

PRINTED 09/24/2012

FRED P PATTERSON  
 3717 BAXTER ST  
 DENVILLE NJ 07834-

	<b>Taxpayer</b>	<b>Spouse</b>
SSN	641-02-7233	
Birth	09/11/1944	
Death		
Day Phone	973-222-1212	
Evening		
Cell or Fax	862-555-0004	
PIN	12345	

Email \_\_\_\_\_  
 Taxpayer Occupation RETIRED Spouse Occupation \_\_\_\_\_  
 Filing Status SINGLE

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

Preparer ID: \_\_\_\_\_ Preparation Fee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Preparer: \_\_\_\_\_ S24000000 Time in return \_\_\_\_\_ min.

Recap of 2011 Income Tax Return

Earned Income	14,678.	Federal Tax	291.
Federal AGI	16,630.	Withholding	2,736.
Taxable Income	2,916.	Refund/(Due)	2,445.
EIC		Tax Bracket	10.0 %

State	NJ				
Tax	59.				
Withholding	55.				
Refund/Due	(4.)				
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: FRED P PATTERSON

SSN: 641-02-7233

**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 .....	12,682.		
Railroad tier 1 received this year .....			
Total .....	12,682.		12,682.
Medicare to Schedule A .....	1,157.		
Federal tax withheld .....	1,268.		

**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 16,630.

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

Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 6,341. .....

22,971.

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable. .... 0

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**

Modified AGI .....

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

Subtract ..... X 85% =

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

Add ..... **B**

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

**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 **FRED P** Last name **PATTERSON** Your social security number **641-02-7233**

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. **3717 BAXTER ST** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **DENVILLE NJ 07834-** Presidential Election Campaign

Foreign country name \_\_\_\_\_ Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_ 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

**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.)  
 d Total number of exemptions claimed **1**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 14,678.  
 8a Taxable interest. Attach Schedule B if required **8a** 1,952.  
 b Tax-exempt interest. Do not include on line 8a **8b**  
 9a Ordinary dividends. Attach Schedule B if required **9a**  
 b Qualified dividends **9b**  
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**  
 11 Alimony received **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ **12**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13**  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** b Taxable amount **15b**  
 16a Pensions and annuities **16a** b Taxable amount **16b**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**  
 18 Farm income or (loss). Attach Schedule F **18**  
 19 Unemployment compensation **19**  
 20a Social security benefits **20a** 12,682. b Taxable amount **20b**  
 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** 16,630.

**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** 16,630.

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 S2400000, 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  
**FRED P PATTERSON**

Your social security no.  
**641-02-7233**

<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	16,630.
	3	Multiply line 2 by 7.5% (.075) .....	3	1,247.
	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 (check only one box):			
	a	<input type="checkbox"/> Income taxes, or	5	436.
	b	<input checked="" type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions).....	6	9,578.
	7	Personal property taxes .....	7	
	8	Other taxes. List type and amount ▶ .....	8	
	9	Add lines 5 through 8 .....	9	10,014.
	<b>Interest You Paid</b>	10	Home mortgage interest & points reported to you on Form 1098	10
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶ .....	11	
<b>Note.</b> 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	
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500.....	17	
	18	Carryover from prior year .....	18	
	19	Add lines 16 through 18 .....	19	
<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	10,014.
	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: FRED P PATTERSON

SSN: 641-02-7233

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

Cash Contributions		Other Charitable miles:	X .14 =
<b>50% Limit Organizations</b>			
		From Schedules K-1 .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	

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 50%	Capital gain property 30%	Cash and other property 50%	Capital gain property 30%
2006				
2007				
2008				
2009				
2010				
2011				

Contributions allowed this year	
50% of adjusted gross income .....	8,315.
This year's 50% organization cash contributions allowed .....	
30% of adjusted gross income .....	4,989.
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 .....	3,326.
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> .....	

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

▶ **Attach to Form 1040A or 1040.** ▶ **See Instructions.**

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **08**

Name(s) shown on return  
**FRED P PATTERSON**

Your social security number  
**641-02-7233**

<b>Part I</b>		<b>Amount</b>
<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address▶  (See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)  <b>Note.</b> If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.  <b>NATIONAL CITY BANK</b>	   <b>1,952.</b>
<b>2</b>	Add the amounts on line 1	<b>1,952.</b>
<b>3</b>	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a▶	<b>1,952.</b>
<b>Note.</b> If line 4 is over \$1,500, you must complete Part III.		<b>Amount</b>

<b>Part II</b>		<b>Amount</b>
<b>5</b>	List name of payer▶  <b>Ordinary Dividends</b>  (See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)  <b>Note.</b> If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	
<b>6</b>	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a▶	
<b>Note.</b> If line 6 is over \$1,500, you must complete Part III.		

<b>Part III</b>		<b>Yes</b>	<b>No</b>
<b>Foreign Accounts and Trusts</b> (See instructions)			
<b>7a</b> At any time during 2011, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instrs.....			<b>X</b>
If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements.....			
<b>b</b> If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located..... ▶			
<b>8</b> During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back.....			<b>X</b>

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

Schedule B (Form 1040A or 1040) 2011

## W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
FRANCISCAN OAKS	64-9997233	X	14678	1468	616	213	NJ	14678	55		
			-----	-----	---	---		-----	--		
			14678	1468	616	213		14678	55		



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  
**FRED P PATTERSON**

**Social security number**  
**641-02-7233**

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	16,630.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	291.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	2,736.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	2,445.
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 ▶ 09/24/2012

**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. 00723398765  
**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 ▶ 09/24/2012

**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.

US

Preparer Use Form

2011

Name: FRED P PATTERSON

SSN: 641-02-7233

Preparer Use Fields

Question	Answer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11 Other than English what language is spoken in the home	NONE
12 Is any member of your household considered disabled	NO
13 Preparer Initials	AH
14 Quality Reviewer Initials	QR
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Taxpayer Reminders

Empty area for taxpayer reminders.

Name: FRED P PATTERSON

SSN: 641-02-7233

Gross Income	2009	2010	2011
Wages and salaries .....			14,678.
Interest and dividends .....			1,952.
Business income .....			
Sale of assets - gain or loss .....			
Pension and IRA distributions .....			
Rents, royalties, etc .....			
Unemployment and social security .....			
Other income .....			
Total gross income .....			16,630.
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			16,630.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			
Taxes .....			10,014.
Interest .....			
Contributions .....			
Miscellaneous deductions .....			
Other itemized deductions .....			
Total deductions .....			10,014.
<b>Exemptions</b> .....			3,700.
Taxable Income .....	0	0	2,916.
<b>Tax (2011 - 1040, line 44)</b> .....	0	0	291.
Alternative minimum tax .....			
Other taxes .....			
<b>Credits and Payments</b>			
Credits .....			
Withholding .....			2,736.
EIC and Additional Child Tax Credit .....			
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			2,736.
Tax liability after credits .....			291.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			2,445.
Federal marginal tax bracket .....	0.0 %	0.0 %	10.0 %
<b>State refund or (balance due)</b>			
1st resident state refund (balance due) .....			NJ (4.)
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:

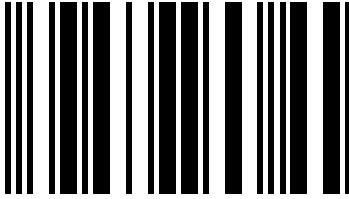
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STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

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 # \_\_\_\_\_

PATTERSON FRED P

3717 BAXTER ST

DENVILLE

NJ 07834-0000 1408

0025

641027233

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.

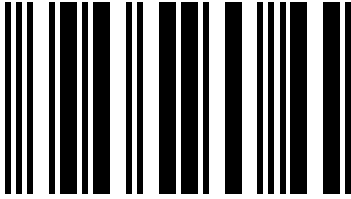
If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

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

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Your Signature Date Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number  
S24000000

\_\_\_\_\_  
Firm's Name Federal Employer Identification Number



00000000000000000000

PATTERSON FRED P

001	00	014	14678	040	0	SS#	641027233
EXT	0	15a	1952	40a	0	SP#	0
FS	1	15b	0	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	1	017	0	045	0	SS2	0
007	1	018	0	046	59	BY2	0
008	0	019	0	047	55	SS3	0
009	0	020	0	048	0	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	0	BY4	0
12a	2	023	0	50b	0	DDI	4
12b	0	024	0	50c	0	AT	0
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	16630	052	0	RN	0
GEF	1	27a	0	053	0	PID	S24000000
HCa	0	27b	0	054	55	FID	0
HCb	0	27c	0	055	4		
HCc	0	029	2000	056	0		
HCd	0	030	824	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1408	033	0	060	0		
PDR	0	36a	9578	061	0		
DNM	0	36b	1	062	0		
PA	0	36c	9578	063	0		
CDV	5840	037	4228	63c	0		
		038	59	064	0		
				065	0		

Name <b>PATTERSON FRED P</b>	Social Security Number <b>641-02-7233</b>
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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  
 Domestic Partner Ind

EXEMPTIONS 6. Regular	1	10. Number of other dependents	0
7. Age 65 or Over	1	11. Dependents attending colleges	0
8. Blind or Disabled	0	12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)	2
9. Number of qualified dependent children	0	(Line 12b - Add Lines 9 and 10)	0

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

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	
a.			If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)
b.			
c.			
d.			

**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		14,678.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a		1,952.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b		
16. Dividends	16		
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17		
18. Net gains or income from disposition of property (Schedule B, Line 4)	18		
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19		
20. Distributive Share of Partnership Income (See instructions)	20		
21. Net pro rata share of S Corporation Income (See instructions) (Enclose Schedule)	21		
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22		
23. Net Gambling Winnings (See Instructions)	23		
24. Alimony and separate maintenance payments received	24		
25. Other (Enclose Schedule) (See instructions)	25		
26. Total income (Add Lines 14, 15a, 16 through 25)	26		16,630.
27a. Pension Exclusion (See instructions)	27a		
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b		
27c. Total Exclusion Amount (Add line 27a and Line 27b)	27c		
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.	28		16,630.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29		2,000.
30. Medical Expenses (See Worksheet and instr.)	30		824.
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		2,824.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35		13,806.
36a. Total Property Taxes Paid (See instructions)	36a	9,578.	
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011	<input checked="" type="checkbox"/>		
36c. Property Tax Deduction (See instructions)	36c		9,578.
37. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37		4,228.
38. Tax (From Tax Tables, see instructions)	38		59.
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.)	<input type="checkbox"/>		
41. Balance of Tax (Subtract Line 40 from Line 38)	41		59.
42. Sheltered Workshop Tax Credit	42		
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43		59.
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.	<input type="checkbox"/>		
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46		59.

Name		Social Security Number	
PATTERSON FRED P		641-02-7233	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	55.
48	Property Tax Credit (See instructions)	48	
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one)	50	
Fill in the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/>			
Fill in the box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>			
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr.) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	55.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	4.
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	
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	

**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

# 2011 NJ-1040-V PAYMENT VOUCHER

## PAYMENT BY CREDIT CARD

You may pay your 2011 New Jersey income taxes or make payment of estimated tax for 2012 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet ([www.state.nj.us/treasury/taxation](http://www.state.nj.us/treasury/taxation)) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

## PAYMENT BY E-CHECK

You may pay your 2011 New Jersey income taxes or make payment of estimated tax for 2012 by e-check. This option is available on the Division's website at:

[www.state.nj.us/treasury/taxation/](http://www.state.nj.us/treasury/taxation/)

Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

## PAYMENT BY CHECK

If you are paying your 2011 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and enclose it with your return. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are making your first installment payment of estimated tax for 2012, use separate checks or money orders for each payment. Send your 2012 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

NJ1040V1

**NJ-1040-V**      **New Jersey Gross Income Tax**  
**2011**            **Payment Voucher**

641-02-7233 PATT  
PATTERSON FRED P  
3717 BAXTER ST  
DENVER NJ 07834-

Make Check Payable to `State of New Jersey - TGI`  
Write your Social Security # and tax year on your check

**State of New Jersey**  
**Division of Taxation**  
**Revenue Processing Center**  
**PO Box 111**  
**Trenton, NJ 08645-0111**

**Enter amount of payment here:**

\$      4.00



**US Schedule A**

**Sales Tax Worksheet**

**2011**

Name: FRED P PATTERSON

SSN: 641-02-7233

1	Federal AGI.....		16,630.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest .....			
b	Social security .....	12,682.		
c	Combat pay .....			
d	Income on Forms 4970 and 4972 .....			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers .....		12,682.	
3	Other nontaxable income			
a	.....			
b	.....			
c	.....			
d	.....			
e	.....			
4	<b>Income for sales tax chart</b> .....		29,312.	
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> .....			436.
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 .....			436.
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> .....			436.
10	<b>Sales tax using actual receipts</b> .....			
11	<b>Sales tax deduction for Schedule A, line 5</b> .....			436.