

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning _____, 2012, ending _____, 20

Your first name and initial **PAULINE T RIME** Last name _____ See separate instructions.
Your social security number 761-02-0752

If a joint return, spouse's first name and initial _____ Last name _____
Spouse's social security no. _____

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM** Apt. no. _____
 ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
PLUCKEMIN NJ 07978- **Presidential Election Campaign**
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name _____ Foreign province/county _____ Foreign postal code _____

Filing Status
 1 Single
 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.)
 If more than four dependents, see instr. and check here ▶
 d Total number of exemptions claimed _____
Boxes checked on 6a and 6b 1
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
 8a Taxable interest. Attach Schedule B if required _____ 8a 310.
 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 24,404. b Taxable amount _____ 16b 22,104.
 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 15,202. b Taxable amount _____ 20b 2,504.
 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 24,918.

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 7.
 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 7.
 37 Subtract line 36 from line 22. This is your **adjusted gross income** 37 24,911.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	24,911.
	39a	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 1 if: <input type="checkbox"/> Spouse was born before Jan. 2, 1948, <input type="checkbox"/> Blind. 39b <input type="checkbox"/>		
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, \$5,950 Married filing jointly or Qualifying widow(er), \$11,900 Head of household, \$8,700	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	7,400.
	41	Subtract line 40 from line 38	41	17,511.
	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	13,711.
	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	1,624.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	1,624.
	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 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	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	1,624.	
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	b 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	1,624.	
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099	62	2,100.
	63	2012 estimated tax payments and amount applied from 2011 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 8	66	
	67	Reserved	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"/> Re-served 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	2,100.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	476.
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	476.
	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 2013 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 RETIRED	Daytime phone number 973-555-1111
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 AARP Foundation Tax-Aide	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN S24051405
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Name: PAULINE T RIME

SSN: 761-02-0752

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

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

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	15,202.		
Railroad tier 1 received this year			
Total	15,202.		15,202.
Medicare to Schedule A	1,300.		
Federal tax withheld	100.		

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 22,407.

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

Puerto Rico: _____ + 50% of the benefits received: 7,601.

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

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

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

85% of the social security and railroad benefits received is taxable **A**

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 2012			
Using the above modified AGI, this is the taxable amount of the 2011 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

1099-R DETAIL REPORT - 2012

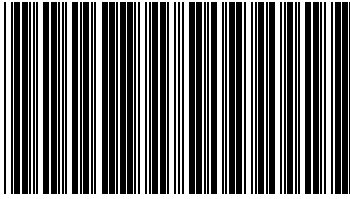
Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
BIG CORP	76-9990752	T	7		2000NJ		24404	22104		22104		
					----		-----	-----		-----		
					2000		24404	22104		22104		

Name: PAULINE T RIME

SSN: 761-02-0752

Gross Income	2010	2011	2012
Wages and salaries			
Interest and dividends			310.
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			22,104.
Rents, royalties, etc			
Unemployment and social security			2,504.
Other income			
Total gross income			24,918.
Adjustments to Income			7.
Adjusted gross income			24,911.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			7,400.
Exemptions			3,800.
Taxable Income	0	0	13,711.
Tax (2012 - 1040, line 44)	0	0	1,624.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			2,100.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			2,100.
Tax liability after credits			1,624.
Estimated tax penalty			
Refund or (Balance Due)			476.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			NJ
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2012:



RIME PAULINE T

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RESIDENCY STATUS IF YOU WERE A NJ RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NJ RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSE HOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

EXEMPTIONS

- 6. REGULAR
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

1
1
0
0
0
0
0
2
0

CHECK BOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER
AGE 65 YOURSELF
OR OLDER BLIND OR DISABLED YOURSELF
DOMESTIC PARTNER SPOUSE/CU PARTNER SPOUSE/CU PARTNER

X
X

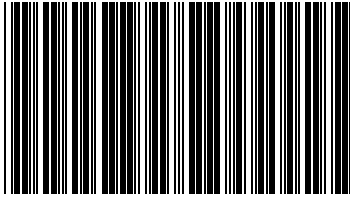
DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 5 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, C, D.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Table with 3 columns: Line number, Description, Amount. Lines 14 through 37A.



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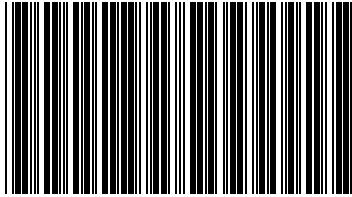
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37B. FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012	X	
37C. PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)		5,000 .
38. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY		0 .
39. TAX (FROM TAX TABLES.)		0 .
40. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS		0 .
41A. JURISDICTION CODE (SEE INSTRUCTIONS)		
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)		0 .
43. SHELTERED WORKSHOP TAX CREDIT		0 .
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)		0 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO		0 .
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX		0 .
46A. FILL IN IF FORM 2210 IS ENCLOSED		
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)		0 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)		0 .
49. PROPERTY TAX CREDIT (SEE INSTRUCTIONS)		0 .
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN		0 .
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)		0 .
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT		
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT		
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)		0 .
53. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)		0 .
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)		0 .
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)		0 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE <small>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 58, 59, 60, 61, 62 AND OR 64 AND ADDING THIS TO YOUR PAYMENT</small>		0 .
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:		0 .
58. YOUR 2013 TAX		0 .
59. NEW JERSEY ENDANGERED WILDLIFE FUND		0 .
60. NEW JERSEY CHILDRENS TRUST FUND		0 .
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND		0 .
62. NEW JERSEY BREAST CANCER REASEACH FUND		0 .
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND		0 .
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION)		0 .
64C. DESIGNATION CODE		
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)		0 .
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)		0 .

DIRECT DEPOSIT INFORMATION

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) 4
ACCOUNT TYPE ('C' for CHECKING, 'S' FOR SAVINGS)
FILL IN THE CHECK BOX IF REFUND IS GOING OUTSIDE THE UNITED STATES
ROUTING NUMBER
ACCOUNT NUMBER

DO NOT MAIL INDICATOR
POWER OF ATTORNEY INDICATOR
PRESIDENTIAL DISASTER RELIEF INDICATOR



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2012 or Other Tax Year

Beginning _____, 20____ Month Ending _____ 20____
On-line Federal Extension Confirmation # _____



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123 ELM

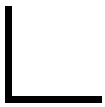
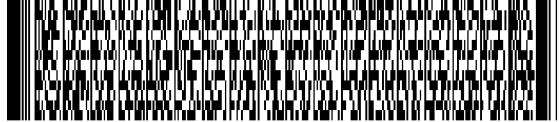
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Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse/CU Partner's Signature (If filing jointly, both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instructions)

Paid Preparer's Signature

Federal Identification Number
S24051405

Firm's Name

Federal Employer Identification Number

Pay amount on Line 56 in full.
Write Social Security number(s)
on check or money order and make
payable to: STATE OF NEW JERSEY - TGI
Mail your return in the envelope provided and
affix the appropriate mailing label. If you have
an amount due on Line 56, enclose your
check and NJ-1040-V payment voucher with
your return and use the label for
PO Box 111.
If not, use the label for **PO Box 555.**
You may also pay by e-check or credit card.
See instructions.