

PRINTED 09/25/2012

JUSTINE JACKSON
 110 MAIN ST
 TUCKERTON NJ 08087-

	Taxpayer	Spouse
SSN	671-03-7233	
Birth	05/10/1986	
Death		
Day Phone	609-555-5556	
Evening		
Cell or Fax		
PIN	12345	

Email JJACKSON@MYMAIL.COM
 Taxpayer Occupation CUSTOMER SERVICE Spouse Occupation _____
 Filing Status HEAD OF HOUSEHOLD

ELIZABETH 04/04/2003 672-03-7233 DAUGHTER 12 1

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

Recap of 2011 Income Tax Return

Earned Income	12,821.	Federal Tax	
Federal AGI	18,518.	Withholding	1,313.
Taxable Income	2,618.	Refund/(Due)	4,853.
EIC	2,801.	Tax Bracket	10.0 %

State	NJ				
Tax					
Withholding	150.				
Refund/Due	710.				
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				

US Student Loan Interest, Coverdell ESA and QTP, Tuition and Fees 2011

Name: JUSTINE JACKSON

SSN: 671-03-7233

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
1 Amount paid in 2011. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500.....	678.		678.
Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 <u>19,196.</u>			
Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$60,000 (\$120,000 married filing jointly) and is -0- when AGI exceeds \$75,000 (\$150,000 married filing jointly).			
2 Student loan interest deduction	678.		678.
Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI			
Education Savings Accounts (ESAs) and QTPs		Taxpayer	Spouse
1 Excess contributions			
2 Taxable distributions			

Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.

No deduction is allowed if filing Form 1040NR or married filing separately.

Some things to consider

Form 8863, Education Credits

- 40% of the American Opportunity Credit is refundable and is reduced once the AGI reaches \$80,000 single (\$160,000, married filing jointly), and is -0- when the AGI reaches \$90,000 single (\$180,000, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches \$50,000, single (\$100,000, married filing jointly), and is -0- when the AGI reaches \$61,000, single (\$122,000, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as \$2,500 credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to \$2,000.

Tuition and Fees as an AGI Deduction

- The deduction is limited to \$4,000, if AGI does not exceed \$65,000, single (\$130,000 married filing jointly).
- The deduction is limited to \$2,000, if AGI exceeds \$65,000, single (\$130,000 married filing jointly).
- The deduction is -0- when AGI exceeds \$80,000, single (\$160,000 married filing jointly).

Student's name	Social security number	Qualified expenses
JUSTINE JACKSON	671-03-7233	
ELIZABETH JACKSON	672-03-7233	
1 Total qualified expense		
2 Modified AGI	18,518.	
3 Tuition and fees deduction..... (Spouse amount:)		

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2011

Name: JUSTINE JACKSON

SSN: 671-03-7233

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	18,518.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	261.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy		

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		261.
11	Child tax credit		261.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2011 to 2012

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2011 only, Form 1045 Amt. carried forward from 2010. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2011 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2011 only, Form 1116. Enter amount carried back, if any														
6	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <td>2009</td> <td>2010</td> <td>2011</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2009	2010	2011										
2009	2010	2011													
7	DC first-time homebuyer credit, Form 8859														
8	Prior year minimum tax credit, Form 8801, cumulative total														
9	AMT limited qualified electric vehicle credit from 2011 only														
10	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <td>2007</td> <td>2008</td> <td>2009</td> <td>2010</td> <td>2011</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2007	2008	2009	2010	2011								
2007	2008	2009	2010	2011											

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

Your first name and initial **JUSTINE JACKSON** Last name _____ Your social security number **671-03-7233**

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. **110 MAIN ST** 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). **TUCKERTON NJ 08087-** 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.)
ELIZABETH JACKSON **672-03-7233** **DAUGHTER**
 d Total number of exemptions claimed **2**

Boxes checked on 6a and 6b **1**
No. of children on 6c who:
 ■ lived with you **1**
 ■ 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** **12,821.**
 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** **6,375.**
 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** **19,196.**

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** **678.**
 34 Tuition and fees. Attach Form 8917 **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36** **678.**
 37 Subtract line 36 from line 22. This is your adjusted gross income **37** **18,518.**

Tax and Credits

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

Refund

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

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 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

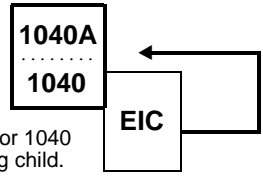
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only

Table for paid preparer information including name, signature, date, firm name, address, EIN, and phone number.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2011

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Name(s) shown on return
JUSTINE JACKSON

Your social security number
671-03-7233

- Before you begin:**
- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
 - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name Last name ELIZABETH JACKSON	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	672-03-7233		
3 Child's year of birth	Year <u>2003</u> <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>
4 a Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2011?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER		
6 Number of months child lived with you in the United States during 2011 • If the child lived with you for more than half of 2011 but less than 7 months, enter "7." • If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, enter "12".	<u>12</u> months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

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

Schedule EIC (Form 1040A or 1040) 2011

US Schedule EIC

Earned Income Credit Worksheet

2011

Name: JUSTINE JACKSON

SSN: 671-03-7233

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received					12,821.
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					12,821.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				12821.	12,821.
6	Credit from EIC table on line 5 income				3094.	
7	Adjusted gross income				18518.	
8	Credit from EIC table on line 7 income, if line 7 greater than					
	<ul style="list-style-type: none"> • \$7,599 (\$12,699 if married filing jointly) and no qualifying children • \$16,699 (\$21,799 if married filing jointly) and 1 or more qualifying children 				2801.	
9	Earned inc. credit. If line 7 is less than \$7,600 (\$12,700, \$16,700, \$21,800), line 6. Otherwise the smaller of line 6 or line 8				2801.	2,801.

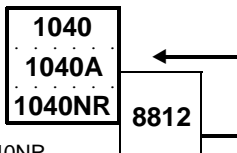
W-2 DETAIL REPORT - 2011

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
-----	-----	-----	-----	-----	-----	-----	---	-----	-----	-----	-----
ANAS CLOSET	67-9037233	X	12821	675	538	186	NJ	12821	150		
			-----	---	---	---		-----	---		
			12821	675	538	186		12821	150		

1099G DETAIL REPORT - 2011

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
-----	---	-----	-----	-----	-----
NEW JERSEY DEPARTMENT OF LABOR	X	6375		638	
		----		---	
		6375		638	

Additional Child Tax Credit



2011

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return
JUSTINE JACKSON

Your social security number
671-03-7233

Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
	If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
		1	1,000.

2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48.		261.
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit.		739.

4 a	Earned income (see instructions)	4a	12,821.		
b	Nontaxable combat pay (see instructions)	4b			
5	Is the amount on line 4a more than \$3,000?				
	<input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6.				
	<input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	9,821.		
6	Multiply the amount on line 5 by 15% (.15) and enter the result			6	1,473.

Next. Do you have three or more qualifying children?

No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the **smaller** of line 3 or line 6 on line 13.

Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions				
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.	8			
	1040A filers: Enter -0-.				
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.				
9	Add lines 7 and 8	9			
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69.	10			
	1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see the instructions).				
	1040NR filers: Enter the amount from Form 1040NR, line 65.				
11	Subtract line 10 from line 9. If zero or less, enter -0-			11	
12	Enter the larger of line 6 or line 11			12	
	Next, enter the smaller of line 3 or line 12 on line 13.				

Part III Additional Child Tax Credit

13	This is your additional child tax credit		739.
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1040 1040A 1040NR	Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63.
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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) ▶ 00723320122680000008

Taxpayer's name
JUSTINE JACKSON

Social security number
671-03-7233

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	18,518.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	1,313.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	4,853.
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 ▶ 09/24/2012

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 ▶ 09/24/2012

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: JUSTINE JACKSON

SSN: 671-03-7233

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	
20	
21	
22	
23	
24	
25	

Taxpayer Reminders

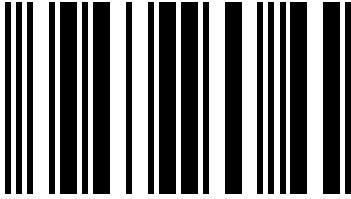
Empty area for taxpayer reminders.

Name: JUSTINE JACKSON

SSN: 671-03-7233

Gross Income	2009	2010	2011
Wages and salaries			12,821.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			6,375.
Other income			
Total gross income			19,196.
Adjustments to Income			678.
Adjusted gross income			18,518.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			8,500.
Exemptions			7,400.
Taxable Income	0	0	2,618.
Tax (2011 - 1040, line 44)	0	0	261.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			261.
Withholding			1,313.
EIC and Additional Child Tax Credit			3,540.
Estimated tax payments			
Other payments			
Total credits and payments			5,114.
Tax liability after credits			
Estimated tax penalty			
Refund or (Balance Due)			4,853.
Federal marginal tax bracket	0.0 %	0.0 %	10.0 %
State refund or (balance due)			
1st resident state refund (balance due)			NJ 710.
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 # _____

JACKSON JUSTINE

110 MAIN ST

TUCKERTON

NJ 08087-0000 1533

5049

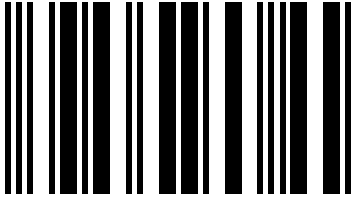
671037233

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>	



400000012345678901

JACKSON JUSTINE

001	00	014	12821	040	0	SS#	671037233
EXT	0	15a	0	40a	0	SP#	0
FS	4	15b	0	042	0	SS1	672037233
DP	0	016	0	044	0	BY1	2003
006	1	017	0	045	0	SS2	0
007	0	018	0	046	0	BY2	0
008	0	019	0	047	150	SS3	0
009	1	020	0	048	0	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	560	BY4	0
12a	1	023	0	50b	0	DDI	1
12b	1	024	0	50c	0	AT	C
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	12821	052	0	RN	234567890
GEF	0	27a	0	053	0	PID	S24000000
HCa	0	27b	0	054	710	FID	0
HCb	0	27c	0	055	0		
HCC	0	029	2500	056	710		
HCD	0	030	0	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	1533	033	0	060	0		
PDR	0	36a	0	061	0		
DNM	0	36b	0	062	0		
PA	0	36c	0	063	0		
CDV	0650	037	10321	63c	0		
		038	0	064	0		
				065	710		

Name JACKSON JUSTINE	Social Security Number 671-03-7233
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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
 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 1 (Line 12b - Add Lines 9 and 10) 1

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. JACKSON ELIZABETH	672-03-7233	2003	<input type="checkbox"/>
b.			<input type="checkbox"/>
c.			<input type="checkbox"/>
d.			<input type="checkbox"/>

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	12,821.
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	12,821.
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	12,821.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	2,500.
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	2,500.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	10,321.
36a. Total Property Taxes Paid (See instructions)	36a	
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	10,321.
38. Tax (From Tax Tables, see instructions)	38	0
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.) <input type="checkbox"/>	40	
41. Balance of Tax (Subtract Line 40 from Line 38)	41	
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44	
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. <input type="checkbox"/>	45	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	0.

Name		Social Security Number	
JACKSON JUSTINE		671-03-7233	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	150.
48	Property Tax Credit (See instructions)	48	
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	560.
	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	710.
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	710.
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	710.

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

Dependents Information

2011

Name: JUSTINE JACKSON

SSN: 671-03-7233

First name	MI	Last name	SSN	Birth year
ELIZABETH		JACKSON	672-03-7233	2003

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011

Name: JUSTINE JACKSON

SSN: 671-03-7233

Tax Return Information

1 Refund	710.
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 234567890
Account number 12345678901
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: