

PRINTED 11/27/2011

PAUL D AUSTIN  
 128 LONE OAK ROAD  
 PLUCKEMIN NJ 07978-

	Taxpayer	Spouse
SSN	231-02-0752	
Birth	02/14/1939	
Death		
Day Phone	602-555-1111	
Evening		
Cell or Fax		
PIN	12345	

Email \_\_\_\_\_  
 Taxpayer Occupation MACHINIST Spouse Occupation \_\_\_\_\_  
 Filing Status MARRIED FILING SEPARATE

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

Preparer ID: \_\_\_\_\_ Preparation Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer: \_\_\_\_\_

Preparer's Use:	1 _____	4 _____	Time in
	2 _____	5 _____	return
	3 _____	6 _____	min.

Recap of 2011 Income Tax Return

Earned Income .....	<u>22,876.</u>	Federal Tax .....	<u>3,596.</u>
Federal AGI .....	<u>38,211.</u>	Withholding .....	<u>5,011.</u>
Taxable Income .....	<u>23,657.</u>	Refund/(Due) .....	<u>808.</u>
EIC .....		Tax Bracket .....	<u>15.0 %</u>

State .....	<u>NJ</u>	_____	_____	_____	_____
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 .....				

Name: PAUL D AUSTIN

SSN: 231-02-0752

**Interest.** List all interest on Schedule B, regardless of the amount.

**Unemployment and/or state tax refund.** Fill out 1099G worksheet

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2 .....			
Household employee income - no W2 .....			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year .....			
Railroad tier 1 received this year .....	7,368.		
Total .....	7,368.		7,368.
Medicare to Schedule A .....	1,157.		
Federal tax withheld .....	750.		

**Married Filing Separately**

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3 .....

**All others**

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 32,592.

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

Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 3,684. ..... **36,276.**

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

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

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable ..... **A** 6,263.

Modified AGI ..... 36,276.

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

Subtract..... 2,276. X 85%= 1,935.

Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly) ..... 3,684.

Add ..... **B** 5,619.

**Taxable social security and railroad retirement tier 1.** Minimum of A or B ..... **5,619.**

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

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

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

Your first name and initial **PAUL D AUSTIN** Last name \_\_\_\_\_ Your social security number **231-02-0752**

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security no. **232-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **128 LONE OAK ROAD** 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/county \_\_\_\_\_ 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. ▶ **LINDSEY AUSTIN** 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 \_\_\_\_\_ 7 **22,876.**  
 8a Taxable interest. Attach Schedule B if required \_\_\_\_\_ 8a \_\_\_\_\_  
 b Tax-exempt interest. Do not include on line 8a \_\_\_\_\_ 8b \_\_\_\_\_  
 9a Ordinary dividends. Attach Schedule B if required \_\_\_\_\_ 9a **124.**  
 b Qualified dividends \_\_\_\_\_ 9b **124.**  
 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 ▶  13 **68.**  
 14 Other gains or (losses). Attach Form 4797 \_\_\_\_\_ 14 \_\_\_\_\_  
 15a IRA distributions \_\_\_\_\_ 15a \_\_\_\_\_ b Taxable amount \_\_\_\_\_ 15b **838.**  
 16a Pensions and annuities \_\_\_\_\_ 16a **9,397.** b Taxable amount \_\_\_\_\_ 16b **8,686.**  
 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 \_\_\_\_\_  
 D 20a Social security benefits \_\_\_\_\_ 20a **7,368.** b Taxable amount \_\_\_\_\_ 20b **5,619.**  
 21 Other income. List type and amount (see instr.) \_\_\_\_\_ 21 \_\_\_\_\_  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 **38,211.**

**Adjusted Gross Income**  
 23 Educator expenses \_\_\_\_\_ 23 \_\_\_\_\_  
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ \_\_\_\_\_ 24 \_\_\_\_\_  
 25 Health savings account deduction. Attach Form 8889 \_\_\_\_\_ 25 \_\_\_\_\_  
 26 Moving expenses. Attach Form 3903 \_\_\_\_\_ 26 \_\_\_\_\_  
 27 Deductible part of self-employment tax. Attach Schedule SE \_\_\_\_\_ 27 \_\_\_\_\_  
 28 Self-employed SEP, SIMPLE, and qualified plans \_\_\_\_\_ 28 \_\_\_\_\_  
 29 Self-employed health insurance deduction \_\_\_\_\_ 29 \_\_\_\_\_  
 30 Penalty on early withdrawal of savings \_\_\_\_\_ 30 \_\_\_\_\_  
 31a Alimony paid b Recipient's SSN ▶ \_\_\_\_\_ 31a \_\_\_\_\_  
 32 IRA deduction \_\_\_\_\_ 32 \_\_\_\_\_  
 33 Student loan interest deduction \_\_\_\_\_ 33 \_\_\_\_\_  
 34 Tuition and fees. Attach Form 8917 \_\_\_\_\_ 34 \_\_\_\_\_  
 35 Domestic production activities deduction. Attach Form 8903 \_\_\_\_\_ 35 \_\_\_\_\_  
 36 Add lines 23 through 35 \_\_\_\_\_ 36 \_\_\_\_\_  
 37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 **38,211.**

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. No

Sign Here

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

Paid Preparer's Use Only

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

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

**2011**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040  
**PAUL D AUSTIN**

Your social security no.  
**231-02-0752**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions) .....	1	1,157.		
	2 Enter amount from Form 1040, line 38 .....	2	38,211.		
	3 Multiply line 2 by 7.5% (.075) .....	3	2,866.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....				4	
<b>Taxes You Paid</b>	5 State and local ( <b>check only one box</b> ):				
	a <input checked="" type="checkbox"/> Income taxes, or	5	1,521.		
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions) .....	6	2,012.		
	7 Personal property taxes .....	7	125.		
	8 Other taxes. List type and amount ▶ _____	8			
	9 Add lines 5 through 8 .....				9
					3,658.
	<b>Interest You Paid</b>	10 Home mortgage interest & points reported to you on Form 1098 .....	10	4,677.	
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶ _____		11			
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		12			
12 Points not reported to you on Form 1098. See instructions for special rules .....		12			
13 Mortgage insurance premiums (see instructions) .....		13	819.		
14 Investment interest. Attach Form 4952 if required. (See inst.) .....		14			
15 Add lines 10 through 14 .....				15	
				5,496.	
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	16	1,700.		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	17			
	18 Carryover from prior year .....	18			
	19 Add lines 16 through 18 .....				19
				1,700.	
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....				20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21			
	22 Tax preparation fees .....	22			
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____	23			
	24 Add lines 21 through 23 .....	24			
	25 Enter amount from Form 1040, line 38 .....	25			
	26 Multiply line 25 by 2% (.02) .....	26			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....				27
<b>Other Miscellaneous Deductions</b>	28 Other - from list in the inst. List type and amount ..... ▶ _____				28
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 .....	29			29
					10,854.
	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: PAUL D AUSTIN

SSN: 231-02-0752

**Medical Expenses**

Medical miles:

1 X .165 =

Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet .....	1,157.
Taxpayer .....		Remainder from worksheets	
Spouse .....		Taxpayer .....	
Qualified long term care contracts		Spouse .....	
Taxpayer .....		Self-employed health insurance	
Spouse .....		Taxpayer .....	
Other medical expenses		Spouse .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	1,157.

**Cash Contributions**

**50% Limit Organizations**

Other Charitable miles:

X .14 =

CHURCH	1,700.		
		From Schedules K-1 .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	1,700.

**30% Limit Organizations**

Charitable miles:

X .14 =

		Schedules K-1 .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	

**Other Than Cash Contributions**

**50% Limit Organizations**

		From Forms 8283 .....	
		Amount from additional worksheets .....	
From Schedules K-1		<b>Total</b> .....	

**30% Limit** Capital gain property donated to 50% limit organizations.

		From Forms 8283 .....	
From Schedules K-1		<b>Total</b> .....	

**30% Limit** Not capital gain property donated to 30% limit organizations.

		From Forms 8283 .....	
From Schedules K-1		<b>Total</b> .....	

**20% Limit Organization** Capital gain property donated to 30% limit organizations.

		From Forms 8283 .....	
From Schedules K-1		<b>Total</b> .....	

**Contribution Carryovers**

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

**Contributions allowed this year**

50% of adjusted gross income .....	19,106.	
This year's 50% organization cash contributions allowed .....		1,700.
30% of adjusted gross income .....	11,463.	
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 .....	7,642.	
This year's capital gain contributions to 30% organizations limited to 20% .....		
30% capital gain carryover limited to 20% AGI .....		
<b>Total contributions allowed this year</b> .....		1,700.

**US Schedule D**

**Schedule D Tax Worksheet**

**2011**

Name: PAUL D AUSTIN

SSN: 231-02-0752

1	Taxable income from Form 1040, line 43, Form 1040NR, line 40, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet			23,657.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	124.		
3	Line 4g of Form 4952			
4	Line 4e of Form 4952			
5	Subtract line 4 from line 3			
6	Subtract line 5 from line 2. If -0- or less, enter -0-		124.	
7	Smaller of line 15 or line 16 of Schedule D	68.		
8	Smaller of line 3 or line 4			
9	Subtract line 8 from line 7. If -0- or less, enter -0-		68.	
10	Add lines 6 and 9		192.	
11	Add lines 18 and 19 of Schedule D			
12	Smaller of line 9 or line 11			
13	Subtract line 12 from line 10. If -0- or less, enter -0-			192.
14	Subtract line 13 from line 1. If -0- or less, enter -0-			23,465.
15	Smaller of line 1 or \$68,000 if married filing jointly or qualifying widow(er); \$34,000, if single or married filing separately; \$45,550 if head of household	23,657.		
16	Smaller of line 14 or line 15	23,465.		
17	Subtract line 10 from line 1. If -0- or less, enter -0-	23,465.		
18	Larger of line 16 or line 17		23,465.	
19	Subtract line 16 from line 15		192.	
20	Smaller of line 1 or line 13			
21	Amount from line 19			
22	Subtract line 21 from line 20			
23	Multiply line 22 by 15%			
24	Smaller of line 9 above or Schedule D, line 19			
25	Add lines 10 and 18			
26	Amount from line 1			
27	Subtract line 26 from line 25. If -0- or less, enter -0-			
28	Subtract line 27 from line 24. If -0- or less, enter -0-			
29	Multiply line 28 by 25%			
30	Add lines 18, 19, 22, and 28			
31	Subtract line 30 from line 1			
32	Multiply line 31 by 28%			
33	Tax on line 18 amount			3,096.
34	Add lines 23, 29, 32, and 33			3,096.
35	Tax on line 1 amount			3,126.
36	<b>Tax on all taxable income.</b> Smaller of lines 34 or 35			3,096.

## W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
JOHNSON PRECISION TOOL A	22-5030752	X	22876	2617	961	332	NJ	22876	1521		
			-----	-----	---	---		-----	-----		
			22876	2617	961	332		22876	1521		



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.
UNITED STATES RAILRO	15-6020752	T	7		1561NJ		9397	E	711	8686	15397	10005
DAVIDSON BANK AND TR	22-8020752	T	7	X	83NJ		838			838		
					-----		-----	---	---	-----	-----	-----
					1644		10235	838	711	9524	15397	10005

**Note.** Skip this page if you are not filing this form to (1) report a disposition or change in use of your main home for which you claimed the credit in 2008, 2009, or 2010, or (2) repay the credit.

Name shown on return PAUL D AUSTIN	Your social security number 231-02-0752
---------------------------------------	--

**Part III Disposition or Change in Use of Main Home for Which the Credit Was Claimed**

- 11 Enter the date you disposed of, or ceased using as your main home, the home for which you claimed the credit (MM/DD/YYYY) (see instructions) ▶
- 12 If you meet the following conditions, check here ▶   
 I (or my spouse if married) am, or was, a member of the uniformed services or Foreign Service, or an employee of the intelligence community. I sold the home, or it ceased to be my main home, in connection with Government orders for qualified official extended duty service. No repayment of the credit is required (see instructions). Stop here.
- 13 Check the box below that applies to you. See the instructions for the definition of "related person."
- a  I sold (including through foreclosure) the home to a person who is not related to me and had a gain on the sale (as figured in Part V below). Go to Part IV below.
- b  I sold (including through foreclosure) the home to a person who is not related to me and did not have a gain on the sale (as figured in Part V below). No repayment of the credit is required. Stop here.
- c  I sold the home to a related person OR I gave the home to someone other than my spouse (or ex-spouse as part of my divorce settlement). Go to Part IV below.
- d  I converted the entire home to a rental or business use OR I still own the home but no longer use it as my main home. Go to Part IV below.
- e  I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of my ex-spouse is ▶  
 \_\_\_\_\_  
 The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.
- f  My home was destroyed, condemned, or sold under threat of condemnation and I had a gain (see instructions).
- g  My home was destroyed, condemned, or sold under threat of condemnation and I did not have a gain (see instructions).
- h  The taxpayer who claimed the credit died in 2011. No repayment of the credit is required of the deceased taxpayer. If you are filing a joint return for 2011 with the deceased taxpayer, see instructions. Otherwise, stop here.

**Part IV Repayment of Credit Claimed for 2008, 2009, or 2010**

14 Enter the amount of the credit you claimed on Form 5405 for 2008, 2009, or 2010. See instructions if you filed a joint return for the year you claimed the credit or you checked the box on line 13f or 13g	14	7,500.
15 If you purchased the home in 2008, enter the amount of the credit you repaid with your 2010 return. Otherwise, enter -0-	15	500.
16 Subtract line 15 from line 14. If you checked the box on line 13f or 13g, see instructions. If you checked the box on line 13a, go to line 17. Otherwise, skip line 17 and go to line 18	16	7,000.
17 Enter the gain on the disposition of your main home (from line 25 below)	17	
18 <b>Amount of the credit to be repaid.</b> See instructions	18	500.

**Next:** Enter the amount from line 18 on your 2011 Form 1040, line 59b, or Form 1040NR, line 58b.

**Part V Form 5405 Gain or (Loss) Worksheet**

**Note:** Complete this part only if your home was destroyed or you sold your home to someone who is not related to you (including a sale through condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for information on what to enter on lines 19, 20, and 22. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and Other Dispositions of Assets, for information on what to enter on lines 19 and 20.

19 Selling price of home, insurance proceeds, or gross condemnation award	19	
20 Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges) or expenses in getting the condemnation award	20	
21 Subtract line 20 from line 19. This is the amount realized on the sale of the home	21	
22 Adjusted basis of home sold (from line 13 of Worksheet 1 in Pub. 523)	22	
23 Enter the first-time homebuyer credit claimed on Form 5405 <b>minus</b> the amount you repaid with your 2010 tax return	23	7,000.
24 Subtract line 23 from line 22. This is the adjusted basis for purposes of repaying the credit	24	
25 Subtract line 24 from line 21	25	

- If line 25 is more than -0-, you have a gain. Check the box on line 13a and complete Part IV. **However**, check the box on line 13f (instead of the box on line 13a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part IV if you purchased the home in 2008 or you purchased the home in 2009 and the event occurred in 2009.
- If line 25 is -0- or less, check the box on line 13b of Form 5405. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 13g instead. You do not have to repay the credit.

# Allocation of Refund (Including Bond Purchases)

**2011**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions  
▶ Attach your income tax return.

Attachment  
Sequence No. **56**

Name(s) shown on return  
**PAUL D AUSTIN**

Your social security number  
**231-02-0752**

### Part I Direct Deposit

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

<b>1a</b> Amount to be deposited in first account	<b>1a</b>	608.
<b>b</b> Routing number <u>062005690</u> ▶ <b>c</b> <input checked="" type="checkbox"/> Checking..... <input type="checkbox"/> Savings.....		
<b>d</b> Account number <u>00578965542</u>		
<b>2a</b> Amount to be deposited in second account .....	<b>2a</b>	
<b>b</b> Routing number _____ ▶ <b>c</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number _____		
<b>3a</b> Amount to be deposited in third account .....	<b>3a</b>	
<b>b</b> Routing number _____ ▶ <b>c</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b> Account number _____		

### Part II U.S. Series I Savings Bond Purchases

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

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

<b>4</b> Amount to be used for bond purchases for yourself (and your spouse, if filing jointly) .....	<b>4</b>	200.
<b>5a</b> Amount to be used to buy bonds for yourself, your spouse, or someone else .....	<b>5a</b>	
<b>b</b> Enter the owner's name (First then Last) for the bond registration		
_____		
<b>c</b> If you would like to add a co-owner or beneficiary, enter their name here (First then Last). If beneficiary, also check here .....		<input type="checkbox"/>
_____		
<b>6a</b> Amount to be used to buy bonds for yourself, your spouse, or someone else .....	<b>6a</b>	
<b>b</b> Enter the owner's name (First Last) for the bond registration		
_____		
<b>c</b> If you would like to add a co-owner or beneficiary, enter their name here (First then Last). If beneficiary, also check here .....		<input type="checkbox"/>
_____		

### Part III Paper Check

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

<b>7</b> Amount to be refunded by check .....	<b>7</b>	
---	----------	--

### Part IV Total Allocation of Refund

<b>8</b> Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the overpayment shown on your tax return .....	<b>8</b>	808.
--	----------	------

For Paperwork Reduction Act Notice, see your tax return 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) ▶ 20075220123310000013

Taxpayer's name  
PAUL D AUSTIN

Social security number  
231-02-0752

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	38,211.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	3,596.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	5,011.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	808.
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**

**US 1040**

**Three - Year Tax Summary**

**2011**

Name: PAUL D AUSTIN

SSN: 231-02-0752

Gross Income	2009	2010	2011
Wages and salaries .....			22,876.
Interest and dividends .....			124.
Business income .....			
Sale of assets - gain or loss .....			68.
Pension and IRA distributions .....			9,524.
Rents, royalties, etc .....			
Unemployment and social security .....			5,619.
Other income .....			
Total gross income .....			38,211.
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			38,211.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			
Taxes .....			3,658.
Interest .....			5,496.
Contributions .....			1,700.
Miscellaneous deductions .....			
Other itemized deductions .....			
Total deductions .....			10,854.
<b>Exemptions</b> .....			3,700.
Taxable Income .....	0	0	23,657.
<b>Tax (2011 - 1040, line 44)</b> .....	0	0	3,096.
Alternative minimum tax .....			
Other taxes .....			500.
<b>Credits and Payments</b>			
Credits .....			
Withholding .....			5,011.
EIC and Additional Child Tax Credit .....			
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			5,011.
Tax liability after credits .....			3,596.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			1,415.
Federal marginal tax bracket .....	0.0 %	0.0 %	15.0 %
<b>State refund or (balance due)</b>			
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: PAUL D AUSTIN

SSN: 231-02-0752

1	Federal AGI .....		38,211.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest .....			
b	Social security .....	1,749.		
c	Combat pay .....			
d	Income on Forms 4970 and 4972 .....			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers .....	711.	2,460.	
3	Other nontaxable income			
a	.....			
b	.....			
c	.....			
d	.....			
e	.....			
4	<b>Income for sales tax chart</b> .....		40,671.	
1	Enter the taxpayer's state of residency for 2011 .....			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	<b>State sales tax from the applicable table</b> .....			596.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2011? <input checked="" type="checkbox"/> <b>No.</b> Line 2 should be -0-. <input type="checkbox"/> <b>Yes.</b> Enter the letter (A - D) for the optional local sales tax table you want to use .....			
	<b>Local sales tax from the applicable table</b> .....			
3	Did your locality impose a local general sales tax in 2011? Residents of California and Nevada, see the Schedule A instructions. <input checked="" type="checkbox"/> <b>No.</b> Go to line 7. <input type="checkbox"/> <b>Yes.</b> Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5 .....			
4	Did you enter -0- on line 2 above? <input type="checkbox"/> <b>No.</b> Skip to line 6. <input type="checkbox"/> <b>Yes.</b> Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5 .....			
5	Divide line 3 by line 4 .....			
6	Did you enter -0- on line 2 above? <input type="checkbox"/> <b>No.</b> Multiply line 2 by line 3. <input type="checkbox"/> <b>Yes.</b> Multiply line 1 by line 5 .....			
7	Total of lines 1 and 6 - prorated for part-year residents .....			596.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate .....			
9	<b>Total sales tax using the sales tax chart</b> .....			596.
10	<b>Sales tax using actual receipts</b> .....			
11	<b>Sales tax deduction for Schedule A, line 5</b> .....			596.