

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

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

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

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
JERSEY CITY NJ 07302- **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
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Exemptions
 6a **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.)
GRETE FLEMING **242-02-0752** **DAUGHTER**
 If more than four dependents, see instr. and check here ▶
 d Total number of exemptions claimed **2**

Boxes checked on 6a and 6b **1**
No. of children on 6c who:
 ■ lived with you **1**
 ■ 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**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **22,530.**
 8a Taxable interest. Attach Schedule B if required **417.**
 b Tax-exempt interest. Do not include on line 8a **418.**
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends
 10 Taxable refunds, credits, or offsets of state and local income taxes
 11 Alimony received **2,400.**
 12 Business income or (loss). Attach Schedule C or C-EZ **7,259.**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions **15a** Taxable amount **15b 5,000.**
 16a Pensions and annuities **16a** Taxable amount **16b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation **1,345.**
 20a Social security benefits **20a** Taxable amount **20b**
 21 Other income. List type and amount (see instr.)
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **38,951.**

Adjusted Gross Income
 23 Educator expenses
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ
 25 Health savings account deduction. Attach Form 8889
 26 Moving expenses. Attach Form 3903
 27 Deductible part of self-employment tax. Attach Schedule SE **512.**
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction
 30 Penalty on early withdrawal of savings
 31a Alimony paid b Recipient's SSN ▶
 32 IRA deduction
 33 Student loan interest deduction
 34 Tuition and fees. Attach Form 8917
 35 Domestic production activities deduction. Attach Form 8903
 36 Add lines 23 through 35 **512.**
 37 Subtract line 36 from line 22. This is your **adjusted gross income** **38,439.**

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (38,439), 39a (Total boxes checked 39a), 40 (8,500), 41 (29,939), 42 (7,400), 43 (22,539), 44 (2,771), 45, 46 (2,771), 47-53 (Credits), 54 (1,412), 55 (1,359).

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 2 columns: Line number and Amount. Rows include 56 (891), 57, 58 (500), 59a, 59b, 60, 61 (2,750).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 62 (2,254), 63, 64a (535), 64b, 65, 66, 67, 68, 69, 70, 71, 72 (2,789).

Refund

Table with 2 columns: Line number and Amount. Rows include 73 (39), 74a (39), 75.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 76, 77.

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.
Your signature Date Your occupation EDITOR Daytime phone number 201-555-1212
Spouse's signature Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer's Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed if PTIN S24051400. Firm's name, Firm's address, Firm's EIN, Phone no.

**Schedule C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

Name of proprietor ANNA E FLEMING	Social security number (SSN) 241-02-0752
A Principal business or profession, including product or service (see instructions) EDITOR	B Enter code from instructions 541990
C Business name. If no separate business name, leave blank.	D Employer ID no. (EIN), (see instr.)
E Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____	
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 2011, check here	
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)..... Yes <input checked="" type="checkbox"/> No	
J If "Yes," did you or will you file all required Forms 1099? Yes <input type="checkbox"/> No	

Part I		Income	
1a	Merchant card and third party payments. For 2011, enter -0-	1a	
b	Gross receipts or sales not entered on line 1a (see instructions)	1b	12,176.
c	Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d	Total gross receipts. Add lines 1a through 1c	1d	12,176.
2	Returns and allowances plus any other adjustments (see instructions)	2	
3	Subtract line 2 from line 1	3	12,176.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	12,176.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	12,176.

Part II		Expenses.		Enter expenses for business use of your home only on line 30.	
8	Advertising	8		18	Office expense (see instructions)
9	Car and truck expenses (see instructions)	9	119.	19	Pension and profit-sharing plans
10	Commissions and fees	10		20	Rent or lease (see instructions):
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment
12	Depletion	12		20b	b Other business property
13	Depreciation and sect. 179 expense deduction (not including Part III) (see instructions)	13		21	Repairs and maintenance
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)
15	Insurance (other than health)	15		23	Taxes and licenses
16	Interest:			24	Travel, meals, and entertainment:
a	Mortgage (paid to banks, etc.)	16a		24a	a Travel
b	Other	16b		24b	b Deductible meals and entertainment (see instructions)
17	Legal and professional services	17		25	Utilities
18				26	Wages (less employment credits)
19				27a	Other expenses (from line 48)
20				27b	b Reserved for future use
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27a.
22				29	Tentative profit or (loss). Subtract line 28 from line 7
23				30	Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere.
24				31	Net profit or (loss). Subtract line 30 from line 29.
25					<ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.
26					<ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.
27				32a	<input type="checkbox"/> All investment is at risk.
28				32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2011

BCA

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
 If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 07/01/2008

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
 a Business 234 b Commuting (see instr.) c Other 10000

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

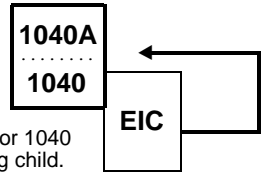
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

PAPER	2,025.
PRINTER CARTRIDGES	1,048.
POSTAGE	800.
BUSINESS PHONE	350.
WORD PROCESSING COURSE	575.
48 Total other expenses. Enter here and on page 1, line 27a	48 4,798.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2011

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
ANNA E FLEMING

Your social security number
241-02-0752

- Before you begin:**
- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
 - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name Last name JAMES FLEMING	First name Last name GRETE FLEMING	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	243-02-0752	242-02-0752	
3 Child's year of birth	Year <u>2005</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year <u>2004</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>
4 a Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2011?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON	DAUGHTER	
6 Number of months child lived with you in the United States during 2011 • If the child lived with you for more than half of 2011 but less than 7 months, enter "7." • If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, enter "12".	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

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

Schedule EIC (Form 1040A or 1040) 2011

Name of person with self-employment income (as shown on Form 1040)

ANNA E FLEMING

Social security number of person

with self-employment income ▶

241-02-0752

Section B - Long Schedule SE

Part I Self-Employment Tax

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

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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	7,259.
3 Combine lines 1a, 1b, and 2	3	7,259.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	6,704.
Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶	4c	6,704.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	6,704.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011	7	106,800 00
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	8a	17,130.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	17,130.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	89,670.
10 Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10	697.
11 Multiply line 6 by 2.9% (.029)	11	194.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	891.
13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. <ul style="list-style-type: none"> • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	512.

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

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

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

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

W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
OAKWOOD WORLD-HERALD	23-5990752	X	14598	1002	613	212	NJ	14598	575		
BUTLER INC	23-6990752	X	2532	328	106	37	NJ	2532	201		
			-----	-----	---	---		-----	---		
			17130	1330	719	249		17130	776		

1099G DETAIL REPORT - 2011

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	1345		135	
		----		---	
		1345		135	

1099-R DETAIL REPORT - 2011

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
NORTHERN FINANCIAL S	23-8990752	T	1	X	750NJ		5000	5000		5000		
TRI-STATE PUBLISHERS	23-9990752	T	3		NJ		5400	5400		5400		
					---		-----	-----		-----		
					750		10400	10400		10400		

Child and Dependent Care Expenses

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

▶ See separate instructions.

1040
1040A
1040NR

2441

2011

Attachment
Sequence No. 21

Name(s) shown on return
ANNA E FLEMING

Your social security number
241-02-0752

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

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
SALEM DAY CARE CENTER	87 NORTH CASPER DRIVE MORRIS COUNTY NJ 07302-	23-7990752	1,793.

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2.

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

Part II Credit for Child and Dependent Care Expenses

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First	Last		
JAMES	FLEMING	243-02-0752	903.
GRETE	FLEMING	242-02-0752	890.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,793.
4 Enter your earned income . See instructions	4	29,277.
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	29,277.
6 Enter the smallest of line 3, 4, or 5	6	1,793.
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	38,439.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X . 0.23
9 Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions	9	412.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	2,771.
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	412.

For Paperwork Reduction Act Notice, see the instructions.

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records. See instructions.**

2011

Declaration Control Number (DCN) ▶

Taxpayer's name
ANNA E FLEMING

Social security number
241-02-0752

Spouse's name

Spouse's social security number

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

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

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Your signature ▶ _____ Date ▶ 12/01/2012

Spouse's PIN: check one box only

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

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

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

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

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

ERO's signature ▶ S24000000 TRAINING Date ▶ 12/01/2012

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: ANNA E FLEMING

SSN: 241-02-0752

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

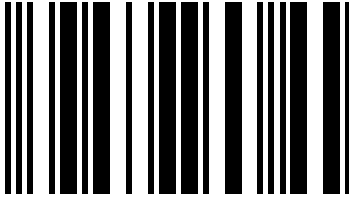
Empty area for taxpayer reminders.

Name: ANNA E FLEMING

SSN: 241-02-0752

Gross Income	2009	2010	2011
Wages and salaries			22,530.
Interest and dividends			417.
Business income			7,259.
Sale of assets - gain or loss			
Pension and IRA distributions			5,000.
Rents, royalties, etc			
Unemployment and social security			1,345.
Other income			2,400.
Total gross income			38,951.
Adjustments to Income			512.
Adjusted gross income			38,439.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			8,500.
Exemptions			7,400.
Taxable Income	0	0	22,539.
Tax (2011 - 1040, line 44)	0	0	2,771.
Alternative minimum tax			
Other taxes			1,391.
Credits and Payments			
Credits			1,412.
Withholding			2,254.
EIC and Additional Child Tax Credit			535.
Estimated tax payments			
Other payments			
Total credits and payments			4,201.
Tax liability after credits			2,750.
Estimated tax penalty			
Refund or (Balance Due)			39.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
State refund or (balance due)			
1st resident state refund (balance due)			NJ 591.
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 # _____

FLEMING ANNA E

356 WILKES DRIVE

JERSEY CITY

NJ 07302-0000 0906

6019

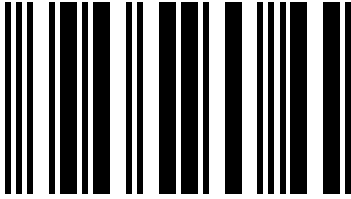
241020752

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

FLEMING ANNA E

001	00	014	17130	040	0	SS#	241020752
EXT	0	15a	417	40a	0	SP#	0
FS	4	15b	418	042	0	SS1	242020752
DP	0	016	0	044	0	BY1	2004
006	1	017	7259	045	0	SS2	243020752
007	0	018	0	046	345	BY2	2005
008	1	019	5000	047	776	SS3	0
009	1	020	0	048	50	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	107	BY4	0
12a	2	023	0	50b	0	DDI	4
12b	1	024	2400	50c	0	AT	0
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	32206	052	3	RN	0
GEF	1	27a	5000	053	0	PID	S24051400
HCa	0	27b	0	054	936	FID	0
HCb	0	27c	5000	055	0		
HCC	0	029	3500	056	591		
HCD	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	0906	033	0	060	0		
PDR	0	36a	2160	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	8747	037	23706	63c	0		
		038	345	064	0		
				065	591		

Name FLEMING ANNA E	Social Security Number 241-02-0752
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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) 2
 9. Number of qualified dependent children 1 (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.	FLEMING GRETE	242-02-0752	2004	<input type="checkbox"/>
b.	FLEMING JAMES	243-02-0752	2005	<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	17,130.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	417.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	418.
16. Dividends	16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	7,259.
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19	5,000.
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	2,400.
25. Other (Enclose Schedule) (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	32,206.
27a. Pension Exclusion (See instructions)	27a	5,000.
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b	
27c. Total Exclusion Amount (Add line 27a and Line 27b)	27c	5,000.
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.	28	27,206.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	3,500.
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	3,500.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	23,706.
36a. Total Property Taxes Paid (See instructions)	36a	2,160.
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	23,706.
38. Tax (From Tax Tables, see instructions)	38	345.
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	345.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	345.
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	345.

Name		Social Security Number	
FLEMING ANNA E		241-02-0752	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	776.
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	107.
	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	3.
53	EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	936.
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	591.
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	591.

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: ANNA E FLEMING

SSN: 241-02-0752

First name	MI	Last name	SSN	Birth year
GRETE JAMES		FLEMING FLEMING	242-02-0752 243-02-0752	2004 2005

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011

Name: ANNA E FLEMING

SSN: 241-02-0752

Tax Return Information

1 Refund	591 .
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 **12/10/2012**

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:

NJ-2450

**EMPLOYEE'S CLAIM FOR CREDIT
FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR
FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2011**

Claimant Social Security No. 241-02-0752	Name: ANNA E FLEMING
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address: 356 WILKES DRIVE
	City, State, Zip Code: JERSEY CITY NJ 07302-

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or Family Leave Insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.		COLUMN A UI/WF/SWF DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED	COLUMN C FAMILY LEAVE INSURANCE DEDUCTED
1A.	Employer's Name: OAKWOOD WORLD-HERALD Fed. Emp. I.D. #: 23-5990752 Private Plan #: _____ Wages: 14,598.	62.	73.	9.
B.	Employer's Name: BUTLER INC Fed. Emp. I.D. #: 23-6990752 Private Plan #: 9786654 Wages: 2,532.	11.	78.	2.
C.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
D.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
E.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
F.	Employer's Name: _____ Fed. Emp. I.D. #: _____ Private Plan #: _____ Wages: _____			
G.	* If additional space is required, enclose a rider and enter the total on this line			
2.	Total Deducted: Add Lines 1A through 1G. Enter here.	73.	151.	11.
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions	125.80	148.00	17.76
4.	Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 51 of the NJ-1040.			
5.	Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 52 of the NJ-1040.		3.	
6.	Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 53 of the NJ-1040			

I hereby apply for a credit for worker contributions deducted in excess of \$125.80 for N.J. UI/WF/SWF and/or in excess of \$148.00 for N.J. Disability Insurance and/or in excess of \$17.76 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____
1045

Name: FLEMING ANNA E

SSN: 241-02-0752

Part I

1	Value of IRA on December 31, 2011	
2	Total distributions from IRA during the tax year	5,000.
3	Total value of IRA	5,000.
*Unrecovered contributions: Complete either line 4a or 4b		
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	5,000.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	5,000.

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	