

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

Your first name and initial HILDA M Last name MOORE Your social security number 141-02-0752

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

Home address (number and street). If you have a P.O. box, see instructions. 2621 TUDOR AVE 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). LIVINGSTON NJ 07039- **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	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a			Boxes checked on 6a and 6b <u>1</u> No. of children on 6c who: ■ lived with you <u>3</u> ■ did not live with you due to divorce or separation (see instr.) <u>0</u> Dependents on 6c not entered above <u>0</u> Add numbers on lines above <u>4</u>
b	<input type="checkbox"/> Spouse			
c Dependents: If more than four dependents, see instr. and check here ▶ <input type="checkbox"/>				
	(1) First name Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	
	<u>DELORIS MOORE</u>	<u>144-02-0752</u>	<u>DAUGHTER</u>	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)
	<u>EDNA MOORE</u>	<u>142-02-0752</u>	<u>DAUGHTER</u>	
	<u>RONALD MOORE</u>	<u>143-02-0752</u>	<u>SON</u>	
d	Total number of exemptions claimed			

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	<u>35,965.</u>
8a	Taxable interest. Attach Schedule B if required	8a	<u>289.</u>
b	Tax-exempt interest. Do not include on line 8a	8b	<u>450.</u>
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities <u>17,585.</u>	16a	
b	Taxable amount	16b	<u>16,570.</u>
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	<u>1,754.</u>
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount (see instr.) <u>GAMBLING WINNINGS</u>	21	<u>1,500.</u>
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	<u>56,078.</u>

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	<u>386.</u>
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	<u>386.</u>
37	Subtract line 36 from line 22. This is your adjusted gross income	37	<u>55,692.</u>

Tax and Credits

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

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

Other Taxes

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

Payments

If you have a qualifying child, attach Schedule EIC.

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

Refund

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

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

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

Sign Here

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

Paid Preparer's Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN S24051400, Firm's name, Firm's address, Firm's EIN, Phone no.

1099G DETAIL REPORT - 2011

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	1754		98	
		----		--	
		1754		98	

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.

Attachment
Sequence No. **50**

Name(s) shown on return
HILDA M MOORE

Your social security number
141-02-0752



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).
RONALD MOORE	143-02-0752	4,000.	2,000.	500.	2,500.
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 2,500.

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	2,500.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8	90,000.	
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	55,692.	
10	Subtract line 9 from line 8. If zero or less, stop ; you cannot take any education credit	10	34,308.	
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	10,000.	
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	2,500.
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 40. Then go to line 15 below		14	1,000.

Part IV Nonrefundable Education Credits

15	Subtract line 14 from line 13		15	1,500.
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	1,500.

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
HILDA M MOORE

Social security number
141-02-0752

Spouse's name

Spouse's social security number

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	55,692.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	1,041.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	6,330.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) ..	4	6,289.
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 ▶ 11/20/2012

Spouse's PIN: check one box only

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

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ S24000000 TRAINING Date ▶ 11/20/2012

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: HILDA M MOORE

SSN: 141-02-0752

Preparer Use Fields

Question	Answer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11 Other than English what language is spoken in your home	NONE
12 Do you or any member of hour household have a disability	YES
13 Preparer Initials	AH
14 Quality Review Initials	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Taxpayer Reminders

Empty area for taxpayer reminders.

US 1040

Three - Year Tax Summary

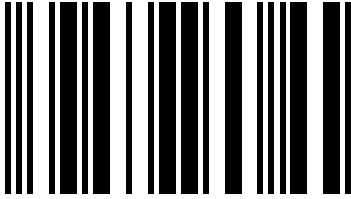
2011

Name: HILDA M MOORE

SSN: 141-02-0752

Gross Income	2009	2010	2011
Wages and salaries			35,965.
Interest and dividends			289.
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			16,570.
Rents, royalties, etc			
Unemployment and social security			1,754.
Other income			1,500.
Total gross income			56,078.
Adjustments to Income			386.
Adjusted gross income			55,692.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			11,600.
Exemptions			14,800.
Taxable Income	0	0	29,292.
Tax (2011 - 1040, line 44)	0	0	3,541.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			2,500.
Withholding			6,330.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			1,000.
Total credits and payments			9,830.
Tax liability after credits			1,041.
Estimated tax penalty			
Refund or (Balance Due)			6,289.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
State refund or (balance due)			
1st resident state refund (balance due)			NJ 17.
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 # _____

