

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

Your first name and initial **PATRICK T** Last name **REEZON** Your social security number **771-02-0752**

If a joint return, spouse's first name and initial **PAMELA T** Last name **REEZON** Spouse's social security no. **772-02-0752**

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

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.)
 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	18,218.
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	707.
	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	77.
	11 Alimony received	11	11,000.
	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 <input type="checkbox"/>	13	(606.)
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	20,000.
b Taxable amount	15b		
16a Pensions and annuities	16a	20,200.	
b Taxable amount	16b	17,917.	
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	1,600.	
20a Social security benefits	20a	15,000.	
b Taxable amount	20b	12,750.	
21 Other income. List type and amount (see instr.) GAMBLING WINNINGS	21	1,100.	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	62,056.	

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	62,056.	

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	62,056.
	39a Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1947, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/> 1 if: <input type="checkbox"/> Spouse was born before Jan. 2, 1947, <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, \$5,800 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 39b <input type="checkbox"/>		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,750.
	41 Subtract line 40 from line 38	41	49,306.
	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	7,400.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	41,906.
	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	5,439.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Add lines 44 and 45	46	5,439.
	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	5,439.	
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	
	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	5,439.
Payments If you have a qualifying child, attach Schedule EIC.	62 Federal income tax withheld from Forms W-2 and 1099	62	6,500.
	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	6,500.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,061.
	74a Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	1,061.
	b Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="checkbox"/>		
Direct deposit? See instructions	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	Daytime phone number
_____	_____	RETIRED	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.)
_____	_____	RETIRED	

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN S24051400
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Name: PATRICK T & PAMELA T REEZON

SSN: 771-02-0752

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	15,000.		
Railroad tier 1 received this year			
Total	15,000.		15,000.
Medicare to Schedule A	1,400.		
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 49,306.

+ tax-exempt interest: 707. and excluded income from American Samoa (Form 4563) or

Puerto Rico: _____ + 50% of the benefits received: 7,500.

57,513.

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** 12,750.

Modified AGI 57,513.

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

Subtract 13,513. X 85% = 11,486.

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

Add **B** 17,486.

Taxable social security and railroad retirement tier 1. Minimum of A or B 12,750.

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			
Taxable benefits using the lump-sum election method			

1099G DETAIL REPORT - 2011

Payer	T S	Unemployment Received Repaid	Withholding Federal State
-----	---	-----	-----
NEW JERSEY DEPARTMENT OF LABOR	X	1600 ---- 1600	

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.
BIG FACTORY	77-7990752	T	3		3400NJ		17000	16017		16017		
BIG BOX	77-8990752	S	3		3000NJ		18000	17018		17018		
DFAS	77-5990752	T	7		NJ		1900	1900		1900		
MLPFS	77-4990752	S	7	X	NJ		20000	20000 R	20000			
BIG PRU	77-1990752	T	6		NJ		1300	R	1300			
					-----		-----	-----	-----	-----		
					6400		58200	54935	21300	34935		

Name(s) shown on return. Do not enter name and social security number if shown on other side.

PATRICK T & PAMELA T REEZON

Your social security number

771-02-0752

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked.

***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)).

Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Long-term transactions reported on Form 1099-B with basis reported to the IRS **(B)** Long-term transactions reported on Form 1099-B but basis not reported to the IRS **(C)** Long-term transactions for which you cannot check box A or B

3	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for col (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
	200 MSFT		VA/RI/OUS	07/01/2011	4000.	4606.	

4 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, **line 8** (if **box A** above is checked), **line 9** (if **box B** above is checked), or **line 10** (if **box C** above is checked)▶ **4** 4000. 4606.

US Schedule D

Capital Gain or Loss Transactions Worksheet

2011

* Check if 28% rate gain or (loss)

(a) Description of property	T S J	*	(b) Code	(c) Date acquired	(d) Date sold	(e) Sales price	(f) Cost or other basis	(g) Adjustments to Gain or Loss	(h) Gain or loss	S / L
200 MSFT				VA/RI/OUS	07/01/2011	4,000. 4,000.	4,606. 4,606.		(606.) (606.)	L

US 1040

IRA Rollover Explanation

2011

20K ROLLED OVER FROM MLPFS TO SB WITHIN 30 DAYS

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule D (Form 1040).**
▶ **Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.**

Attachment
Sequence No. **12**

Name(s) shown on return
PATRICK T & PAMELA T REEZON

Your social security number
771-02-0752

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e) (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked on Part I		()		
2 Short-term totals from all Forms 8949 with box B checked on Part I		()		
3 Short-term totals from all Forms 8949 with box C checked on Part I		()		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e) (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked on Part II	4000 .	(4606)		-606 .
9 Long-term totals from all Forms 8949 with box B checked on Part II		()		
10 Long-term totals from all Forms 8949 with box C checked on Part II		()		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2				15 -606 .

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

Schedule D (Form 1040) 2011

BCA

Part III Summary

16 Combine lines 7 and 15 and enter the result 16 (606 .)

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

- Yes.** Go to line 18.
- No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions 19

20 Are lines 18 and 19 **both** zero or blank?

- Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.
- No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or 21 (606 .)
- (\$3,000), or if married filing separately, (\$1,500)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR line 42).
- No.** Complete the rest of Form 1040 or Form 1040NR.

Name: PATRICK T & PAMELA T REEZON

SSN: 771-02-0752

Use the spouse column if this is a married joint return for this year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
1 <u>NJ</u> 2010 state/local income tax refund	77.		
___ 2010 state/local income tax refund			
Total state/local income tax refund for 2010	77.		
2 Enter the amounts from the 2010 tax return If the itemized deductions were reduced due to the AGI limitation, be sure to enter the reduced amounts			
Schedule A, line 5a, income taxes	1,500.		
Schedule A, line 5b, general sales tax	700.		
Difference - the state tax refund is only taxable to the extent the state tax deduction exceeds the sales tax deduction	800.		
3 Net state/local income tax refund	77.		
4 Enter the total of all other Schedule A refunds or reimbursements			
5 Add lines 3 and 4	77.		
On the 2010 tax return, If itemized deductions are reduced due to income limitations, AMT is included, or there are unused credits, see Publication 525. Some or all of the state tax refund may be tax-free. Check here if the ENTIRE state tax refund is nontaxable. Stop here	<input type="checkbox"/>	<input type="checkbox"/>	
6 2010 itemized deductions	12,000.		
7 Filing status for 2010. Enter 1, 2, 3, 4, or 5. 1 = Single 4 = Head of household 2 = Married filing jointly 5 = Qualifying widow(er) 3 = Married filing separately	<input checked="" type="checkbox"/> 2	<input type="checkbox"/>	
If the 2010 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here	<input type="checkbox"/>	<input type="checkbox"/>	
8 Age 65 or blind, enter amount from the 2010 Form 1040, page 2, line 39a	<input type="checkbox"/>	<input type="checkbox"/>	
9 Standard deduction	11,400.		
10 Net disaster loss from your 2010 Form 4684, line 18			
11 New motor vehicle taxes from your 2010 Schedule A, line 7			
12 Total standard deduction	11,400.		
13 Subtract line 13 from line 6	600.		
14 Smaller of line 5 or line 14	77.		
15 Enter the taxable income for 2010, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number	34,000.		
16 Amount to include in income for 2011	77.		
17 Taxable state/local income tax refund	77.		77.
18 Taxable amount of other income			

US 1040

Three - Year Tax Summary

2011

Name: PATRICK T & PAMELA T REEZON

SSN: 771-02-0752

Gross Income	2009	2010	2011
Wages and salaries			18,218.
Interest and dividends			
Business income			
Sale of assets - gain or loss			(606.)
Pension and IRA distributions			17,917.
Rents, royalties, etc			
Unemployment and social security			14,350.
Other income			12,177.
Total gross income			62,056.
Adjustments to Income			
Adjusted gross income			62,056.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			12,750.
Exemptions			7,400.
Taxable Income	0	0	41,906.
Tax (2011 - 1040, line 44)	0	0	5,439.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			6,500.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			6,500.
Tax liability after credits			5,439.
Estimated tax penalty			
Refund or (Balance Due)			1,061.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
State refund or (balance due)			
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)			

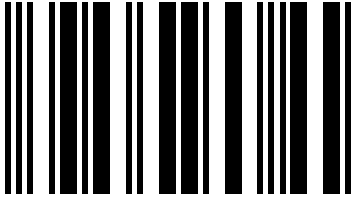
NOTES FOR 2011:

W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
BIG BOX	77-8990752	X	1200		50	17	NJ	1222			
			-----		--	--		-----			
			1200		50	17		1222			

W-2G DETAIL REPORT - 2011

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
NJ LOTTERY	77-9990752	X		1100		90
				----		--
				1100		90



00000000000000000000

REEZON PATRICK T & PAMELA T

001	00	014	1222	040	0	SS#	771020752
EXT	0	15a	404	40a	0	SP#	772020752
FS	2	15b	303	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	2	017	0	045	0	SS2	0
007	1	018	0	046	0	BY2	0
008	2	019	16017	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	5	023	1010	50b	0	DDI	4
12b	0	024	11000	50c	0	AT	0
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	29653	052	0	RN	0
GEF	0	27a	16017	053	0	PID	S24051400
HCa	0	27b	3983	054	50	FID	0
HCb	0	27c	20000	055	0		
HCc	0	029	5000	056	50		
HCd	0	030	1207	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1801	033	0	060	0		
PDR	0	36a	6000	061	0		
DNM	0	36b	1	062	0		
PA	0	36c	0	063	0		
CDV	8209	037	3446	63c	0		
		038	0	064	0		
				065	50		

Name REEZON PATRICK T & PAMELA T	Social Security Number 771-02-0752
------------------------------------------------	----------------------------------------------

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	2	10. Number of other dependents	0
7. Age 65 or Over	1	11. Dependents attending colleges	0
8. Blind or Disabled	2	12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)	5
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.			
b.			
c.			
d.			

If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)

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

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14		1,222.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a		404.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	303.	
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		16,017.
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		1,010.
24. Alimony and separate maintenance payments received	24		11,000.
25. Other (Enclose Schedule) (See instructions)	25		
26. Total income (Add Lines 14, 15a, 16 through 25)	26		29,653.
27a. Pension Exclusion (See instructions)	27a	16,017.	
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b	3,983.	
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		9,653.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29		5,000.
30. Medical Expenses (See Worksheet and instr.)	30		1,207.
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		6,207.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35		3,446.
36a. Total Property Taxes Paid (See instructions)	36a	6,000.	
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		
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37		3,446.
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"/>		
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"/>		
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46		0.

Name REEZON PATRICK T & PAMELA T		Social Security Number 771-02-0752	
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) 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"/>	50	
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. 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.	55	
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 56 which you elect to credit to:	56	50.
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.

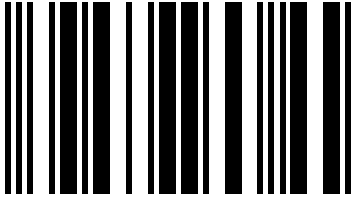
Check Routing Number

4 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



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 # _____

REEZON PATRICK T & PAMELA T

123 ELM

PLUCKEMIN

NJ 07978-0000 1801

8007

771020752

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>S24051400</p>	
<p>Firm's Name</p>		<p>Federal Employer Identification Number</p>	

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011

Name: PATRICK T & PAMELA T REEZON

SSN: 771-02-0752

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 **02/24/2013**

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:

Name: REEZON PATRICK T & PAMELA T

SSN: 771-02-0752

Is your gross income, combined income if filing jointly, for the entire year before subtracting any pension exclusion more than \$100,000?

If "Yes", do not complete Part I. Enter "0" on line 9 and continue with Part II.

Yes No

Part I

1	Amount from NJ-1040, line 14 or NJ-1040NR, line 14, column A	1,222.
2	Amount from NJ-1040, line 17 or NJ-1040NR, line 17, column A	
3	Amount from NJ-1040, line 20 or NJ-1040NR, line 22, column A	
4	Amount from NJ-1040, line 21 or NJ-1040NR, line 23, column A	
5	Add lines 1, 2, 3, and 4	1,222.
Is the amount on line 5 more than \$3,000?		
<input type="checkbox"/> Yes. Enter "0" on line 9 and continue to Part II.		
<input checked="" type="checkbox"/> No. Continue to line 6.		
6	Enter \$20,000 if married filing a joint return, \$15,000 if single, head of household, or qualifying widow(er), or \$10,000 if married filing a separate return	20,000.
7	Amount from NJ-1040, line 19b or NJ-1040NR, line 21a	16,017.
8	Subtract line 7 from line 6	3,983.

Part II

9	Unclaimed pension exclusion	3,983.
10 a	Are you and/or your spouse, if filing jointly, now receiving, or will you and/or your spouse, if filing jointly, ever be eligible to receive social security or railroad retirement benefits? <input type="checkbox"/> No. Continue to line 10b. <input checked="" type="checkbox"/> Yes. Enter "0" on line 10 and continue to line 11.	
b	Would you and/or your spouse, if filing jointly, be receiving, or ever be eligible to receive social security or railroad retirement benefits if you had participated in either program? <input type="checkbox"/> No. Enter "0" on line 10 and continue to line 11. <input type="checkbox"/> Yes. Enter on line 10 the amount of exclusion for your filing status shown below and continue to line 11.	
c	\$6,000 for if married filing a joint return, head of household, or qualifying widow(er), or \$3,000 if single or married filing a separate return	
11	Other retirement income exclusion	3,983.

Name(s) as shown on Form NJ-1040 REEZON PATRICK T & PAMELA T	Your Social Security Number 771-02-0752
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Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION 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.

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.	%
IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.	COLUMN A	COLUMN 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. 5a. _____ Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5.	5. - 0 -
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. 9a. _____ Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.	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.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY 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.

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)
FED SCH D					(606 .)
2. Capital Gains Distributions					2.
3. Other Net Gains					3.
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) ..					4.

Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS 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.

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.