

PRINTED 10/08/2011

FRED P PATTERSON
 3717 BAXTER ST
 DENVILLE NJ 07834-

	Taxpayer	Spouse
SSN	641-99-7611	
Birth	09/11/1943	
Death		
Day Phone	973-222-1212	
Evening	862-555-0004	
Cell or Fax		
PIN	12345	

Email _____
 Taxpayer Occupation RETIRED Spouse Occupation _____
 Filing Status SINGLE

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	14,678.	Federal Tax	296.
Federal AGI	16,630.	Withholding	2,736.
Taxable Income	2,962.	Refund/(Due)	2,840.
EIC		Tax Bracket	10.0 %

State	NJ			
Tax	59.			
Withholding	55.			
Refund/Due	(4.)			
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: FRED P PATTERSON

SSN: 641-99-7611

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	12,682.		
Railroad tier 1 received this year			
Total	12,682.		12,682.
Medicare to Schedule A	1,157.		
Federal tax withheld	1,268.		

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 16,630.

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

Puerto Rico: _____ + 50% of the benefits received: 6,341. **22,971.**

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable. **0**

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

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 Your social security number 641-99-7611 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 instr) 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 14,678. 8a Taxable interest. Attach Schedule B if required 8a 1,952. 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 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see inst.) 15b 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 20a Social security benefits 20a 12,682. 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 16,630.

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 16,630.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	16,630.
	39a	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 1 if: <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 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	10,018.
	41	Subtract line 40a from line 38	41	6,612.
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	2,962.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	296.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	296.
Other Taxes	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	296.
	Payments	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	296.
61		Federal income tax withheld from Forms W-2 and 1099	61	2,736.
Refund Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.	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) NO	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	3,136.
73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	2,840.	
74 a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	2,840.	
b	Routing number <input type="text"/>			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text"/>			
75	Amount of line 73 you want applied to your 2011 estimated tax	75		
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
<input type="text"/>	<input type="text"/>	RETIRED	973-222-1212
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				Firm's EIN
	Firm's address				Phone no.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2010
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

FRED P PATTERSON

Your social security no.
641-99-7611

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	1,157.	
	2	Enter amount from Form 1040, line 38	2	16,630.	
	3	Multiply line 2 by 7.5% (.075)	3	1,247.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local (check only one box):				
	a	<input type="checkbox"/> Income taxes, or	5	440.	
	b	<input checked="" type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions).....	6	9,578.	
	7	New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8	9	10,018.	
	Interest You Paid	10	Home mortgage interest & points reported to you on Form 1098	10	
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶	11	
Note. Your mortgage interest deduction may be limited (see instructions).					
12		Points not reported to you on Form 1098. See instructions for special rules	12		
13		Mortgage insurance premiums (See instructions)	13		
14		Investment interest. Attach Form 4952 if required. (See inst.)	14		
	15	Add lines 10 through 14	15		
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18	Carryover from prior year.....	18		
	19	Add lines 16 through 18	19		
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions) ▶	21		
	22	Tax preparation fees	22		
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38	25		
	26	Multiply line 25 by 2% (.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions	28	Other - from list in the inst. List type and amount ▶	28		
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	10,018.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2010

US Schedule A

Itemized Deduction Detail Worksheet

2010

Name: FRED P PATTERSON

SSN: 641-99-7611

Medical Expenses

Medical miles:

1 X .165 =

Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	1,157.
Taxpayer		Remainder from worksheets	
Spouse		Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
		Amount from additional worksheets	
		Total	1,157.

Cash Contributions

50% Limit Organizations

Other Charitable miles:

X .14 =

		From Schedules K-1	
		Amount from additional worksheets	
		Total	

30% Limit Organizations

Charitable miles:

X .14 =

		Schedules K-1	
		Amount from additional worksheets	
		Total	

Other Than Cash Contributions

50% Limit Organizations

		From Forms 8283	
		Amount from additional worksheets	
From Schedules K-1		Total	

30% Limit Capital gain property donated to 50% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

30% Limit Not capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

20% Limit Organization Capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

Contribution Carryovers

	From years 2005 through 2009				To 2011 tax year			
	Cash and other property		Capital gain property		Cash and other property		Capital gain property	
	50%	30%	30%	20%	50%	30%	30%	20%
2005								
2006								
2007								
2008								
2009								
2010								

Contributions allowed this year

50% of adjusted gross income	8,315.	
This year's 50% organization cash contributions allowed		
30% of adjusted gross income	4,989.	
This year's capital gain contributions to 50% organizations limited to 30%		
50% cash carryover allowed		
50% capital gain carryover limited to 30%		
This year's 30% organization cash and other property contributions allowed		
30% organizations cash and other property carryover		
20% of adjusted gross income	3,326.	
This year's capital gain contributions to 30% organizations limited to 20%		
30% capital gain carryover limited to 20% AGI		
Total contributions allowed this year		

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.** ▶ **See Instructions**

OMB No. 1545-0074

2010
Attachment
Sequence No. **08**

Name(s) shown on return **FRED P PATTERSON** Your social security number **641-99-7611**

		Amount
Part I Interest (See instructions and the instructions for Form 1040A, or Form 1040, line 8a.) Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶ _____ NATIONAL CITY BANK _____ _____	1,952.
	2 Add the amounts on line 1	1,952.
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	1,952.
	Note. If line 4 is over \$1,500, you must complete Part III.	
	Amount	
	5 List name of payer ▶ _____ _____ _____ _____ _____ _____ _____ _____	
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	
	Note. If line 6 is over \$1,500, you must complete Part III.	

		Amount
Part II Ordinary Dividends (See instructions and the instructions for Form 1040A, or Form 1040, line 9a.) Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	5 List name of payer ▶ _____ _____ _____ _____ _____ _____ _____ _____	
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	
	Note. If line 6 is over \$1,500, you must complete Part III.	

		Yes	No
Part III Foreign Accounts and Trusts (See instructions)			
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
7 a At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1.....			X
b If "Yes," enter the name of the foreign country ▶ _____			
8 During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.....			X

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
FRED P PATTERSON

Your social security number
641-99-7611



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

16,630.

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.
FRANCISCAN OAKS	64-9997611	X	14678	1468	910	213	NJ	14678	55		
			-----	-----	---	---		-----	--		
			14678	1468	910	213		14678	55		

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 FRED P PATTERSON	Social security number 641-99-7611
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 16,630.
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2 296.
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3 2,736.
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4 2,840.
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 _____ 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

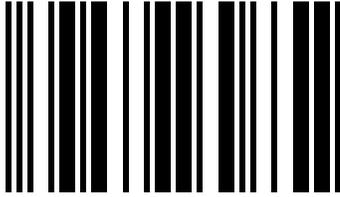
Part III Certification and Authentication-Practitioner PIN Method Only

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 ▶ 09/17/2011

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 # _____

PATTERSON FRED P

3717 BAXTER ST

DENVILLE

NJ 07834-0000 1408

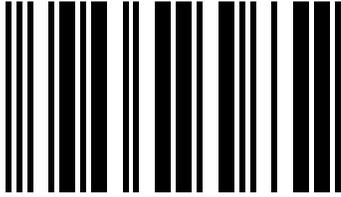
0025

641997611

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		▶ _____ Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)	
_____ Date		_____ Federal Identification Number S24000000	
_____ Paid Preparer's Signature		_____ Federal Employer Identification Number	
_____ Firm's Name		_____ Federal Employer Identification Number	



00000000000000000000

PATTERSON FRED P

001	00	014	14678	040	0	SS#	641997611
EXT	0	15a	1952	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	1	018	0	046	59	BY2	0
008	0	019	0	047	55	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	2	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	16630	052	0	RN	0
GEF	0	27a	0	053	0	PID	S24000000
HCa	0	27b	0	054	55	FID	0
HCb	0	27c	0	055	4		
HCc	0	029	2000	056	0		
HCd	0	030	824	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1408	033	0	060	0		
PDR	0	36a	9578	061	0		
DNM	0	36b	1	062	0		
PA	0	36c	9578	063	0		
CDV	8846	037	4228	63c	0		
		038	59	064	0		
				065	0		

Name PATTERSON FRED P	Social Security Number 641-99-7611
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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
 Domestic Partner Ind

EXEMPTIONS 6. Regular <input type="checkbox"/> 10. Number of other dependents <input type="checkbox"/>	0
7. Age 65 or Over <input type="checkbox"/>	0
8. Blind or Disabled <input type="checkbox"/>	2
9. Number of qualified dependent children <input type="checkbox"/>	0
11. Dependents attending colleges <input type="checkbox"/>	0
12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) (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 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	14,678.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	1,952.
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	16,630.
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	16,630.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	2,000.
30. Medical Expenses (See Worksheet and instr.)	30	824.
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	2,824.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	13,806.
36a. Total Property Taxes Paid	36a	9,578.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010	<input checked="" type="checkbox"/>	
36c. Property Tax Deduction (See instructions)	36c	9,578.
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	4,228.
38. Tax (From Tax Tables, see instructions)	38	59.
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.)	<input type="checkbox"/>	
41. Balance of Tax (Subtract Line 40 from Line 38)	41	59.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	59.
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.	<input type="checkbox"/>	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	59.

Name		Social Security Number	
PATTERSON FRED P		641-99-7611	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	55.
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	55.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	4.
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	
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	

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

2010 NJ-1040-V PAYMENT VOUCHER

PAYMENT BY CREDIT CARD

You may pay your 2010 New Jersey income taxes or make payment of estimated tax for 2011 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet (www.state.nj.us/treasury/taxation) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

PAYMENT BY E-CHECK

You may pay your 2010 New Jersey income taxes or make payment of estimated tax for 2011 by e-check. This option is available on the Division's website at:

www.state.nj.us/treasury/taxation/

Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

PAYMENT BY CHECK

If you are paying your 2010 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and enclose it with your return. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08646-0111.

If you are making your first installment payment of estimated tax for 2011, use separate checks or money orders for each payment. Send your 2011 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

NJ1040V1

NJ-1040-V **New Jersey Gross Income Tax**
2010 **Payment Voucher**

641-99-7611 PATT
PATTERSON FRED P
3717 BAXTER ST
DENVER NJ 07834-

Make Check Payable to `State of New Jersey - TGI'
Write your Social Security # and tax year on your check

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

Enter amount of payment here:

\$ 4.00

1045

013026419976110008PATT1012060000000400

US Schedule A

Sales Tax Worksheet

2010

Name: FRED P PATTERSON

SSN: 641-99-7611

1	Federal AGI		16,630.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest			
b	Social security	12,682.		
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers		12,682.	
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		29,312.	
1	Enter the taxpayer's state of residency for 2010			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			440.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2010? <input checked="" type="checkbox"/> No. Line 2 should be -0-. <input type="checkbox"/> Yes. Enter the letter (A - D) for the optional local sales tax table you want to use			
	Local sales tax from the applicable table			
3	Did your locality impose a local general sales tax in 2010? Residents of California and Nevada, see the Schedule A instructions. <input checked="" type="checkbox"/> No. Go to line 7. <input type="checkbox"/> Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5			
4	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Skip to line 6. <input type="checkbox"/> Yes. Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5			
5	Divide line 3 by line 4			
6	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Multiply line 2 by line 3. <input type="checkbox"/> Yes. Multiply line 1 by line 5			
7	Total of lines 1 and 6 - prorated for part-year residents			440.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate.			
a	Enter the state or local sales tax you paid in 2010 for the purchase of a NEW motor vehicle AFTER February 16, 2009 and BEFORE January 1, 2010			
b	Enter the purchase price (before taxes) of the new motor vehicles			
c	If the amount on line 8b is more than \$49,500, enter the portion of the tax from line 8a that is attributable to the first \$49,500 of the purchase price of each new motor vehicle			
d	Sales tax paid on motor vehicles not included on 8a and sales tax paid on aircraft, boats, homes, including mobile and prefabricated, or home building material - only Only deductible if the sales tax charged is at the general sales tax rate			
9	Total sales tax using the sales tax chart			440.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			440.