

PRINTED 01/17/2012

ANTHONY WEBSTER
 919 N DARRON AVE
 PLUCKEMIN NJ 07978-

Taxpayer Spouse
 SSN 151-02-0752
 Birth 12/20/1971
 Death
 Day Phone 901-555-1111
 Evening
 Cell or Fax
 PIN 12345

Email
 Taxpayer Occupation GENERAL CONTRACTOR Spouse Occupation
 Filing Status HEAD OF HOUSEHOLD

NIGEL 06/23/2000 153-02-0752 SON 12 0

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

Recap of 2011 Income Tax Return

Earned Income	40,461.	Federal Tax	2,987.
Federal AGI	41,924.	Withholding	4,332.
Taxable Income	27,136.	Refund/(Due)	1,345.
EIC		Tax Bracket	15.0 %

State NJ
 Tax
 Withholding
 Refund/Due
 State
 Tax
 Withholding
 Refund/Due

	Maximum RAL	Partial RAL	2 week check	2 week deposit
Qualifying refund				
Fees				
Net refund				
Fast check				
2 week check				
State check				
Check one				

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

Your first name and initial **ANTHONY WEBSTER** Last name _____ See separate instructions.
Your social security number
151-02-0752

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. **919 N DARRON 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).
PLUCKEMIN NJ 07978- **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. ▶ **NIGEL WEBSTER**
 5 Qualifying widow(er) with dependent child

Exemptions
 6a **Yourself.** If someone can claim you as a dependent, do not check box 6a
 b **Spouse**
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instr.)
 If more than four dependents, see instr. and check here ▶
 d Total number of exemptions claimed

Boxes checked on 6a and 6b
 No. of children on 6c who:
 ■ lived with you 0
 ■ did not live with you due to divorce or separation (see instr.) 0
 Dependents on 6c not entered above 0
Add numbers on lines above **1**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **40,461.**
 8a Taxable interest. Attach Schedule B if required **976.**
 b Tax-exempt interest. Do not include on line 8a
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends
 10 Taxable refunds, credits, or offsets of state and local income taxes **487.**
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 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**
 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
 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** **41,924.**

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
 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
 37 Subtract line 36 from line 22. This is your **adjusted gross income** **41,924.**

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 if, 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
ANTHONY WEBSTER

Your social security no.
151-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions).....	1	3,899.		
	2 Enter amount from Form 1040, line 38 2 41,924.				
	3 Multiply line 2 by 7.5% (.075)	3	3,144.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....			4	755.	
Taxes You Paid	5 State and local (check only one box):				
	a <input type="checkbox"/> Income taxes, or	5	1,478.		
	b <input checked="" type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions).....	6	2,415.		
	7 Personal property taxes	7	495.		
	8 Other taxes. List type and amount ▶ _____	8			
	9 Add lines 5 through 8			9	4,388.
	Interest You Paid	10 Home mortgage interest & points reported to you on Form 1098	10	3,595.	
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	3,595.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,350.		
	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	2,350.
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.) ▶ _____	21			
	22 Tax preparation fees	22			
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38 25				
	26 Multiply line 25 by 2% (.02)	26			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27		
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount ▶ _____			28	
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	11,088.
	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: ANTHONY WEBSTER

SSN: 151-02-0752

Medical Expenses		Medical miles: 600	Deduction: 114.
Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	
Taxpayer	2,520.	Remainder from worksheets	
Spouse	2,520.	Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
DENTAL BILLS	375.		
NEW GLASSES	255.		
PRESCRIPTION DRUGS	635.		
		Amount from additional worksheets	
		Total	3,899.

Cash Contributions		Other Charitable miles: X .14 =
50% Limit Organizations		
CHURCH	1,950.	
SALVATION ARMY	400.	
		From Schedules K-1
		Amount from additional worksheets
		Total
		2,350.

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
		Total

30% Limit Not capital gain property donated to 30% limit organizations.		From Forms 8283
		Total

20% Limit Organization Capital gain property donated to 30% limit organizations.		From Forms 8283
		Total

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

Contributions allowed this year	
50% of adjusted gross income	20,962.
This year's 50% organization cash contributions allowed	2,350.
30% of adjusted gross income	12,577.
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	8,385.
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	2,350.

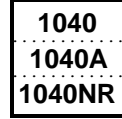
W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
AW CONTRACTING SERVICES	11-5020752	X	40461	4236	1699	587	NJ	40461	863		
			-----	-----	-----	---		-----	---		
			40461	4236	1699	587		40461	863		

Child and Dependent Care Expenses

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

▶ See separate instructions.



Name(s) shown on return
ANTHONY WEBSTER

Your social security number
151-02-0752

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)
SHERYL HAYDEN	628 N DARREN AVE PLUCKEMIN NJ 07978-	154-02-0752	1,500.

Did you receive dependent care benefits?

No → Complete only Part II below.

Yes → Complete Part III on page 2.

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

Part II **Credit for Child and Dependent Care Expenses**

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First	Last		
NIGEL	WEBSTER	153-02-0752	1,500.

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	1,500.
4 Enter your earned income . See instructions	4	40,461.
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	40,461.
6 Enter the smallest of line 3, 4, or 5	6	1,500.
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	41,924.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x . 0.21
9 Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions	9	315.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	3,461.
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	315.

For Paperwork Reduction Act Notice, see the instructions.

Name(s) shown on return
ANTHONY WEBSTER

Your social security number
151-02-0752

Part I Nonbusiness Energy Property Credit

<p>1a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p> <p>Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.</p>		<p>1a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.</p> <p><u>919 N DARRON AVE</u> Number and street Unit No.</p> <p><u>PLUCKEMIN NJ 07978-</u> City, State, and ZIP code</p>														
<p>c Were any of these improvements related to the construction of this main home? ▶</p> <p>Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>		<p>1c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>												
<p>2 Lifetime limitation. Amounts claimed in 2006, 2007, 2009, and 2010.</p> <table border="1"> <tr> <td>a Amount, if any, from line 12 of your 2006 Form 5695</td> <td>2a</td> <td></td> </tr> <tr> <td>b Amount, if any, from line 15 of your 2007 Form 5695</td> <td>2b</td> <td></td> </tr> <tr> <td>c Amount, if any, from line 11 of your 2009 Form 5695</td> <td>2c</td> <td>200.</td> </tr> <tr> <td>d Amount, if any, from line 11 of your 2010 Form 5695</td> <td>2d</td> <td></td> </tr> </table> <p>e Add lines 2a through 2d. If \$500 or more, stop; you cannot take the nonbusiness energy property credit</p>		a Amount, if any, from line 12 of your 2006 Form 5695	2a		b Amount, if any, from line 15 of your 2007 Form 5695	2b		c Amount, if any, from line 11 of your 2009 Form 5695	2c	200.	d Amount, if any, from line 11 of your 2010 Form 5695	2d		<p>2e 200.</p>
a Amount, if any, from line 12 of your 2006 Form 5695	2a													
b Amount, if any, from line 15 of your 2007 Form 5695	2b													
c Amount, if any, from line 11 of your 2009 Form 5695	2c	200.												
d Amount, if any, from line 11 of your 2010 Form 5695	2d													
<p>3 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)</p> <p>a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC</p> <p>b Exterior doors that meet or exceed the Energy Star program requirements</p> <p>c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home</p> <p>d Exterior windows and skylights that meet or exceed the Energy Star program requirements</p> <table border="1"> <tr> <td>3d</td> <td>1,587.</td> </tr> <tr> <td>3e Maximum amount of cost on which the credit can be figured</td> <td>\$2,000</td> </tr> <tr> <td>f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, or 2010, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-</td> <td>3f</td> </tr> <tr> <td>g Subtract line 3f from line 3e. If zero or less, enter -0-</td> <td>3g 2,000.</td> </tr> </table> <p>h Enter the smaller of line 3d or line 3g</p>		3d	1,587.	3e Maximum amount of cost on which the credit can be figured	\$2,000	f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, or 2010, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-	3f	g Subtract line 3f from line 3e. If zero or less, enter -0-	3g 2,000.	<p>3a</p> <p>3b</p> <p>3c</p> <p>3h 1,587.</p>				
3d	1,587.													
3e Maximum amount of cost on which the credit can be figured	\$2,000													
f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, or 2010, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-	3f													
g Subtract line 3f from line 3e. If zero or less, enter -0-	3g 2,000.													
<p>4 Add lines 3a, 3b, 3c, and 3h</p> <p>5 Multiply line 4 by 10% (.10)</p>		<p>4 1,587.</p> <p>5 159.</p>												
<p>6 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions)</p> <p>a Energy-efficient building property. Do not enter more than \$300</p> <p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150</p> <p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50</p>		<p>6a</p> <p>6b</p> <p>6c</p>												
<p>7 Add lines 6a through 6c</p> <p>8 Add lines 5 and 7</p> <p>9 Maximum credit amount. (If you jointly occupied the home, see instructions)</p>		<p>7</p> <p>8 159.</p> <p>9 500.</p>												
<p>10 Enter the amount, if any, from line 2e</p> <p>11 Subtract line 10 from line 9. If zero or less, stop; you cannot take the nonbusiness energy property credit</p> <p>12 Enter the smaller of line 8 or line 11</p> <p>13 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)</p>		<p>10 200.</p> <p>11 300.</p> <p>12 159.</p> <p>13 3,146.</p>												
<p>14 Nonbusiness energy property credit. Enter the smaller of line 12 or line 13. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49</p>		<p>14 159.</p>												

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) ▶ 00200752000062

Taxpayer's name
ANTHONY WEBSTER

Social security number
151-02-0752

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	41,924.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,987.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	4,332.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	1,345.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

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

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

Taxpayer's PIN: check one box only

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

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

Spouse's PIN: check one box only

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

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

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

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

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

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

ERO Must Retain This Form - See Instructions

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

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

Name: ANTHONY WEBSTER

SSN: 151-02-0752

Gross Income	2009	2010	2011
Wages and salaries			40,461.
Interest and dividends			976.
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			487.
Total gross income			41,924.
Adjustments to Income			
Adjusted gross income			41,924.
Itemized or Standard Deductions			
Medical expense deduction			755.
Taxes			4,388.
Interest			3,595.
Contributions			2,350.
Miscellaneous deductions			
Other itemized deductions			
Total deductions			11,088.
Exemptions			3,700.
Taxable Income	0	0	27,136.
Tax (2011 - 1040, line 44)	0	0	3,461.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			474.
Withholding			4,332.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			4,806.
Tax liability after credits			2,987.
Estimated tax penalty			
Refund or (Balance Due)			1,345.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
State refund or (balance due)			
1st resident state refund (balance due)			NJ
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2011:

US Schedule A

Sales Tax Worksheet

2011

Name: ANTHONY WEBSTER

SSN: 151-02-0752

1	Federal AGI.....		41,924.	
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		41,924.	
1	Enter the taxpayer's state of residency for 2011.....			IN
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			613.
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			613.
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			865.
9	Total sales tax using the sales tax chart			1,478.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			1,478.

Name: ANTHONY WEBSTER

SSN: 151-02-0752

Use the spouse column if this is a married joint return for this year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
1 <u>NJ</u> 2010 state/local income tax refund	580.		
___ 2010 state/local income tax refund			
Total state/local income tax refund for 2010	580.		
2 Enter the amounts from the 2010 tax return If the itemized deductions were reduced due to the AGI limitation, be sure to enter the reduced amounts			
Schedule A, line 5a, income taxes	762.		
Schedule A, line 5b, general sales tax	275.		
Difference - the state tax refund is only taxable to the extent the state tax deduction exceeds the sales tax deduction	487.		
3 Net state/local income tax refund	487.		
4 Enter the total of all other Schedule A refunds or reimbursements			
5 Add lines 3 and 4	487.		
On the 2010 tax return, If itemized deductions are reduced due to income limitations, AMT is included, or there are unused credits, see Publication 525. Some or all of the state tax refund may be tax-free. Check here if the ENTIRE state tax refund is nontaxable. Stop here	<input type="checkbox"/>	<input type="checkbox"/>	
6 2010 itemized deductions	12,800.		
7 Filing status for 2010. Enter 1, 2, 3, 4, or 5. 1 = Single 4 = Head of household 2 = Married filing jointly 5 = Qualifying widow(er) 3 = Married filing separately	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	
If the 2010 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here	<input type="checkbox"/>	<input type="checkbox"/>	
8 Age 65 or blind, enter amount from the 2010 Form 1040, page 2, line 39a	<input type="checkbox"/>	<input type="checkbox"/>	
9 Standard deduction	8,400.		
10 Net disaster loss from your 2010 Form 4684, line 18			
11 New motor vehicle taxes from your 2010 Schedule A, line 7			
12 Total standard deduction	8,400.		
13 Subtract line 13 from line 6	4,400.		
14 Smaller of line 5 or line 14	487.		
15 Enter the taxable income for 2010, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number	6,767.		
16 Amount to include in income for 2011	487.		
17 Taxable state/local income tax refund	487.		487.
18 Taxable amount of other income			