

PRINTED 11/25/2011

ANNA E FLEMING
 356 WILKES DRIVE
 PLUCKEMIN NJ 07978-

| | | |
|-------------|--------------|--------|
| | Taxpayer | Spouse |
| SSN | 241-02-0752 | |
| Birth | 09/16/1965 | |
| Death | | |
| Day Phone | 313-555-1111 | |
| Evening | | |
| Cell or Fax | | |
| PIN | 12345 | |

Email _____
 Taxpayer Occupation EDITOR Spouse Occupation _____
 Filing Status HEAD OF HOUSEHOLD

| | | | | | |
|-------|------------|-------------|----------|----|---|
| JAMES | 12/25/2005 | 243-02-0752 | SON | 12 | 0 |
| GRETE | 10/16/2004 | 242-02-0752 | DAUGHTER | 12 | 1 |

Preparer ID: _____ Preparation Fee: _____ Date: _____

Preparer: _____

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

Recap of 2011 Income Tax Return

| | | | |
|----------------|---------|--------------|--------|
| Earned Income | 29,277. | Federal Tax | 2,750. |
| Federal AGI | 38,439. | Withholding | 2,254. |
| Taxable Income | 22,539. | Refund/(Due) | 39. |
| EIC | 535. | Tax Bracket | 15.0 % |

| | | | | | |
|-------------|-------|-------|-------|-------|-------|
| State | NJ | _____ | _____ | _____ | _____ |
| Tax | _____ | _____ | _____ | _____ | _____ |
| Withholding | _____ | _____ | _____ | _____ | _____ |
| Refund/Due | _____ | _____ | _____ | _____ | _____ |
| 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 | | | | |

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2011

Name: ANNA E FLEMING

SSN: 241-02-0752

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 | 38,439. | |
| 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 | 2,771. | |
| 9 | Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy | 412. | |
| 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 | | 2,359. |
| 11 | Child tax credit | | 1,000. |

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2011 to 2012

| 1 | Section 179 expense disallowed, Form 4562, accumulative total | | | | | | | | | | | | | | |
|------------------------|---|--|------------------------|------|--------------|------|------|-----|-----|-----|--|--|--|--|--|
| 2 | Net operating loss from 2011 only, Form 1045 Amt. carried forward from 2010. Listed on Form 1040, line 21, or Form 1040NR, line 21 | | | | | | | | | | | | | | |
| 3 | 2011 charitable contributions. Organization limit: | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <th>50%</th> <th>30%</th> <th>30%</th> <th>20%</th> </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 2011 only, Form 1116. Enter amount carried back, if any | | | | | | | | | | | | | | |
| 7 | Mortgage interest credit, Form 8396: | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th>2009</th> <th>2010</th> <th>2011</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | 2009 | 2010 | 2011 | | | | | | | | | | |
| 2009 | 2010 | 2011 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 8 | General business credits for 2011 only, Form 3800 | | | | | | | | | | | | | | |
| 9 | Form 8844, for 2011 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 2011 only | | | | | | | | | | | | | | |
| 13 | Nonrecaptured net section 1231 losses | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th>2007</th> <th>2008</th> <th>2009</th> <th>2010</th> <th>2011</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | 2007 | 2008 | 2009 | 2010 | 2011 | | | | | | | | |
| 2007 | 2008 | 2009 | 2010 | 2011 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 20. See separate instructions.

Your first name and initial **ANNA E FLEMING** Last name _____ Your social security number **241-02-0752**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security no. _____

Home address (number and street). If you have a P.O. box, see instructions. **356 WILKES DRIVE** Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **PLUCKEMIN NJ 07978-** **Presidential Election Campaign**

Foreign country name _____ Foreign province/county _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. **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**

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: | (1) First name | Last name | (2) Dependent's social security no. | (3) Dependent's relationship to you | | No. of children on 6c who: |
| If more than four dependents, see instr. and check here <input type="checkbox"/> | GRETE FLEMING | | 242-02-0752 | DAUGHTER | | 1 |
| | | | | | 0 | |
| | | | | | 0 | |
| d Total number of exemptions claimed | | | | | Add numbers on lines above 2 | |

Income

| | | |
|---|------------|----------------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 22,530. |
| 8a Taxable interest. Attach Schedule B if required | 8a | 417. |
| b Tax-exempt interest. Do not include on line 8a | 8b | 418. |
| 9a Ordinary dividends. Attach Schedule B if required | 9a | |
| b Qualified dividends | 9b | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 11 Alimony received | 11 | 2,400. |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | 7,259. |
| 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 | 15b | |
| 16a Pensions and annuities | 16a | |
| b Taxable amount | 16b | 5,000. |
| 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 | 19 | 1,345. |
| 20a Social security benefits | 20a | |
| b Taxable amount | 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 | 38,951. |

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 Deductible part of self-employment tax. Attach Schedule SE | 27 | 512. |
| 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 Self-employed health insurance deduction | 29 | |
| 30 Penalty on early withdrawal of savings | 30 | |
| 31a Alimony paid b Recipient's SSN | 31a | |
| 32 IRA deduction | 32 | |
| 33 Student loan interest deduction | 33 | |
| 34 Tuition and fees. Attach Form 8917 | 34 | |
| 35 Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 Add lines 23 through 35 | 36 | 512. |
| 37 Subtract line 36 from line 22. This is your adjusted gross income | 37 | 38,439. |

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No

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.

Paid Preparer's Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

ANNA E FLEMING
EDITING

241-02-0752

541990

X

X

X

12,876.

12,876.

12,876.

119.

12,876.

12,876.

5,498.

5,617.

7,259.

7,259.

07/01/2008

234

X

X

X

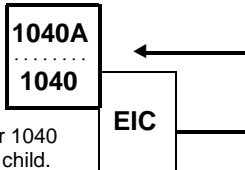
X

| | |
|---------------------|--------|
| PAPER | 2,025. |
| PRINTER CARTRIDGES | 1,048. |
| POSTAGE | 1,500. |
| BUSINESS PHONE LINE | 350. |
| WP COURSE | 575. |

5,498.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **43**

Name(s) shown on return
ANNA E FLEMING

Your social security number
241-02-0752

- Before you begin:**
- See the instructions for Form 1040A, lines 38a and 38b, 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

| | 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 JAMES FLEMING | First name Last name GRETE FLEMING | First name Last name |
| 2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 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. | 243-02-0752 | 242-02-0752 | |
| 3 Child's year of birth | Year <u>2005</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small> | Year <u>2004</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small> | Year _____ <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small> |
| 4 a Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)? | <input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b. |
| b Was the child permanently and totally disabled during any part of 2011? | <input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child. Go to line 5. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child. Go to line 5. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child. Go to line 5. |
| 5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) | SON | DAUGHTER | |
| 6 Number of months child lived with you in the United States during 2011 • If the child lived with you for more than half of 2011 but less than 7 months, enter "7." • If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, enter "12". | <u>12</u> months Do not enter more than 12 months. | <u>12</u> 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) 2011

ANNA E FLEMING

241-02-0752

22,530.

22,530.

6,747.

29277. 29,277.
2462.
38439.

535.

535. 535.

| | | |
|---|---|-------------|
| Name of person with self-employment income (as shown on Form 1040) ANNA E FLEMING | Social security number of person with self-employment income ▶ | 241-02-0752 |
|---|---|-------------|

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

| | | |
|--|-----------|------------|
| 1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions) | 1a | |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y | 1b | |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions) | 2 | 7,259. |
| 3 Combine lines 1a, 1b, and 2 | 3 | 7,259. |
| 4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | 4a | 6,704. |
| b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | 4b | |
| c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶ | 4c | 6,704. |
| 5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income | 5a | |
| b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | 5b | |
| 6 Add lines 4c and 5b | 6 | 6,704. |
| 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011 | 7 | 106,800 00 |
| 8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11 | 8a | 17,130. |
| b Unreported tips subject to social security tax (from Form 4137, line 10) | 8b | |
| c Wages subject to social security tax (from Form 8919, line 10) | 8c | |
| d Add lines 8a, 8b, and 8c | 8d | 17,130. |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶ | 9 | 89,670. |
| 10 Multiply the smaller of line 6 or line 9 by 10.4% (.104) | 10 | 697. |
| 11 Multiply line 6 by 2.9% (.029) | 11 | 194. |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 , or Form 1040NR, line 54 | 12 | 891. |
| 13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27 | 13 | 512. |

Part II Optional Methods To Figure Net Earnings (see instructions)

| | | |
|--|-----------|----------|
| Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,720 or (b) your net farm profits ² were less than \$4,851. | | |
| 14 Maximum income for optional methods | 14 | 4,480 00 |
| 15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,480. Also include this amount on line 4b above | 15 | |
| Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,851 and also less than 72.189% of your gross nonfarm income ⁴ ; and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times. | | |
| 16 Subtract line 15 from line 14 | 16 | |
| 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above | 17 | |

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1d; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

W-2 DETAIL REPORT - 2011

| Employer | EIN | TP SP | Gross Wages | Federal With. | FICA | Medicare | St | State Wages | State With. | Locality | Local With. |
|----------------------|------------|-------|----------------|------------------|------|----------|----|----------------|----------------|----------|----------------|
| OAKWOOD WORLD-HERALD | 23-5020752 | X | 14598 | 1002 | 613 | 212 | NJ | 14598 | 575 | | |
| butler inc | 23-6020752 | X | 2532 | 328 | 106 | 37 | NJ | 2532 | 201 | | |
| | | | ----- | ----- | --- | --- | | ----- | --- | | |
| | | | 17130 | 1330 | 719 | 249 | | 17130 | 776 | | |

1099G DETAIL REPORT - 2011

| Payer | T S | Unemployment Received | Repaid | Withholding Federal | State |
|------------------------------|-----|--------------------------|--------|------------------------|-------|
| OHIO UNEMPLOYMENT COMMISSION | X | 1345 | | 135 | |
| | | ---- | | --- | |
| | | 1345 | | 135 | |

1099 MISCELLANEOUS REPORT - 2011

| Payer | ID number | Rent | Roy | Prizes | Fed With | Fish Boat | Med | Nonemp Comp | Sub Paymts | Crop Ins | EPP | Sect 409A | St | St With | St With |
|-------|-----------|------|-----|--------|-------------|--------------|-----|----------------|---------------|-------------|-----|--------------|----|------------|------------|
|-------|-----------|------|-----|--------|-------------|--------------|-----|----------------|---------------|-------------|-----|--------------|----|------------|------------|

EDITING:

WRIGHT PUBLISHI 24-0020752

12876

12876

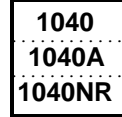
1099-R DETAIL REPORT - 2011

| Payer | EIN | T S | Box 7 | IRA/SEP Simple | Fed. With. | State With. | Gross | 1099R Taxable | Roll/ Exclude | Net | Cost | Cost Bal. |
|----------------------|------------|--------|----------|-------------------|---------------|----------------|-------|------------------|------------------|-------|------|--------------|
| NORTHERN FINANCIAL S | 23-8020752 | T | 1 | | 750NJ | | 5000 | 5000 | | 5000 | | |
| TRI-STATE PUBLISHERS | 23-9020752 | T | 3 | | NJ | | 5400 | 5400 | | 5400 | | |
| | | | | | --- | | ----- | ----- | | ----- | | |
| | | | | | 750 | | 10400 | 10400 | | 10400 | | |

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See separate instructions.



Name(s) shown on return
ANNA E FLEMING

Your social security number
241-02-0752

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you have more than two care providers, see the instructions.)

| 1 (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|----------------------------|--|--|---------------------------------------|
| SALEM DAY CARE | 87 NORTH CASPER DRIVE JERSEY CITY NJ 07302- | 23-7020752 | 1,793. |

| | | | |
|--|-----|---|------------------------------|
| Did you receive dependent care benefits? | No | → | Complete only Part II below. |
| | Yes | → | Complete Part III on page 2. |

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a) |
|------------------------------|---------|--|--|
| First | Last | | |
| JAMES | FLEMING | 243-02-0752 | 896. |
| GRETE | FLEMING | 242-02-0752 | 897. |

| 3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 | 3 | 1,793. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------|-------------------|-------------------|------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---|---|--------------|-------------------|-------------------|-----------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|---------------|---------------|-----|-----------------|-----------------|-----|-----|----------|----------|
| 4 Enter your earned income . See instructions | 4 | 29,277. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | 5 | 29,277. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Enter the smallest of line 3, 4, or 5 | 6 | 1,793. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 | 7 | 38,439. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> If line 7 is: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0-15,000</td><td></td><td>.35</td></tr> <tr><td>15,000-17,000</td><td></td><td>.34</td></tr> <tr><td>17,000-19,000</td><td></td><td>.33</td></tr> <tr><td>19,000-21,000</td><td></td><td>.32</td></tr> <tr><td>21,000-23,000</td><td></td><td>.31</td></tr> <tr><td>23,000-25,000</td><td></td><td>.30</td></tr> <tr><td>25,000-27,000</td><td></td><td>.29</td></tr> <tr><td>27,000-29,000</td><td></td><td>.28</td></tr> </tbody> </table> </td> <td style="width: 50%; vertical-align: top;"> If line 7 is: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000-31,000</td><td></td><td>.27</td></tr> <tr><td>31,000-33,000</td><td></td><td>.26</td></tr> <tr><td>33,000-35,000</td><td></td><td>.25</td></tr> <tr><td>35,000-37,000</td><td></td><td>.24</td></tr> <tr><td>37,000-39,000</td><td></td><td>.23</td></tr> <tr><td>39,000-41,000</td><td></td><td>.22</td></tr> <tr><td>41,000-43,000</td><td></td><td>.21</td></tr> <tr><td>43,000-No limit</td><td></td><td>.20</td></tr> </tbody> </table> </td> </tr> </table> | If line 7 is: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0-15,000</td><td></td><td>.35</td></tr> <tr><td>15,000-17,000</td><td></td><td>.34</td></tr> <tr><td>17,000-19,000</td><td></td><td>.33</td></tr> <tr><td>19,000-21,000</td><td></td><td>.32</td></tr> <tr><td>21,000-23,000</td><td></td><td>.31</td></tr> <tr><td>23,000-25,000</td><td></td><td>.30</td></tr> <tr><td>25,000-27,000</td><td></td><td>.29</td></tr> <tr><td>27,000-29,000</td><td></td><td>.28</td></tr> </tbody> </table> | Over | But not over | Decimal amount is | \$0-15,000 | | .35 | 15,000-17,000 | | .34 | 17,000-19,000 | | .33 | 19,000-21,000 | | .32 | 21,000-23,000 | | .31 | 23,000-25,000 | | .30 | 25,000-27,000 | | .29 | 27,000-29,000 | | .28 | If line 7 is: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000-31,000</td><td></td><td>.27</td></tr> <tr><td>31,000-33,000</td><td></td><td>.26</td></tr> <tr><td>33,000-35,000</td><td></td><td>.25</td></tr> <tr><td>35,000-37,000</td><td></td><td>.24</td></tr> <tr><td>37,000-39,000</td><td></td><td>.23</td></tr> <tr><td>39,000-41,000</td><td></td><td>.22</td></tr> <tr><td>41,000-43,000</td><td></td><td>.21</td></tr> <tr><td>43,000-No limit</td><td></td><td>.20</td></tr> </tbody> </table> | Over | But not over | Decimal amount is | \$29,000-31,000 | | .27 | 31,000-33,000 | | .26 | 33,000-35,000 | | .25 | 35,000-37,000 | | .24 | 37,000-39,000 | | .23 | 39,000-41,000 | | .22 | 41,000-43,000 | | .21 | 43,000-No limit | | .20 | 8 | x . 0.23 |
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| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0-15,000 | | .35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,000-17,000 | | .34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17,000-19,000 | | .33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19,000-21,000 | | .32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21,000-23,000 | | .31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23,000-25,000 | | .30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25,000-27,000 | | .29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27,000-29,000 | | .28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$29,000-31,000 | | .27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31,000-33,000 | | .26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33,000-35,000 | | .25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35,000-37,000 | | .24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37,000-39,000 | | .23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39,000-41,000 | | .22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41,000-43,000 | | .21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43,000-No limit | | .20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions | 9 | 412. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 | 2,771. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46. | 11 | 412. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the instructions.

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.**

2011

Declaration Control Number (DCN) ▶ 00200752000031

Taxpayer's name
ANNA E FLEMING

Social security number
241-02-0752

Spouse's name

Spouse's social security number

Part I Tax Return Information-Tax Year Ending December 31, 2011 (Whole Dollars Only)

| | | | |
|---|--|---|---------|
| 1 | Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 38,439. |
| 2 | Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) | 2 | 2,750. |
| 3 | Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) | 3 | 2,254. |
| 4 | Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) | 4 | 39. |
| 5 | Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) | 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, 2011, 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 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 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 ▶ 01/01/2012

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 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 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. 20075298765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 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 ▶ 01/01/2012

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

US 1040

Three - Year Tax Summary

2011

Name: ANNA E FLEMING

SSN: 241-02-0752

| Gross Income | 2009 | 2010 | 2011 |
|--|-------|-------|---------|
| Wages and salaries | | | 22,530. |
| Interest and dividends | | | 417. |
| Business income | | | 7,259. |
| Sale of assets - gain or loss | | | |
| Pension and IRA distributions | | | 5,000. |
| Rents, royalties, etc | | | |
| Unemployment and social security | | | 1,345. |
| Other income | | | 2,400. |
| Total gross income | | | 38,951. |
| Adjustments to Income | | | 512. |
| Adjusted gross income | | | 38,439. |
| Itemized or Standard Deductions | | | |
| Medical expense deduction | | | |
| Taxes | | | |
| Interest | | | |
| Contributions | | | |
| Miscellaneous deductions | | | |
| Other itemized deductions | | | |
| Total deductions | | | 8,500. |
| Exemptions | | | 7,400. |
| Taxable Income | 0 | 0 | 22,539. |
| Tax (2011 - 1040, line 44) | 0 | 0 | 2,771. |
| Alternative minimum tax | | | |
| Other taxes | | | 1,391. |
| Credits and Payments | | | |
| Credits | | | 1,412. |
| Withholding | | | 2,254. |
| EIC and Additional Child Tax Credit | | | 535. |
| Estimated tax payments | | | |
| Other payments | | | |
| Total credits and payments | | | 4,201. |
| Tax liability after credits | | | 2,750. |
| Estimated tax penalty | | | |
| Refund or (Balance Due) | | | 39. |
| Federal marginal tax bracket | 0.0 % | 0.0 % | 15.0 % |
| State refund or (balance due) | | | |
| 1st resident state refund (balance due) | | | NJ |
| 2nd resident state refund (balance due) | | | |
| 1st part-year state refund (balance due) | | | |
| 2nd part-year state refund (balance due) | | | |
| 1st nonresident state refund (balance due) | | | |
| 2nd nonresident state refund (balance due) | | | |
| 3rd nonresident state refund (balance due) | | | |
| 4th nonresident state refund (balance due) | | | |
| 5th nonresident state refund (balance due) | | | |

NOTES FOR 2011:
