

**US 1040**

**IRA Rollover Explanation**

**2011**

PARTIAL 5,000 ROLL OVER OF AXA EQUITABLE IRA TO VANGUARD IRA WITHIN 60 DAYS

PRINTED 01/19/2012

THOMAS JONES  
 JANET  
 123 ELMT ST  
 TUCKERTON NJ 08087-

	<b>Taxpayer</b>	<b>Spouse</b>
SSN	711-02-0752	712-02-0752
Birth	02/01/1926	07/21/1950
Death		
Day Phone	609-555-5555	
Evening		
Cell or Fax		
PIN	12345	12345

Email \_\_\_\_\_  
 Taxpayer Occupation ENGINEER Spouse Occupation HOMEMAKER  
 Filing Status MARRIED FILING JOINT

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

Preparer ID: \_\_\_\_\_ Preparation Fee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Preparer: \_\_\_\_\_ Time in return \_\_\_\_\_ min.

Recap of 2011 Income Tax Return

Earned Income	26,200.	Federal Tax	2,969.
Federal AGI	48,102.	Withholding	4,031.
Taxable Income	27,198.	Refund/(Due)	1,062.
EIC		Tax Bracket	15.0 %

State	NJ			
Tax	210.			
Withholding	674.			
Refund/Due	784.			
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: THOMAS & JANET JONES

SSN: 711-02-0752

**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 .....			
Railroad tier 1 received this year .....	6,265.		
Total .....	6,265.		6,265.
Medicare to Schedule A .....	1,158.		
Federal tax withheld .....	685.		

**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 42,813.

+ tax-exempt interest: 591. and excluded income from American Samoa (Form 4563) or

Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 3,133. .....

46,537.

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

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

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** 5,325.

Modified AGI ..... 46,537.

\$34,000 (\$44,000) ..... 44,000.

Subtract ..... 2,537. X 85% = 2,156.

Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly) ..... 3,133.

Add ..... **B** 5,289.

**Taxable social security and railroad retirement tier 1.** Minimum of A or B ..... 5,289.

**Lump Sum Payment of Social Security and Railroad Tier 1 Benefits**

	Taxpayer	Spouse	Total
Gross amount received attributable to 2011 .....			
Using the above modified AGI, this is the taxable amount of the 2011 benefit .....			
Amounts taxable from previous years .....			
<b>Taxable benefits using the lump-sum election method</b> .....			

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning \_\_\_\_\_, 2011, ending \_\_\_\_\_, 20

Your first name and initial **THOMAS JONES** Last name \_\_\_\_\_ **Your social security number** 711-02-0752

If a joint return, spouse's first name and initial **JANET JONES** Last name \_\_\_\_\_ **Spouse's social security no.** 712-02-0752

Home address (number and street). If you have a P.O. box, see instructions. **123 ELMT ST** 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). **TUCKERTON NJ 08087-** **Presidential Election Campaign**  
 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**

Foreign country name \_\_\_\_\_ Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

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

**Exemptions**  
 6a  **Yourself.** If someone can claim you as a dependent, **do not** check box 6a  
 b  **Spouse**  
 c **Dependents:**  
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4)  If child under age 17 qualifying for child tax credit (see instr.)  
 If more than four dependents, see instr. and check here ▶   
**Boxes checked on 6a and 6b** 2  
**No. of children on 6c who:**  
 ■ lived with you 0  
 ■ did not live with you due to divorce or separation (see instr.) 0  
 Dependents on 6c not entered above 0  
**Add numbers on lines above** 2  
 d Total number of exemptions claimed \_\_\_\_\_

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 26,200.  
**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** 264.  
 b **Tax-exempt** interest. **Do not** include on line 8a **8b** 591.  
 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** 308.  
 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**  
**If you did not get a W-2, see instructions**  
 15a IRA distributions **15a** 12,702. **b Taxable amount** **15b** 7,702.  
**ROLLOVER**  
 16a Pensions and annuities **16a** 8,356. **b Taxable amount** **16b** 8,000.  
 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**  
**Enclose, but do not attach, any payment. Also, please use Form 1040-V.**  
 20a Social security benefits **20a** 6,265. **b Taxable amount** **20b** 5,289.  
 21 Other income. List type and amount (see instr.) **NJ PROPERTY TAX RECOVER** **21** 339.  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22** 48,102.