MOORE HILDA M

2621 TUDOR AVE

LIVINGSTON

NJ 07039-0000 0710

7021

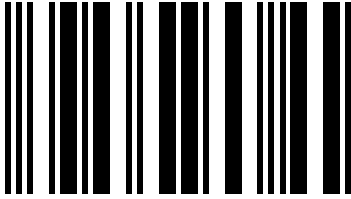
141020752

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>S24051400</p>	
<p>Firm's Name</p>		<p>Federal Employer Identification Number</p>	



00000000000000000000

MOORE HILDA M

001	00	014	35965	040	0	SS#	141020752
EXT	0	15a	289	40a	0	SP#	0
FS	5	15b	450	042	0	SS1	144020752
DP	0	016	0	044	0	BY1	1995
006	1	017	0	045	0	SS2	142020752
007	0	018	0	046	758	BY2	1993
008	0	019	16570	047	725	SS3	143020752
009	3	020	0	048	50	BY3	1988
010	0	021	0	049	0	SS4	0
011	0	022	0	050	0	BY4	0
12a	1	023	0	50b	0	DDI	4
12b	3	024	0	50c	0	AT	0
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	52824	052	0	RN	0
GEF	0	27a	0	053	0	PID	S24051400
HCa	0	27b	0	054	775	FID	0
HCb	0	27c	0	055	0		
HCC	1	029	5500	056	17		
HCD	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	0710	033	0	060	0		
PDR	0	36a	1728	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	2644	037	47324	63c	0		
		038	758	064	0		
				065	17		

Name MOORE HILDA M	Social Security Number 141-02-0752
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RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the From _____ To _____
 taxable year, give the period of New Jersey residency: MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1. Single 2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household 5. Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS 6. Regular 10. Number of other dependents 0
 7. Age 65 or Over 11. Dependents attending colleges 0
 8. Blind or Disabled 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) 1
 9. Number of qualified dependent children 3 (Line 12b - Add Lines 9 and 10) 3

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. MOORE DELORIS	144-02-0752	1995	<input type="checkbox"/>
b. MOORE EDNA	142-02-0752	1993	<input type="checkbox"/>
c. MOORE RONALD	143-02-0752	1988	<input checked="" 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	35,965.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	289.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	450.
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	16,570.
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	52,824.
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	52,824.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	5,500.
30. Medical Expenses (See Worksheet and instr.)	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	5,500.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	47,324.
36a. Total Property Taxes Paid (See instructions)	36a	1,728.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011		<input type="checkbox"/>
36c. Property Tax Deduction (See instructions)	36c	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	47,324.
38. Tax (From Tax Tables, see instructions)	38	758.
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	758.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	758.
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	758.

Name		Social Security Number	
MOORE HILDA M		141-02-0752	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	725.
48	Property Tax Credit (See instructions)	48	50.
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)	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	775.
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	17.
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	17.

DIRECT DEPOSIT INFORMATION

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

Check Routing Number

Account Number

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

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

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

NJ

Dependents Information

2011

Name: HILDA M MOORE

SSN: 141-02-0752

First name	MI	Last name	SSN	Birth year
DELORIS		MOORE	144-02-0752	1995
EDNA		MOORE	142-02-0752	1993
RONALD		MOORE	143-02-0752	1988

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011

Name: HILDA M MOORE

SSN: 141-02-0752

Tax Return Information

1 Refund	17.
2 Balance Due	

Direct Deposit and Direct Debit Information

Check here if you had a Federal refund and want the state refund deposited to the same bank account as listed on the Federal return. This information will not appear below, but will be transmitted to New Jersey with the electronic return.

Check here if you want the state refund deposited into a different account.

Check here to have a refund check mailed to you.

Direct Debit of Balance Due

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.

Enter the date you want the balance due to be withdrawn from your account

If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date 11/20/2012

Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number

Account number

Account type

Checking

Savings

Will the refund or debit you are requesting involve a foreign bank account?

Yes

No

Electronic Filing Only

If you used a different account for direct deposit of your state tax refund or requested electronic funds withdrawal for your state tax balance due, rekey the account information below from the check or other document for verification.

RTN:

Account: