

US Schedule D

Capital Gain or Loss Transactions Worksheet

2011

* Check if 28% rate gain or (loss)

(a) Description of property	T S J	*	(b) Code	(c) Date acquired	(d) Date sold	(e) Sales price	(f) Cost or other basis	(g) Adjustments to Gain or Loss	(h) Gain or loss	S / L
500 FBNTENA	T			02/11/2011	12/30/2011	5,360.	4,960.		400.	S
100 TWX	T		O	03/29/2011	11/18/2011	3,605.	3,497.	(25.)	83.	S
500 FBNTENA	T			04/30/2010	12/30/2011	5,360.	5,230.		130.	L
GEORGIA CONDO	J		L	09/08/2005	12/02/2011	102,000.	109,000.	7,000.		L
						116,325.	122,687.	6,975.	613.	

PRINTED 01/19/2012

HENRY _____ MITCHEL _____
 JANET _____
 123 ELM ST _____
 KINNELON NJ 07405- _____

	Taxpayer	Spouse
SSN	721-02-0752	722-02-0752
Birth	09/14/1948	02/21/1940
Death	_____	_____
Day Phone	973-555-1111	_____
Evening	_____	_____
Cell or Fax	862-555-2222	_____
PIN	12345	12345

Email HANDJM@MYMAIL.COM
 Taxpayer Occupation TEACHER Spouse Occupation RETIRED
 Filing Status MARRIED FILING JOINT

EMMA SMITH 10/05/1990 723-02-0752 DAUGHTER 12 3

Preparer ID: _____ Preparation Fee: _____ Date: _____
 Preparer: _____ Time in return _____ min.

Recap of 2011 Income Tax Return

Earned Income	45,600.	Federal Tax	2,259.
Federal AGI	68,650.	Withholding	4,870.
Taxable Income	30,407.	Refund/(Due)	3,000.
EIC	_____	Tax Bracket	15.0 %

State	NJ	_____	_____	_____
Tax	578.	_____	_____	_____
Withholding	2,000.	_____	_____	_____
Refund/Due	1,422.	_____	_____	_____
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 Student Loan Interest, Coverdell ESA and QTP, Tuition and Fees 2011

Name: HENRY & JANET MITCHEL SSN: 721-02-0752

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
1 Amount paid in 2011. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500..... Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 _____ Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$60,000 (\$120,000 married filing jointly) and is -0- when AGI exceeds \$75,000 (\$150,000 married filing jointly).			
2 Student loan interest deduction			
Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI	250.		250.
Education Savings Accounts (ESAs) and QTPs	Taxpayer	Spouse	
1 Excess contributions			
2 Taxable distributions			

Tuition and Fees as an AGI Deduction

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

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

Some things to consider

Form 8863, Education Credits

- 40% of the American Opportunity Credit is refundable and is reduced once the AGI reaches \$80,000 single (\$160,000, married filing jointly), and is -0- when the AGI reaches \$90,000 single (\$180,000, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches \$50,000, single (\$100,000, married filing jointly), and is -0- when the AGI reaches \$61,000, single (\$122,000, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as \$2,500 credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to \$2,000.

Tuition and Fees as an AGI Deduction

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

Student's name	Social security number	Qualified expenses
HENRY MITCHEL	721-02-0752	
JANET MITCHEL	722-02-0752	
EMMA SMITH	723-02-0752	
1 Total qualified expense		
2 Modified AGI	68,650.	
3 Tuition and fees deduction(Spouse amount:)		

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

Your first name and initial HENRY MITCHEL Last name _____ Your social security number 721-02-0752

If a joint return, spouse's first name and initial JANET MITCHEL Last name _____ Spouse's social security no. 722-02-0752

Home address (number and street). If you have a P.O. box, see instructions. 123 ELM 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). KINNELON NJ 07405- **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.)
EMMA SMITH 723-02-0752 DAUGHTER
 If more than four dependents, see instr. and check here ▶
 d Total number of exemptions claimed _____

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 1
Add numbers on lines above 3

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 45,600.
 8a Taxable interest. Attach Schedule B if required _____
 b Tax-exempt interest. Do not include on line 8a _____ 8b _____
 9a Ordinary dividends. Attach Schedule B if required _____
 b Qualified dividends _____ 9b _____
 10 Taxable refunds, credits, or offsets of state and local income taxes _____ 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 (3,000.) 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 _____
 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 _____
 20a Social security benefits _____ 20a _____ b Taxable amount _____ 20b _____
 21 Other income. List type and amount (see instr.) GAMBLING WINNINGS 26,300. 21 _____
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** 68,900. 22 _____

Adjusted Gross Income
 23 Educator expenses _____ 23 250.
 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 _____ 36 250.
 37 Subtract line 36 from line 22. This is your **adjusted gross income** 68,650. 37 _____

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

HENRY & JANET MITCHEL

Your social security no.
721-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions).....	1	450.			
	2 Enter amount from Form 1040, line 38	2	68,650.			
	3 Multiply line 2 by 7.5% (.075)	3	5,149.			
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 checked="" type="checkbox"/> Income taxes, or	5	2,343.			
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions).....	6	9,900.			
	7 Personal property taxes	7				
	8 Other taxes. List type and amount ▶	8				
	9 Add lines 5 through 8				9	12,243.
	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.) ▶ EDUCATOR EXPENSES	21	125.			
	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	125.			
	25 Enter amount from Form 1040, line 38	25	68,650.			
	26 Multiply line 25 by 2% (.02)	26	1,373.			
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 ▶ GAMBLING LOSSES		14,900.		28	14,900.
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	27,143.
	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: HENRY & JANET MITCHEL

SSN: 721-02-0752

Medical Expenses		Medical miles:	Deduction:
Insurance premiums paid (not pre-tax)		1	
Taxpayer		Medicare from 1040 worksheet	
Spouse		Remainder from worksheets	
Qualified long term care contracts		Taxpayer	
Taxpayer		Spouse	
Spouse		Self-employed health insurance	
Other medical expenses		Taxpayer	
PRESCRIPTION DRUGS		Spouse	
	450 .		
		Amount from additional worksheets	
		Total	450 .

Cash Contributions		Other Charitable miles:	X .14 =
50% Limit Organizations			
		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

	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	34,325 .
This year's 50% organization cash contributions allowed	
30% of adjusted gross income	20,595 .
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	13,730 .
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 D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule D (Form 1040).**
▶ **Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.**

Attachment
Sequence No. **12**

Name(s) shown on return

HENRY & JANET MITCHEL

Your social security number

721-02-0752

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e) (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked on Part I	3605.	(3497)	-25.	83.
2 Short-term totals from all Forms 8949 with box B checked on Part I	5360.	(4960)		400.
3 Short-term totals from all Forms 8949 with box C checked on Part I		()		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (1202)
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 -719.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e) (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked on Part II		()		
9 Long-term totals from all Forms 8949 with box B checked on Part II	5360.	(5230)		130.
10 Long-term totals from all Forms 8949 with box C checked on Part II	102000.	(109000)	7000.	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (3030)
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2				15 -2900.

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

Schedule D (Form 1040) 2011

BCA

Part III Summary

16 Combine lines 7 and 15 and enter the result 16 (3,619.)

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

- Yes.** Go to line 18.
- No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions 19

20 Are lines 18 and 19 **both** zero or blank?

- Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.
- No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
 - (\$3,000), or if married filing separately, (\$1,500)
- } 21 (3,000.)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR line 42).
- No.** Complete the rest of Form 1040 or Form 1040NR.

Name: HENRY & JANET MITCHEL

SSN: 721-02-0752

Capital Loss Carryovers from This Year to Next Year

1	Amount from Form 1040, line 41, or Form 1040NR, line 38	41,507.
2	Loss shown on Schedule D, line 21 as a positive amount	3,000.
3	Combine lines 1 and 2. If -0- or less, enter -0-	44,507.
4	Smaller line 2 or line 3	3,000.
5	Loss shown on Schedule D, line 7 as a positive amount	719.
6	Gain, if any, shown on Schedule D, line 15	
7	Add lines 4 and 6	3,000.
8	Short-term capital loss carryover. Subtract line 7 from line 5. If -0- or less, enter -0-	
9	Loss shown on Schedule D, line 15 as a positive amount	2,900.
10	Gain, if any, shown on Schedule D, line 7	
11	Subtract line 5 from line 4. If -0- or less, enter -0-	2,281.
12	Add lines 10 and 11	2,281.
13	Long-term capital loss carryover. Subtract line 12 from line 9. If -0- or less, enter -0-	619.

Sale of Your Home

1 Date main home was sold: _____ Acquisition date: _____

2 If Form 8828 is also needed for this sale, check here

3 If any part of the main home was ever rented out or used for business, see instructions.

If part of the sale is a sale of business property, report the business portion using a depreciation wkst, and report personal portion below and skip line 9.

4 Selling price of home _____

5 Selling expenses _____

6 Amount realized _____

7 Adjusted basis of home sold _____

8 **Gain on the sale.** If -0- or less, enter -0- _____

9 Depreciation claimed on property after 05/06/1997 _____

10 Subtract line 9 from line 8. If -0- or less, enter -0- _____

11 Aggregate number of days of nonqualified use after 12/31/2008. _____

12 Number of days the taxpayer owned the property _____

13 Divide the amount on line 11 by the amount on line 12 _____

14 Gain allocated to nonqualified use _____

15 **Gain eligible for exclusion** _____

16a Did you (and your spouse if filing a joint return) own and occupy the property as your main home for a total of a least 2 years of the 5 year period before the sale? Yes No

b If "No", did you sell the home due to a change in place of employment, health or other unforeseen circumstances? Yes No

c If you are an unmarried surviving spouse, the sale occurred no later than 2 years after the date of the other spouse's death, the ownership and use requirements for joint filers were met immediately before the date of such death, and there was no sale or exchange of a main home by either spouse which qualified for the exclusion during the 2-year period ending on the date of the other spouse's death, check here Yes

17 Maximum exclusion _____

18 Smaller of line 15 or line 17. If you are reporting the sale on the installment method, enter this amount on Form 6252, line 15 _____

19 **Taxable gain.** _____

a You must enter this amount on Schedule D or Form 6252. _____
This gain is to be considered: short-term long-term.

b Transferred to Form 4797, Part III _____

Information for Separate State Returns - Default is to the Taxpayer.

	Federal	Taxpayer	Spouse
1 Short term	(719.)	(719.)	
2 Short term loss based on joint return	719.	719.	
3 Long term	(2,900.)	(2,900.)	
4 Long term loss based on joint return	2,281.	2,281.	
5 Schedule D result (line 16 or line 21)	(3,000.)	(3,000.)	
6 Short term loss carryover			
7 Long term loss carryover	619.	619.	

W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
-----	-----	-----	-----	-----	-----	-----	---	-----	-----	-----	-----
SMART KIDS CHARTER SCHOO	72-9020752	X	45600	2240	1915	661	NJ	47760	1500		
			-----	-----	-----	---		-----	-----		
			45600	2240	1915	661		47760	1500		

US Estimated Tax Payments Made for the Current Tax Year 2011

Name: HENRY & JANET MITCHEL

SSN: 721-02-0752

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	04/15/2011	121.				
D 04/15 1						
U 06/15 2						
E 09/15 3						
01/15 4						
* Pay date						
Totals		121.				

* 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							
NJ	State and/or local balance due from previous years' returns paid in 2011. Include amounts paid with a 2010 extension paid in 2011						51.
	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)						
	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

W-2G DETAIL REPORT - 2011

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
-----	-----	-----	-----	-----	-----	-----
ABC CASINO	72-7020752	X	130	1300		4000
NEW JERSEY LOTTERY	72-8020752	X	1000	10000		5700
NEW JERSEY LOTTERY	72-8020752	X	1500	15000	500	5200
			----	-----	---	-----
			2630	26300	500	14900

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions to find out if you are eligible to take the credits.
▶ Attach to Form 1040 or Form 1040A.

Name(s) shown on return
HENRY & JANET MITCHEL

Your social security number
721-02-0752



You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

Part I American Opportunity Credit

Caution: You cannot take the American opportunity credit for more than 4 tax years for the same student.

1 (a) Student's name (as shown on page 1 of your tax return) <small>First name Last name</small>	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instr.) Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
EMMA SMITH	723-02-0752	3,700.	1,700.	425.	2,425.
2 Tentative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III. ▶					2 2,425.

Part II Lifetime Learning Credit

Caution: You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year.

3 (a) Student's name (as shown on page 1 of your tax return) <small>First name Last name</small>	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
4 Add the amounts on line 3, column (c), and enter the total		4
5 Enter the smaller of line 4 or \$ 10,000		5
6 Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV		6

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

Part III Refundable American Opportunity Credit

7	Enter the amount from line 2		7	2,425.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8	180,000.	
9	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.	9	68,650.	
10	Subtract line 9 from line 8. If zero or less, stop ; you cannot take any education credit	10	111,350.	
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	20,000.	
12	If line 10 is: <ul style="list-style-type: none"> • Equal to or more than line 11, enter 1.000 on line 12 • Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) 		12	1.000
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet the conditions in the instructions, you cannot take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/>		13	2,425.
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 15 below		14	970.

Part IV Nonrefundable Education Credits

15	Subtract line 14 from line 13		15	1,455.
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)		16	
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er)	17		
18	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.	18		
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19		
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20		
21	If line 19 is: <ul style="list-style-type: none"> • Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 • Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) 		21	
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)		22	
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31.		23	1,455.

Allocation of Refund (Including Bond Purchases)

2011

Department of the Treasury
Internal Revenue Service

▶ See separate instructions
▶ Attach your income tax return.

Attachment
Sequence No. **56**

Name(s) shown on return
HENRY & JANET MITCHEL

Your social security number
721-02-0752

Part I Direct Deposit

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

1a Amount to be deposited in first account	1a	1,000.
b Routing number <u>310000530</u> ▶ c <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number <u>87-3378</u>		
2a Amount to be deposited in second account	2a	1,000.
b Routing number <u>310000530</u> ▶ c <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d Account number <u>87-3379</u>		
3a Amount to be deposited in third account	3a	
b Routing number _____ ▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number _____		

Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy bonds with a portion of your refund.

! If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked.
CAUTION See the instructions for more details.

4 Amount to be used for bond purchases for yourself (and your spouse, if filing jointly)	4	
5a Amount to be used to buy bonds for yourself, your spouse, or someone else	5a	500.
b Enter the owner's name (First then Last) for the bond registration <u>HENRY MITCHEL</u>		
c If you would like to add a co-owner or beneficiary, enter their name here (First then Last). If beneficiary, also check here ▶ <input checked="" type="checkbox"/> <u>EMMA SMITH</u>		
6a Amount to be used to buy bonds for yourself, your spouse, or someone else	6a	500.
b Enter the owner's name (First Last) for the bond registration <u>JANET MITCHEL</u>		
c If you would like to add a co-owner or beneficiary, enter their name here (First then Last). If beneficiary, also check here ▶ <input checked="" type="checkbox"/> <u>EMMA SMITH</u>		

Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

7 Amount to be refunded by check	7	
----------------------------------------	----------	--

Part IV Total Allocation of Refund

8 Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the overpayment shown on your tax return	8	3,000.
---------------------------------------------------------------------------------------------------------------	----------	--------

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

See Instructions for Schedule D (Form 1040).

For more information about Form 8949, see www.irs.gov/form8949

Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

2011

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return HENRY & JANET MITCHEL

Your social security number 721-02-0752

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Note: You must check one of the boxes below. Complete a separate Form 8949, page 1, for each box that is checked.

*Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)).

Columns (b) and (g) do not apply for most transactions and should generally be left blank.

Box A Short-term transactions reported on Form 1099-B with basis reported to the IRS; Box B Short-term transactions reported on Form 1099-B but basis not reported to the IRS; Box C Short-term transactions for which you cannot check box A or B

Table with 7 columns: (a) Description of property, (b) Code, (c) Date acquired, (d) Date sold, (e) Sales price, (f) Cost or other basis, (g) Adjustments to gain or loss. Row 1: 100 TWX, O, 03/29/2011, 11/18/2011, 3605., 3497., -25.

Row 2: 2 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 1 (if box A above is checked), line 2 (if box B above is checked), or line 3 (if box C above is checked). Values: 2, 3605., 3497., -25.

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

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number
721-02-0752

HENRY & JANET MITCHEL

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked.

***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)).

Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Long-term transactions reported on Form 1099-B with basis reported to the IRS

(B) Long-term transactions reported on Form 1099-B but basis not reported to the IRS

(C) Long-term transactions for which you cannot check box A or B

3	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for col (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
	GEORGIA CONDO	L	09/08/2005	12/02/2011	102000.	109000.	7000.

4 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, **line 8** (if **box A** above is checked), **line 9** (if **box B** above is checked), or **line 10** (if **box C** above is checked) ▶ **4** 102000. 109000. 7000.

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) ▶

Taxpayer's name HENRY MITCHEL	Social security number 721-02-0752
Spouse's name JANET MITCHEL	Spouse's social security number 722-02-0752

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	68,650.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,259.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7).....	3	4,870.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) ..	4	3,000.
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 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.

Spouse's signature ▶ _____ Date ▶ 01/01/2012

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 ▶ 01/01/2012

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

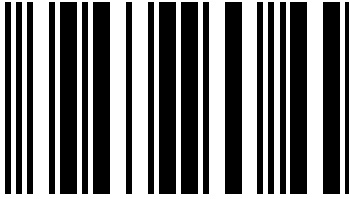
For Paperwork Reduction Act Notice, see your tax return instructions.

Name: HENRY & JANET MITCHEL

SSN: 721-02-0752

Gross Income	2009	2010	2011
Wages and salaries			45,600.
Interest and dividends			
Business income			
Sale of assets - gain or loss			(3,000.)
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			26,300.
Total gross income			68,900.
Adjustments to Income			250.
Adjusted gross income			68,650.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			12,243.
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			14,900.
Total deductions			27,143.
Exemptions			11,100.
Taxable Income	0	0	30,407.
Tax (2011 - 1040, line 44)	0	0	3,714.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			1,455.
Withholding			4,870.
EIC and Additional Child Tax Credit			
Estimated tax payments			121.
Other payments			970.
Total credits and payments			7,416.
Tax liability after credits			2,259.
Estimated tax penalty			
Refund or (Balance Due)			3,702.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
State refund or (balance due)			
1st resident state refund (balance due)			NJ 1,422.
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:



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 # _____

MITCHEL HENRY & JANET

123 ELM ST

KINNELON

NJ 07405-0000 1415

5090

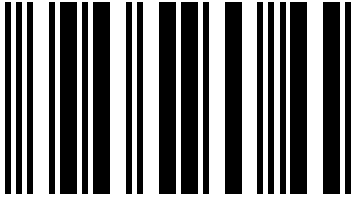
721020752

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>	



00000000000000000000

MITCHEL HENRY & JANET

001	00	014	47760	040	0	SS#	721020752
EXT	0	15a	0	40a	0	SP#	722020752
FS	2	15b	0	042	0	SS1	723020752
DP	0	016	0	044	0	BY1	1990
006	2	017	0	045	0	SS2	0
007	1	018	560	046	578	BY2	0
008	0	019	0	047	2000	SS3	0
009	0	020	0	048	0	BY3	0
010	1	021	0	049	0	SS4	0
011	1	022	0	050	0	BY4	0
12a	4	023	1400	50b	0	DDI	4
12b	1	024	0	50c	0	AT	0
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	49720	052	0	RN	0
GEF	0	27a	0	053	0	PID	0
HCa	0	27b	0	054	2000	FID	0
HCb	0	27c	0	055	0		
HCC	0	029	5500	056	1422		
HCD	0	030	296	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1415	033	0	060	0		
PDR	0	36a	6900	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	6900	063	0		
CDV	9560	037	37024	63c	0		
		038	578	064	0		
				065	1422		

Name MITCHEL HENRY & JANET	Social Security Number 721-02-0752
------------------------------------------	----------------------------------------------

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 1
 7. Age 65 or Over 1 11. Dependents attending colleges 1
 8. Blind or Disabled 0 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) 4
 9. Number of qualified dependent children 0 (Line 12b - Add Lines 9 and 10) 1

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

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)
a.	SMITH EMMA	723-02-0752	1990	<input type="checkbox"/>
b.				<input type="checkbox"/>
c.				<input type="checkbox"/>
d.				<input type="checkbox"/>

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	47,760.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	
16. Dividends	16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	560.
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	1,400.
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	49,720.
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	49,720.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	5,500.
30. Medical Expenses (See Worksheet and instr.)	30	296.
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	5,796.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	43,924.
36a. Total Property Taxes Paid (See instructions)	36a	6,900.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011		
36c. Property Tax Deduction (See instructions)	36c	6,900.
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	37,024.
38. Tax (From Tax Tables, see instructions)	38	578.
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.)	40	
41. Balance of Tax (Subtract Line 40 from Line 38)	41	578.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	578.
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44	
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed.	45	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	578.

Name MITCHEL HENRY & JANET		Social Security Number 721-02-0752	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	2,000.
48	Property Tax Credit (See instructions)	48	
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one) 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"/>	50	
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	2,000.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE. 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.	55	
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 56 which you elect to credit to:	56	1,422.
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	1,422.

DIRECT DEPOSIT INFORMATION

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

Check Routing Number

Account Number

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

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

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

Name(s) as shown on Form NJ-1040 MITCHEL HENRY & JANET	Your Social Security Number 721-02-0752
------------------------------------------------------------------	---------------------------------------------------

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.

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

1. Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	
3. Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____	3.	%
IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.	COLUMN A	COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	4.
5. Property Tax Enter in Box 5a the amount from Worksheet F and Deduction line 1. See instructions. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5a.	5. - 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	6.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	7.
8. Allowable Credit (Line 3 times Line 7)	8.	8.
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9a.	9.

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

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

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
FED SCH D					613.
2. Capital Gains Distributions					2.
3. Other Net Gains					3. (53.)
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					4. 560.

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

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

NJ

Dependents Information

2011

Name: HENRY & JANET MITCHEL

SSN: 721-02-0752

First name	MI	Last name	SSN	Birth year
EMMA		SMITH	723-02-0752	1990

US Schedule A

Sales Tax Worksheet

2011

Name: HENRY & JANET MITCHEL

SSN: 721-02-0752

1	Federal AGI.....		68,650.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest			
b	Social security			
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers			
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		68,650.	
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 _____			
	State sales tax from the applicable table			823.
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"/> 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 2011? 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			823.
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			
9	Total sales tax using the sales tax chart			823.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			823.