**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**  
 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**  
 37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** 48,102.

Tax and Credits

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

Refund

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

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes rows 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 if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, 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

**2011**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

THOMAS & JANET JONES

Your social security no.  
711-02-0752

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions).....	1	9,491.		
	2 Enter amount from Form 1040, line 38 .....	2	48,102.		
	3 Multiply line 2 by 7.5% (.075) .....	3	3,608.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....			4	5,883.	
<b>Taxes You Paid</b>	5 State and local ( <b>check only one box</b> ):				
	a <input checked="" type="checkbox"/> Income taxes, or	5	1,358.		
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions).....	6	6,263.		
	7 Personal property taxes .....	7			
	8 Other taxes. List type and amount ▶ .....	8			
	9 Add lines 5 through 8 .....			9	7,621.
	<b>Interest You Paid</b>	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			
<b>Note.</b> 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		
<b>Gifts to Charity</b>	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 <b>must</b> attach Form 8283 if over \$500.....	17			
	18 Carryover from prior year .....	18			
	19 Add lines 16 through 18 .....			19	
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....			20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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		
<b>Other Miscellaneous Deductions</b>	28 Other - from list in the inst. List type and amount ..... ▶ .....			28	
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 .....			29	13,504.
	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) 2011

**US Schedule A**

**Itemized Deduction Detail Worksheet**

**2011**

Name: THOMAS & JANET JONES

SSN: 711-02-0752

Medical Expenses		Medical miles:	Deduction:
Insurance premiums paid (not pre-tax)		1	
Taxpayer .....		Medicare from 1040 worksheet .....	1,158.
Spouse .....		Remainder from worksheets	
Qualified long term care contracts		Taxpayer .....	
Taxpayer .....	4,240.	Spouse .....	
Spouse .....	3,390.	Self-employed health insurance	
Other medical expenses		Taxpayer .....	
UNREIMBURSED MEDICAL		Spouse .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	9,491.

Cash Contributions		Other Charitable miles:	X .14 =
50% Limit Organizations			
		From Schedules K-1 .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	

30% Limit Organizations		Charitable miles:	X .14 =
		Schedules K-1 .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	

Other Than Cash Contributions		50% Limit Organizations
		From Forms 8283 .....
		Amount from additional worksheets .....
From Schedules K-1		<b>Total</b> .....

30% Limit		Capital gain property donated to 50% limit organizations.
		From Forms 8283 .....
From Schedules K-1		<b>Total</b> .....

30% Limit		Not capital gain property donated to 30% limit organizations.
		From Forms 8283 .....
From Schedules K-1		<b>Total</b> .....

20% Limit Organization		Capital gain property donated to 30% limit organizations.
		From Forms 8283 .....
From Schedules K-1		<b>Total</b> .....

	From years 2006 through 2010				To 2012 tax year			
	Cash and other property		Capital gain property		Cash and other property		Capital gain property	
	50%	30%	30%	20%	50%	30%	30%	20%
2006								
2007								
2008								
2009								
2010								
2011								

Contributions allowed this year		
50% of adjusted gross income .....		24,051.
This year's 50% organization cash contributions allowed .....		
30% of adjusted gross income .....		14,431.
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 .....		9,620.
This year's capital gain contributions to 30% organizations limited to 20% .....		
30% capital gain carryover limited to 20% AGI .....		
<b>Total contributions allowed this year</b> .....		

## W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
K&B ENGINEERS INC	71-9020752	X	26200	1240	1100	380	NJ	27400	674		
			-----	-----	-----	---		-----	---		
			26200	1240	1100	380		27400	674		



**US Estimated Tax Payments Made for the Current Tax Year 2011**

Name: THOMAS & JANET JONES

SSN: 711-02-0752

**Federal Estimated Tax Payments**

See note below	Date of payment	Amount of payment	Towards 04/15/2011 payment	Towards 06/15/2011 payment	Towards 09/15/2011 payment	Towards 01/15/2012 payment
From last year						
<b>D</b> 04/15 1						
<b>U</b> 06/15 2						
<b>E</b> 09/15 3						
01/15 4						
* Pay date						
Totals						

\* Fill in the pay date on Form 2210, page 1.

**State Estimated Tax Payments**

\*\*The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

\* Check the \* column if payment 4 was paid before 01/01/2012.

**Taxpayer, Joint, or Combined State Return**

\*\* Date of Payment

State	Credit from last year	04/15/2011 Amount 1	06/15/2011 Amount 2	09/15/2011 Amount 3	01/15/2012 Amount 4	*	Total
NJ		80 .	80 .	80 .	80 .	X	320 .

NJ	State and/or local balance due from previous years' returns paid in 2011. Include amounts paid with a 2010 extension paid in 2011 .....						
	State and/or local balance due from previous years' returns paid in 2011. Include amounts paid with a 2010 extension paid in 2011 .....						
NJ	Last state estimate payment for 2010 paid in 2011 (due January 15, 2011) .....						95 .
	Last state estimate payment for 2010 paid in 2011 (due January 15, 2011) .....						

**Spouse Filing Married Separate State Tax Return or Second Full Year Resident State**

\*\* Date of Payment

State	Credit from last year	04/15/2011 Amount 1	06/15/2011 Amount 2	09/15/2011 Amount 3	01/15/2012 Amount 4	*	Total

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.
NATIONAL FINANCIAL S	71-8020752	S	7	X	687NJ		6875	6875		6875		
AXA EQUITABLE	71-7020752	S	7	X	583NJ		5827	5827 R	5000	827		
UNITED STATE RAILROA	71-6020752	T	7		836NJ		8356	E	356	8000	14084	
					-----		-----	-----	-----	-----	-----	
					2106		21058	12702	5356	15702	14084	

Name(s) shown on return  
**THOMAS & JANET JONES**

Your social security number  
**711-02-0752**

**Part I Nonbusiness Energy Property Credit**

<p><b>1a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ..... ▶</p> <p><b>Caution:</b> If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.</p>		<p><b>1a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>b</b> Print the complete address of the main home where you made the qualifying improvements. <b>Caution:</b> You can only have one main home at a time.</p> <p><u>17 HELEN STREET</u> Number and street Unit No.</p> <p><u>TOMS RIVER NJ 08753-</u> City, State, and ZIP code</p>		
<p><b>c</b> Were any of these improvements related to the construction of this main home? ..... ▶</p> <p><b>Caution:</b> If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>		<p><b>1c</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>2</b> Lifetime limitation. Amounts claimed in 2006, 2007, 2009, and 2010.</p>		
<p><b>a</b> Amount, if any, from line 12 of your 2006 Form 5695 .....</p>	<p><b>2a</b></p>	
<p><b>b</b> Amount, if any, from line 15 of your 2007 Form 5695 .....</p>	<p><b>2b</b></p>	
<p><b>c</b> Amount, if any, from line 11 of your 2009 Form 5695 .....</p>	<p><b>2c</b></p>	
<p><b>d</b> Amount, if any, from line 11 of your 2010 Form 5695 .....</p>	<p><b>2d</b> 100.</p>	
<p><b>e</b> Add lines 2a through 2d. If \$500 or more, <b>stop</b>; you cannot take the nonbusiness energy property credit</p>		<p><b>2e</b> 100.</p>
<p><b>3</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)</p>		
<p><b>a</b> Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC .....</p>	<p><b>3a</b></p>	570.
<p><b>b</b> Exterior doors that meet or exceed the Energy Star program requirements .....</p>	<p><b>3b</b></p>	500.
<p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home .....</p>	<p><b>3c</b></p>	
<p><b>d</b> Exterior windows and skylights that meet or exceed the Energy Star program requirements .....</p>	<p><b>3d</b></p>	
<p><b>e</b> Maximum amount of cost on which the credit can be figured .....</p>	<p><b>3e</b> \$2,000</p>	
<p><b>f</b> If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, or 2010, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- .....</p>	<p><b>3f</b></p>	
<p><b>g</b> Subtract line 3f from line 3e. If zero or less, enter -0- .....</p>	<p><b>3g</b> 2,000.</p>	
<p><b>h</b> Enter the smaller of line 3d or line 3g .....</p>	<p><b>3h</b></p>	
<p><b>4</b> Add lines 3a, 3b, 3c, and 3h .....</p>	<p><b>4</b></p>	1,070.
<p><b>5</b> Multiply line 4 by 10% (.10) .....</p>	<p><b>5</b></p>	107.
<p><b>6</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions)</p>		
<p><b>a</b> Energy-efficient building property. Do not enter more than <b>\$300</b> .....</p>	<p><b>6a</b></p>	
<p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than <b>\$150</b> .....</p>	<p><b>6b</b></p>	3,200.
<p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than <b>\$50</b> .....</p>	<p><b>6c</b></p>	
<p><b>7</b> Add lines 6a through 6c .....</p>	<p><b>7</b></p>	150.
<p><b>8</b> Add lines 5 and 7 .....</p>	<p><b>8</b></p>	257.
<p><b>9</b> Maximum credit amount. (If you jointly occupied the home, see instructions) .....</p>	<p><b>9</b></p>	500.
<p><b>10</b> Enter the amount, if any, from line 2e .....</p>	<p><b>10</b></p>	100.
<p><b>11</b> Subtract line 10 from line 9. If zero or less, <b>stop</b>; you cannot take the nonbusiness energy property credit .....</p>	<p><b>11</b></p>	400.
<p><b>12</b> Enter the smaller of line 8 or line 11 .....</p>	<p><b>12</b></p>	257.
<p><b>13</b> Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions) .....</p>	<p><b>13</b></p>	3,226.
<p><b>14</b> <b>Nonbusiness energy property credit.</b> Enter the smaller of line 12 or line 13. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49 .....</p>	<p><b>14</b></p>	257.

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) ▶ 20075220120190000075

Taxpayer's name  
THOMAS JONES

**Social security number**  
711-02-0752

Spouse's name  
JANET JONES

**Spouse's social security number**  
712-02-0752

**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	48,102.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) .....	2	2,969.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) .....	3	4,031.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) ..	4	1,062.
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 ERO firm name to enter or generate my PIN 12345  
 as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros

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 ▶ 01/02/2012

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

I authorize TRAINING ERO firm name to enter or generate my PIN 12345  
 as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros

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 ▶ 01/02/2012

**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 ▶ 01/02/2012

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

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





**US 1040**

**Three - Year Tax Summary**

**2011**

Name: THOMAS & JANET JONES

SSN: 711-02-0752

Gross Income	2009	2010	2011
Wages and salaries .....			26,200.
Interest and dividends .....			264.
Business income .....			
Sale of assets - gain or loss .....			
Pension and IRA distributions .....			15,702.
Rents, royalties, etc .....			
Unemployment and social security .....			5,289.
Other income .....			647.
Total gross income .....			48,102.
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			48,102.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			5,883.
Taxes .....			7,621.
Interest .....			
Contributions .....			
Miscellaneous deductions .....			
Other itemized deductions .....			
Total deductions .....			13,504.
<b>Exemptions</b> .....			7,400.
Taxable Income .....	0	0	27,198.
<b>Tax (2011 - 1040, line 44)</b> .....	0	0	3,226.
Alternative minimum tax .....			
Other taxes .....			
<b>Credits and Payments</b>			
Credits .....			257.
Withholding .....			4,031.
EIC and Additional Child Tax Credit .....			
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			4,288.
Tax liability after credits .....			2,969.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			1,062.
Federal marginal tax bracket .....	0.0 %	0.0 %	15.0 %
<b>State refund or (balance due)</b>			
1st resident state refund (balance due) .....			NJ 784.
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:**

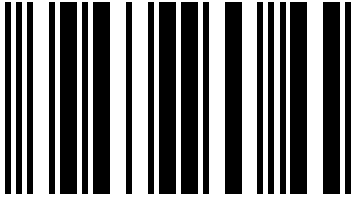
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STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2011 or Other Tax Year

Beginning \_\_\_\_\_, 2011 \_\_\_\_ Month Ending \_\_\_\_\_ 20\_\_\_\_  
On-line Federal Ext. Confirmation # \_\_\_\_\_

JONES THOMAS & JANET

123 ELMT ST

TUCKERTON

NJ 08087-0000 1533

0009

711020752

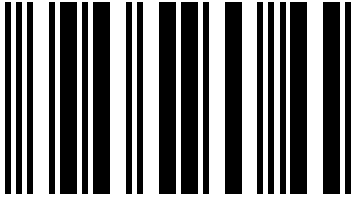
Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

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 55 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

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





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JONES THOMAS & JANET

001	00	014	27400	040	0	SS#	711020752
EXT	0	15a	445	40a	0	SP#	712020752
FS	2	15b	410	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	2	017	0	045	0	SS2	0
007	1	018	0	046	210	BY2	0
008	0	019	7702	047	674	SS3	0
009	0	020	0	048	0	BY3	0
010	0	021	0	049	320	SS4	0
011	0	022	0	050	0	BY4	0
12a	3	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	35547	052	0	RN	0
GEF	1	27a	0	053	0	PID	0
HCa	0	27b	0	054	994	FID	0
HCb	0	27c	0	055	0		
HCC	0	029	3000	056	784		
HCD	0	030	10850	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1533	033	0	060	0		
PDR	0	36a	6659	061	0		
DNM	0	36b	1	062	0		
PA	0	36c	6659	063	0		
CDV	5997	037	15038	63c	0		
		038	210	064	0		
				065	784		

Name <b>JONES THOMAS &amp; JANET</b>	Social Security Number <b>711-02-0752</b>
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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	2	10. Number of other dependents	0
7. Age 65 or Over	1	11. Dependents attending colleges	0
8. Blind or Disabled	0	12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)	3
9. Number of qualified dependent children	0	(Line 12b - Add Lines 9 and 10)	0

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

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	
a.			
b.			
c.			
d.			

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		27,400.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a		445.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	410.	
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		7,702.
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 (Enclose Schedule) (See instructions)	25		
26. Total income (Add Lines 14, 15a, 16 through 25)	26		35,547.
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		35,547.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29		3,000.
30. Medical Expenses (See Worksheet and instr.)	30		10,850.
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		13,850.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35		21,697.
36a. Total Property Taxes Paid (See instructions)	36a	6,659.	
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011		<input checked="" type="checkbox"/>	
36c. Property Tax Deduction (See instructions)	36c		6,659.
37. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37		15,038.
38. Tax (From Tax Tables, see instructions)	38		210.
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	<input type="checkbox"/>	
41. Balance of Tax (Subtract Line 40 from Line 38)	41		210.
42. Sheltered Workshop Tax Credit	42		
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43		210.
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44		
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed.	45	<input type="checkbox"/>	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46		210.

Name		Social Security Number	
JONES THOMAS & JANET		711-02-0752	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	674.
48	Property Tax Credit (See instructions)	48	
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	320.
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	994.
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	784.
	Deductions from Overpayment on Line 56 which you elect to credit to:		
57	Your 2012 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	784.

**DIRECT DEPOSIT INFORMATION**

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

Check Routing Number

4  
Account Number

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

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

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

Name: JONES THOMAS & JANET

SSN: 711-02-0752

Part I

1	Value of IRA on December 31, 2011 .....	
2	Total distributions from IRA during the tax year .....	6,875.
3	Total value of IRA .....	6,875.
<b>*Unrecovered contributions: Complete either line 4a or 4b</b>		
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed .....	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7 .....	
5	Accumulated earnings in IRA on December 31, 2011 .....	6,875.
6	Divide line 5 by line 3 .....	1.00
7	<b>Taxable portion of this year's withdrawal</b> .....	6,875.

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

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

Name: JONES THOMAS & JANET

SSN: 711-02-0752

Part I

1	Value of IRA on December 31, 2011 .....	
2	Total distributions from IRA during the tax year .....	827.
3	Total value of IRA .....	827.
<b>*Unrecovered contributions: Complete either line 4a or 4b</b>		
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed .....	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7 .....	
5	Accumulated earnings in IRA on December 31, 2011 .....	827.
6	Divide line 5 by line 3 .....	1.00
7	<b>Taxable portion of this year's withdrawal</b> .....	827.

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

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

**US Schedule A**

**Sales Tax Worksheet**

**2011**

Name: THOMAS & JANET JONES

SSN: 711-02-0752

1	Federal AGI.....		48,102.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest .....	591.		
b	Social security .....	976.		
c	Combat pay .....			
d	Income on Forms 4970 and 4972 .....			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers.....	356.	1,923.	
3	Other nontaxable income			
a	.....			
b	.....			
c	.....			
d	.....			
e	.....			
4	<b>Income for sales tax chart</b> .....		50,025.	
1	Enter the taxpayer's state of residency for 2011.....			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	<b>State sales tax from the applicable table</b> .....			721.
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 2011? <input checked="" type="checkbox"/> <b>No.</b> Line 2 should be -0-. <input type="checkbox"/> <b>Yes.</b> Enter the letter (A - D) for the optional local sales tax table you want to use .....			
	<b>Local sales tax from the applicable table</b> .....			
3	Did your locality impose a local general sales tax in 2011? Residents of California and Nevada, see the Schedule A instructions. <input checked="" type="checkbox"/> <b>No.</b> Go to line 7. <input type="checkbox"/> <b>Yes.</b> 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"/> <b>No.</b> Skip to line 6. <input type="checkbox"/> <b>Yes.</b> 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"/> <b>No.</b> Multiply line 2 by line 3. <input type="checkbox"/> <b>Yes.</b> Multiply line 1 by line 5 .....			
7	Total of lines 1 and 6 - prorated for part-year residents .....			721.
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. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate .....			560.
9	<b>Total sales tax using the sales tax chart</b> .....			1,281.
10	<b>Sales tax using actual receipts</b> .....			
11	<b>Sales tax deduction for Schedule A, line 5</b> .....			1,281.

Name: THOMAS & JANET JONES

SSN: 711-02-0752

Use the spouse column if this is a married joint return for this year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
1 <u>NJ</u> 2010 state/local income tax refund .....	685.		
___ 2010 state/local income tax refund .....			
Total state/local income tax refund for 2010 .....	685.		
<b>2 Enter the amounts from the 2010 tax return</b> If the itemized deductions were reduced due to the AGI limitation, be sure to enter the reduced amounts			
Schedule A, line 5a, income taxes .....	1,845.		
Schedule A, line 5b, general sales tax .....	520.		
Difference - the state tax refund is only taxable to the extent the state tax deduction exceeds the sales tax deduction .....	1,325.		
3 Net state/local income tax refund .....	685.		
4 Enter the total of all other Schedule A refunds or reimbursements .....	755.		
5 Add lines 3 and 4 .....	1,440.		
<b>On the 2010 tax return,</b> If itemized deductions are reduced due to income limitations, AMT is included, or there are unused credits, see Publication 525. Some or all of the state tax refund may be tax-free. Check here if the ENTIRE state tax refund is nontaxable. Stop here .....	<input type="checkbox"/>	<input type="checkbox"/>	
6 2010 itemized deductions .....	13,147.		
7 Filing status for 2010. Enter 1, 2, 3, 4, or 5. 1 = Single                                      4 = Head of household 2 = Married filing jointly                      5 = Qualifying widow(er) 3 = Married filing separately .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the 2010 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here .....	<input type="checkbox"/>	<input type="checkbox"/>	
8 Age 65 or blind, enter amount from the 2010 Form 1040, page 2, line 39a .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Standard deduction .....	12,500.		
10 Net disaster loss from your 2010 Form 4684, line 18 .....			
11 New motor vehicle taxes from your 2010 Schedule A, line 7 .....			
12 Total standard deduction .....	12,500.		
13 Subtract line 13 from line 6 .....	647.		
14 Smaller of line 5 or line 14 .....	647.		
15 Enter the taxable income for 2010, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number .....	53,000.		
16 Amount to include in income for 2011 .....	647.		
17 <b>Taxable state/local income tax refund</b> .....	308.		308.
18 <b>Taxable amount of other income</b> .....	339.		339.