

PRINTED 09/25/2012

ANDREA ANDERSON  
 123 HARBOR AVENUE  
 EDGEWATER NJ 07020-

	<b>Taxpayer</b>	<b>Spouse</b>
SSN	611-03-7233	
Birth	07/24/1976	
Death		
Day Phone	201-555-0001	
Evening		
Cell or Fax		
PIN	12345	

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

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

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

Recap of 2011 Income Tax Return

Earned Income	26,298.	Federal Tax	2,091.
Federal AGI	26,298.	Withholding	2,600.
Taxable Income	16,798.	Refund/(Due)	509.
EIC		Tax Bracket	15.0 %

State	NJ				
Tax	372.				
Withholding	401.				
Refund/Due	79.				
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 **ANDREA** Last name **ANDERSON** Your social security number **611-03-7233**

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

Home address (number and street). If you have a P.O. box, see instructions. **123 HARBOR AVENUE** 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). **EDGEWATER NJ 07020-** Presidential Election Campaign

Foreign country name \_\_\_\_\_ Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. **4**  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **5**  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c **Dependents:**  
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4)  If child under age 17 qualifying for child tax credit (see instr.)  
 d Total number of exemptions claimed **1**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 26,298.  
 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**  
 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** 26,298.

**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** 26,298.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes rows 38-55 for Tax and Credits.

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes rows 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes rows 62-72 for Payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes rows 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes rows 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No

Sign Here

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

Paid Preparer's Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed if PTIN, Firm's name, Firm's address, Firm's EIN, 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.
-----	-----	-----	-----	-----	-----	-----	---	-----	-----	-----	-----
BILLINGS MARKET	61-9037233	X	26298	2600	1105	381	NJ	26298	401		
			-----	-----	-----	---		-----	---		
			26298	2600	1105	381		26298	401		

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) ▶ 00007233000012

Taxpayer's name  
ANDREA ANDERSON

Social security number  
611-03-7233

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	26,298.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) .....	2	2,091.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) .....	3	2,600.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) ..	4	509.
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 ▶ 09/15/2012

**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 ▶ 09/15/2012

**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: ANDREA ANDERSON

SSN: 611-03-7233

**Preparer Use Fields**

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

**Taxpayer Reminders**

Empty area for taxpayer reminders.

Name: ANDREA ANDERSON

SSN: 611-03-7233

Gross Income	2009	2010	2011
Wages and salaries .....			26,298.
Interest and dividends .....			
Business income .....			
Sale of assets - gain or loss .....			
Pension and IRA distributions .....			
Rents, royalties, etc .....			
Unemployment and social security .....			
Other income .....			
Total gross income .....			26,298.
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			26,298.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			
Taxes .....			
Interest .....			
Contributions .....			
Miscellaneous deductions .....			
Other itemized deductions .....			
Total deductions .....			5,800.
<b>Exemptions</b> .....			3,700.
Taxable Income .....	0	0	16,798.
<b>Tax (2011 - 1040, line 44)</b> .....	0	0	2,091.
Alternative minimum tax .....			
Other taxes .....			
<b>Credits and Payments</b>			
Credits .....			
Withholding .....			2,600.
EIC and Additional Child Tax Credit .....			
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			2,600.
Tax liability after credits .....			2,091.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			509.
Federal marginal tax bracket .....	0.0 %	0.0 %	15.0 %
<b>State refund or (balance due)</b>			
1st resident state refund (balance due) .....			NJ 79.
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:

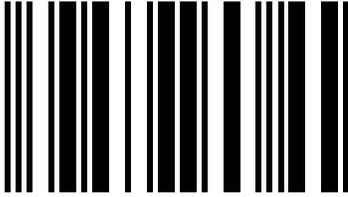
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STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

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 # \_\_\_\_\_

ANDERSON ANDREA

123 HARBOR AVENUE

EDGEWATER

NJ 07020-0000 0213

4024

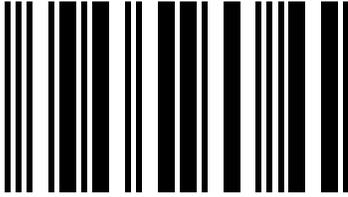
611037233

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



00000000000000000000

ANDERSON ANDREA

001	00	014	26298	040	0	SS#	611037233
EXT	0	15a	0	40a	0	SP#	0
FS	1	15b	0	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	1	017	0	045	0	SS2	0
007	0	018	0	046	372	BY2	0
008	0	019	0	047	401	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	26298	052	0	RN	0
GEF	0	27a	0	053	0	PID	0
HCa	0	27b	0	054	451	FID	0
HCb	0	27c	0	055	0		
HCC	0	029	1000	056	79		
HCD	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	0213	033	0	060	0		
PDR	0	36a	2160	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	7820	037	25298	63c	0		
		038	372	064	0		
				065	79		

Name <b>ANDERSON ANDREA</b>	Social Security Number <b>611-03-7233</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  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	26,298.
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	26,298.
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	26,298.
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	25,298.
36a. Total Property Taxes Paid (See instructions)	36a	2,160.
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	25,298.
38. Tax (From Tax Tables, see instructions)	38	372.
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	372.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	372.
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	372.

Name		Social Security Number	
ANDERSON ANDREA		611-03-7233	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	401.
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	451.
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	79.
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	79.

**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