

PRINTED 09/25/2012

HELEN E ROSEMONT
 22 RIVER ROAD
 MEDFORD NJ 08055-

	Taxpayer	Spouse
SSN	681-02-7233	
Birth	09/16/1967	
Death		
Day Phone	609-555-7890	
Evening		
Cell or Fax		
PIN	12345	

Email _____
 Taxpayer Occupation HAIR STYLIST Spouse Occupation _____
 Filing Status MARRIED FILING SEPARATE

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

Recap of 2011 Income Tax Return

Earned Income	26,482.	Federal Tax	2,594.
Federal AGI	29,638.	Withholding	4,288.
Taxable Income	20,138.	Refund/(Due)	1,694.
EIC		Tax Bracket	15.0 %

State	NJ			
Tax	376.			
Withholding	530.			
Refund/Due	204.			
State				
Tax				
Withholding				
Refund/Due				

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

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

Your first name and initial **HELEN E** Last name **ROSEMONT** Your social security number **681-02-7233**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security no. **682-02-7233**

Home address (number and street). If you have a P.O. box, see instructions. **22 RIVER 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). **MEDFORD NJ 08055-** 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 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. ▶ **PETER ROSEMONT** 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 **1**

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 26,482.**
 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**
 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 3,156.**
 20a Social security benefits **20a** 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 29,638.**

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 29,638.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	29,638.
	39a	Check <input type="checkbox"/> You were born before Jan. 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before Jan. 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
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	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,800.
	41	Subtract line 40 from line 38	41	23,838.
	42	Exemptions. Multiply \$3,700 by the number on line 6d	42	3,700.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	20,138.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	2,594.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	2,594.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54		
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	2,594.	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	59b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	2,594.	
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099	62	4,288.
	63	2011 estimated tax payments and amount applied from 2010 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	4,288.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,694.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	1,694.
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions	d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2012 estimated tax	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.	76	
	77	Estimated tax penalty (see instructions)	77	

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 HAIR STYLIST	Daytime phone number 609-555-7890
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer's Use Only	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.			

W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
HAIR DO SALON	68-9997233	X	26482	3972	1112	384	NJ	26482	530		
			-----	-----	-----	---		-----	---		
			26482	3972	1112	384		26482	530		

1099G DETAIL REPORT - 2011

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	3156		316	
		----		---	
		3156		316	

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) ▶ 00723320122690000010

Taxpayer's name
HELEN E ROSEMONT

Social security number
681-02-7233

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	29,638.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,594.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	4,288.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	1,694.
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 ▶ 09/25/2012

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 ▶ 09/25/2012

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

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

Name: HELEN E ROSEMONT	SSN: 681-02-7233
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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	
15	
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24	
25	

Taxpayer Reminders

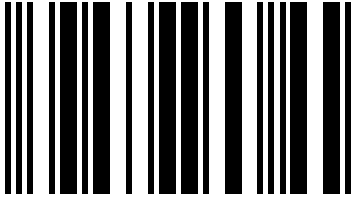
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Name: HELEN E ROSEMONT

SSN: 681-02-7233

Gross Income	2009	2010	2011
Wages and salaries			26,482.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			3,156.
Other income			
Total gross income			29,638.
Adjustments to Income			
Adjusted gross income			29,638.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			5,800.
Exemptions			3,700.
Taxable Income	0	0	20,138.
Tax (2011 - 1040, line 44)	0	0	2,594.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			4,288.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			4,288.
Tax liability after credits			2,594.
Estimated tax penalty			
Refund or (Balance Due)			1,694.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
State refund or (balance due)			
1st resident state refund (balance due)			NJ 204.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2011:



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2011 or Other Tax Year

Beginning _____, 2011 ___ Month Ending _____ 20___
On-line Federal Ext. Confirmation # _____

ROSEMONT HELEN E

22 RIVER ROAD

MEDFORD

NJ 08055-0000 0320

1096

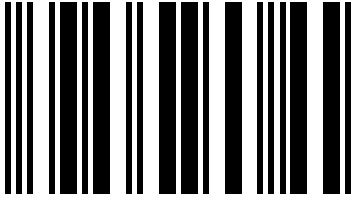
681027233

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>	



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ROSEMONT HELEN E

001	00	014	26482	040	0	SS#	681027233
EXT	0	15a	0	40a	0	SP#	682027233
FS	3	15b	0	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	1	017	0	045	0	SS2	0
007	0	018	0	046	376	BY2	0
008	0	019	0	047	530	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	1	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	26482	052	0	RN	0
GEF	0	27a	0	053	0	PID	S24000000
HCa	0	27b	0	054	580	FID	0
HCb	0	27c	0	055	0		
HCC	0	029	1000	056	204		
HCD	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	0320	033	0	060	0		
PDR	0	36a	1890	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	2281	037	25482	63c	0		
		038	376	064	0		
				065	204		

Name ROSEMONT HELEN E	Social Security Number 681-02-7233
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RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the From _____ To _____ taxable year, give the period of New Jersey residency: MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1. Single 2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household 5. Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS 6. Regular 10. Number of other dependents 0
 7. Age 65 or Over 11. Dependents attending colleges 0
 8. Blind or Disabled 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) 1
 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	26,482.
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	
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	26,482.
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	26,482.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	1,000.
30. Medical Expenses (See Worksheet and instr.)	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	1,000.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	25,482.
36a. Total Property Taxes Paid (See instructions)	36a	1,890.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011	<input type="checkbox"/>	
36c. Property Tax Deduction (See instructions)	36c	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	25,482.
38. Tax (From Tax Tables, see instructions)	38	376.
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	376.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	376.
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	376.

Name		Social Security Number	
ROSEMONT HELEN E		681-02-7233	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	530.
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	580.
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	204.
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	204.

DIRECT DEPOSIT INFORMATION

`1' for Refund only and `4' for no.

Check Routing Number

Account Number

Type of account (`C' for Checking, `S' for Savings)

Fill in check box if refund is going to an account outside the US

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011

Name: HELEN E ROSEMONT

SSN: 681-02-7233

Tax Return Information

1 Refund	204.
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 **09/25/2012**

Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number

Account number

Account type

Checking

Savings

Will the refund or debit you are requesting involve a foreign bank account?

Yes

No

Electronic Filing Only

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

RTN:

Account: