

PRINTED 10/13/2012

TROY H MCCOOK  
 YVONNE  
 30911 CHARLES BUSBY ROAD  
 PATERSON NJ 07524-

	<b>Taxpayer</b>	<b>Spouse</b>
SSN	651-02-7233	652-02-7233
Birth	09/11/1937	12/07/1940
Death		
Day Phone	973-444-5555	
Evening		
Cell or Fax		
PIN	12345	12345

Email \_\_\_\_\_  
 Taxpayer Occupation RETIRED Spouse Occupation RETIRED  
 Filing Status MARRIED FILING JOINT

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

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

Recap of 2011 Income Tax Return

Earned Income .....		Federal Tax .....	698.
Federal AGI .....	28,851.	Withholding .....	4,895.
Taxable Income .....	7,551.	Refund/(Due) .....	4,197.
EIC .....		Tax Bracket .....	10.0 %

State ..... NJ  
 Tax .....  
 Withholding .....  
 Refund/Due ..... 50.  
 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: TROY H & YVONNE MCCOOK

SSN: 651-02-7233

**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 .....	12,765.	10,200.	
Railroad tier 1 received this year .....			
Total .....	12,765.	10,200.	22,965.
Medicare to Schedule A .....	1,157.	1,157.	
Federal tax withheld .....	1,277.	1,020.	

**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 26,073.

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

Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 11,483. .....

37,556.

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 .....

2,778.

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 .....

Modified AGI .....

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

Subtract .....

X 85% =

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

Add .....

**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 **TROY H** Last name **MCCOOK** Your social security number **651-02-7233**

If a joint return, spouse's first name and initial **YVONNE** Last name **MCCOOK** Spouse's social security no. **652-02-7233**

Home address (number and street). If you have a P.O. box, see instructions. **30911 CHARLES BUSBY 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). **PATERSON NJ 07524-** 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. **5**  Qualifying widow(er) with dependent child  
 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. ▶ \_\_\_\_\_

**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 **2**  
**Boxes checked on 6a and 6b** **2**  
**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** **2**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**  
**Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**  
 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** **500.**  
 b Qualified dividends **9b** **500.**  
 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** **100.**  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** **15b** **13,223.**  
 16a Pensions and annuities **16a** **16b** **12,250.**  
 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** **22,965.** **20b** **2,778.**  
 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** **28,851.**

**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** **28,851.**

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	28,851.
	<b>39a</b>	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1947, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <b>39a</b> 2 if: <input checked="" type="checkbox"/> Spouse was born before Jan. 2, 1947, <input type="checkbox"/> Blind. <b>39b</b> <input type="checkbox"/>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	13,900.
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	14,951.
	<b>42</b>	<b>Exemptions.</b> Multiply \$3,700 by the number on line 6d	<b>42</b>	7,400.
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	7,551.
	<b>44</b>	<b>Tax</b> (see instructions). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/> 962 election	<b>44</b>	698.
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Add lines 44 and 45	<b>46</b>	698.
	<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
	<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
	<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
	<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
	<b>51</b>	Child tax credit (see instructions)	<b>51</b>	
	<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
	<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
	<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
	<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	698.
<b>Other Taxes</b>	<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
	<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
	<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
	<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
	<b>60</b>	Other taxes. Enter code(s) from instructions	<b>60</b>	
	<b>61</b>	Add lines 55 through 60. This is your <b>total tax</b>	<b>61</b>	698.
<b>Payments</b>	<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	4,895.
	<b>63</b>	2011 estimated tax payments and amount applied from 2010 return	<b>63</b>	
	<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
	<b>b</b>	Nontaxable combat pay election <b>64b</b>		
	<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
	<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
	<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
	<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
	<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
	<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
	<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
	<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	4,895.
	<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	4,197.
	<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	4,197.
	<b>b</b>	Routing number <b>098309175</b> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <b>8508839921</b>		
Direct deposit? See instructions	<b>75</b>	Amount of line 73 you want <b>applied to your 2012 estimated tax</b>	<b>75</b>	
<b>Amount You Owe</b>	<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see inst.	<b>76</b>	
	<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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

Your signature	Date	Your occupation	Daytime phone number
_____	_____	RETIRED	973-444-5555
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
_____	_____	RETIRED	

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN S24000000
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

**US Schedule D**

**Schedule D Tax Worksheet**

**2011**

Name: TROY H & YVONNE MCCOOK

SSN: 651-02-7233

1	Taxable income from Form 1040, line 43, Form 1040NR, line 40, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet				7,551.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	500.			
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-		500.		
7	Smaller of line 15 or line 16 of Schedule D	100.			
8	Smaller of line 3 or line 4				
9	Subtract line 8 from line 7. If -0- or less, enter -0-		100.		
10	Add lines 6 and 9			600.	
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-				600.
14	Subtract line 13 from line 1. If -0- or less, enter -0-				6,951.
15	Smaller of line 1 or \$69,000 if married filing jointly or qualifying widow(er); \$34,500, if single or married filing separately; \$46,250 if head of household	7,551.			
16	Smaller of line 14 or line 15	6,951.			
17	Subtract line 10 from line 1. If -0- or less, enter -0-	6,951.			
18	Larger of line 16 or line 17			6,951.	
19	Subtract line 16 from line 15			600.	
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				698.
34	Add lines 23, 29, 32, and 33				698.
35	Tax on line 1 amount				758.
36	<b>Tax on all taxable income.</b> Smaller of lines 34 or 35				698.

## 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.
AMERITECH PENSION TR	65-7997233	T	7	X	1323NJ		13223	13223		13223		
PHOENIX INVESTMENT P	65-8997233	S	7		1225NJ		12250	12250		12250		
					----		-----	-----		-----		
					2548		25473	25473		25473		

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) ▶ 00723320122870000018

Taxpayer's name TROY H MCCOOK	Social security number 651-02-7233
Spouse's name YVONNE MCCOOK	Spouse's social security number 652-02-7233

**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	28,851.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) .....	2	698.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) .....	3	4,895.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) ..	4	4,197.
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 ERO firm name to enter or generate my PIN 12345  
as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros

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 ▶ 10/13/2012

**Spouse's PIN: check one box only**

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

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 ▶ 10/13/2012

**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 ▶ 10/13/2012

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

US

Preparer Use Form

2011

Name: TROY H & YVONNE MCCOOK

SSN: 651-02-7233

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	SPANISH
12 Is any member of your household considered disabled	NO
13 Preparer Initials	AH
14 Quality Reviewer Initials	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Taxpayer Reminders

Empty area for taxpayer reminders.



**US 1040**

**Three - Year Tax Summary**

**2011**

Name: TROY H & YVONNE MCCOOK

SSN: 651-02-7233

Gross Income	2009	2010	2011
Wages and salaries .....			
Interest and dividends .....			500.
Business income .....			
Sale of assets - gain or loss .....			100.
Pension and IRA distributions .....			25,473.
Rents, royalties, etc .....			
Unemployment and social security .....			2,778.
Other income .....			
Total gross income .....			28,851.
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			28,851.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			
Taxes .....			
Interest .....			
Contributions .....			
Miscellaneous deductions .....			
Other itemized deductions .....			
Total deductions .....			13,900.
<b>Exemptions</b> .....			7,400.
Taxable Income .....	0	0	7,551.
<b>Tax (2011 - 1040, line 44)</b> .....	0	0	698.
Alternative minimum tax .....			
Other taxes .....			
<b>Credits and Payments</b>			
Credits .....			
Withholding .....			4,895.
EIC and Additional Child Tax Credit .....			
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			4,895.
Tax liability after credits .....			698.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			4,197.
Federal marginal tax bracket .....	0.0 %	0.0 %	10.0 %
<b>State refund or (balance due)</b>			
1st resident state refund (balance due) .....			NJ 50.
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:**

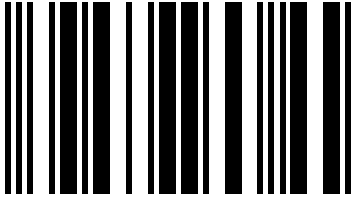
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STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

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 # \_\_\_\_\_

MCCOOK TROY H & YVONNE

30911 CHARLES BUSBY ROAD

PATERSON

NJ 07524-0000 1608

4098

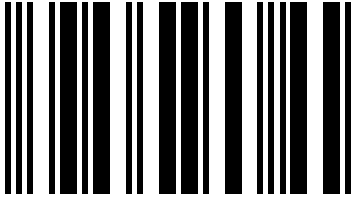
651027233

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

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

Pay amount on line 55 in full. Write Social Security # on check or money order and make payable to: STATE OF NEW JERSEY - TGI  
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: N J Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111  
If REFUND: N J Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

<p>▶ _____ Date</p> <p>Your Signature</p>		<p>▶ _____</p> <p>Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)</p>	
<p>Paid Preparer's Signature</p>		<p>Federal Identification Number</p> <p>S24000000</p>	
<p>Firm's Name</p>		<p>Federal Employer Identification Number</p>	



300000008508839921

MCCOOK TROY H & YVONNE

001	00	014	0	040	0	SS#	651027233
EXT	0	15a	0	40a	0	SP#	652027233
FS	2	15b	0	042	0	SS1	0
DP	0	016	500	044	0	BY1	0
006	2	017	0	045	0	SS2	0
007	2	018	100	046	0	BY2	0
008	0	019	25473	047	0	SS3	0
009	0	020	0	048	50	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	0	BY4	0
12a	4	023	0	50b	0	DDI	1
12b	0	024	0	50c	0	AT	C
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	26073	052	0	RN	098309175
GEF	1	27a	20000	053	0	PID	S24000000
HCa	0	27b	0	054	50	FID	0
HCb	0	27c	20000	055	0		
HCc	0	029	4000	056	50		
HCd	0	030	2193	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1608	033	0	060	0		
PDR	0	36a	2250	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	0305	037	0	63c	0		
		038	0	064	0		
				065	50		

Name <b>MCCOOK TROY H &amp; YVONNE</b>	Social Security Number <b>651-02-7233</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	2	10. Number of other dependents	0
7. Age 65 or Over	2	11. Dependents attending colleges	0
8. Blind or Disabled	0	12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)	4
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	
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)		15a	
15b. Tax exempt interest income. DO NOT include on Line 15a	15b		
16. Dividends		16	500.
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	100.
19. Pensions, Annuities, and IRA Withdrawals (See instructions)		19	25,473.
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	26,073.
27a. Pension Exclusion (See instructions)	27a		20,000.
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b		
27c. Total Exclusion Amount (Add line 27a and Line 27b)		27c	20,000.
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.		28	6,073.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)		29	4,000.
30. Medical Expenses (See Worksheet and instr.)		30	2,193.
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	6,193.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.		35	0
36a. Total Property Taxes Paid (See instructions)	36a		2,250.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011	<input type="checkbox"/>		
36c. Property Tax Deduction (See instructions)		36c	
37. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.		37	
38. Tax (From Tax Tables, see instructions)		38	0
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"/>	40	
41. Balance of Tax (Subtract Line 40 from Line 38)		41	
42. Sheltered Workshop Tax Credit		42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)		43	
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"/>	45	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)		46	0.

Name		Social Security Number	
MCCOOK TROY H & YVONNE		651-02-7233	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	
48	Property Tax Credit (See instructions)	48	50.
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one)	50	
Fill in the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/>			
Fill in the box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>			
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr.) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	50.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	
If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.			
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	50.
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	50.

**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

<b>Name(s) as shown on Form NJ-1040</b> MCCOOK TROY H & YVONNE	<b>Your Social Security Number</b> 651-02-7233
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<b>Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION</b>	If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.
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**A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS**

1. Income actually taxed by other jurisdiction during tax year (indicate name _____ ) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) .....	1.	
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....	2.	
3. Maximum Allowable Credit Percentage      1 _____ (Divide Line 2 into Line 1)                      2 _____	3.	%

<b>IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.</b>	<b>COLUMN A</b>		<b>COLUMN B</b>	
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.		4.	
5. Property Tax Enter in Box 5a the amount from Worksheet F and Deduction line 1. See instructions.  Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5a.		5.	<b>- 0 -</b>
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.		6.	
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.		7.	
8. Allowable Credit (Line 3 times Line 7)	8.		8.	
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions.  Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 38).</b>	9a.		9.	

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

<b>Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.
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1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
2. Capital Gains Distributions .....					100.
3. Other Net Gains .....					
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					100.

<b>Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS</b>	List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.
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1. a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2. Totals	b.	c.	d.	e.
3. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22) .....				3.

**NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011**

Name: TROY H & YVONNE MCCOOK

SSN: 651-02-7233

**Tax Return Information**

1 Refund .....	50.
2 Balance Due .....	

**Direct Deposit and Direct Debit Information**

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

**Direct Debit of Balance Due**

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.  
Enter the date you want the balance due to be withdrawn from your account  
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date **10/13/2012**  
Check here if you will mail your balance due to New Jersey.

**Bank Account Information**

Routing number 098309175  
Account number 8508839921  
Account type Checking  Savings

Will the refund or debit you are requesting involve a foreign bank account? Yes  No

**Electronic Filing Only**

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

RTN:

Account:

Name: MCCOOK TROY H & YVONNE

SSN: 651-02-7233

**Part I**

1	Value of IRA on December 31, 2011 .....	
2	Total distributions from IRA during the tax year .....	13,223.
3	Total value of IRA .....	13,223.
*Unrecovered contributions: Complete either line 4a or 4b		
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed .....	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7 .....	
5	Accumulated earnings in IRA on December 31, 2011 .....	13,223.
6	Divide line 5 by line 3 .....	1.00
7	<b>Taxable portion of this year's withdrawal</b> .....	13,223.

**Part II: Unrecovered contributions (For Second and Later Years)**

1	Last year's unrecovered contributions .....	
2	Amount withdrawn last year .....	
3	Taxable portion of last year's withdrawal .....	
4	Contributions recovered last year .....	
5	This year's unrecovered contributions .....	
6	Contributions to IRA during current tax year .....	
7	Total unrecovered contributions .....	