the larger of line 6 or line 11	12	
Next, enter the smaller of line 3 or line 12 on line 13.		

Part III Additional Child Tax Credit

13 This is your additional child tax credit	13	719.
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1040
1040A
1040NR

Enter this amount on
Form 1040, line 65,
Form 1040A, line 42, or
Form 1040NR, line 62.

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 JUSTINE JACKSON	Social security number 671-99-7611
Spouse's name	Spouse's social security number

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 18,518.
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 1,313.
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4 5,150.
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 ▶ 09/18/2011

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

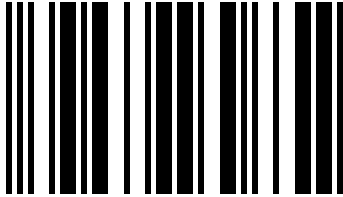
Part III Certification and Authentication-Practitioner PIN Method Only

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 ▶ 09/18/2011

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 # _____

JACKSON JUSTINE

110 MAIN ST

TUCKERTON

NJ 08087-0000 1533

5049

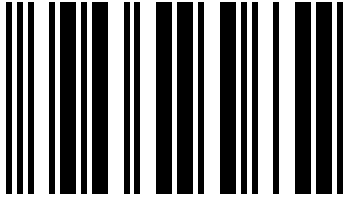
671997611

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



400000012345678901

JACKSON JUSTINE

001	00	014	12821	040	0	SS#	671997611
EXT	0	15a	0	40a	0	SP#	0
FS	4	15b	0	042	0	SS1	672997611
DP	0	016	0	044	0	BY1	2002
006	1	017	0	045	0	SS2	0
007	0	018	0	046	0	BY2	0
008	0	019	0	047	150	SS3	0
009	1	020	0	048	0	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	544	BY4	0
12a	1	023	0	50b	0	DDI	1
12b	1	024	0	50c	0	AT	C
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	12821	052	0	RN	234567890
GEF	0	27a	0	053	0	PID	S24000000
HCa	0	27b	0	054	694	FID	0
HCb	0	27c	0	055	0		
HCc	0	029	2500	056	694		
HCd	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1533	033	0	060	0		
PDR	0	36a	0	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	0621	037	10321	63c	0		
		038	0	064	0		
				065	694		

Name JACKSON JUSTINE	Social Security Number 671-99-7611
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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 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 1 (Line 12b - Add Lines 9 and 10) 1

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.	JACKSON ELIZABETH	672-99-7611	2002	<input type="checkbox"/>
b.				<input type="checkbox"/>
c.				<input type="checkbox"/>
d.				<input type="checkbox"/>

If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)

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	12,821.
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	12,821.
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	12,821.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	2,500.
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	2,500.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	10,321.
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. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	10,321.
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	
JACKSON JUSTINE		671-99-7611	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	150.
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	544.
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	694.
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	694.
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	694.

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

NJ

Dependents Information

2010

Name: JUSTINE JACKSON

SSN: 671-99-7611

First name	MI	Last name	SSN	Birth year
ELIZABETH		JACKSON	672-99-7611	2002

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2010

Name: JUSTINE JACKSON

SSN: 671-99-7611

Tax Return Information

1 Refund	694.
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 **09/18/2011**
Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number 234567890
Account number 12345678901
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: