

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

Your first name and initial Last name
BEN A BAYLOR **Your social security number**
221-02-0752

If a joint return, spouse's first name and initial Last name
PAT N HARPER **Spouse's social security no.**
222-02-0752

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
30911 LOST MEADO % BEN A BAYLOR ▲ **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).
ABSECON NJ 08201- **Presidential Election Campaign**
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name Foreign province/country Foreign postal code

Filing Status
 1 Single 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ 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.)
MADISON CHAMBERS **223-02-0752** **GRANDCHILD**
 d Total number of exemptions claimed **Boxes checked on 6a and 6b** 2
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 **3**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**
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**
 9a Ordinary dividends. Attach Schedule B if required **9a** 1,565.
 b Qualified dividends **9b** 875.
 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** 737.
 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** 37,142.
 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** 20,028. **b Taxable amount** **20b** 11,659.
 21 Other income. List type and amount (see instr.) **GAMBLING WINNINGS** **21** 1,200.
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22** 52,303.

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** 52,303.

Tax and Credits

Table with 2 columns: Description and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 52,303.; 39a Check [X] You were born before Jan. 2, 1947, [] Blind. [X] Spouse was born before Jan. 2, 1947, [] Blind. Total boxes checked 39a 2; 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 22,138.; 41 Subtract line 40 from line 38 30,165.; 42 Exemptions. Multiply \$3,700 by the number on line 6d 11,100.; 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 19,065.; 44 Tax (see instructions). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972 c [] 962 election 1,771.; 45 Alternative minimum tax (see instructions). Attach Form 6251; 46 Add lines 44 and 45 1,771.; 47 Foreign tax credit. Attach Form 1116 if required; 48 Credit for child and dependent care expenses. Attach Form 2441; 49 Education credits from Form 8863, line 23; 50 Retirement savings contributions credit. Attach Form 8880; 51 Child tax credit (see instructions); 52 Residential energy credits. Attach Form 5695; 53 Other credits from Form: a [] 3800 b [] 8801 c []; 54 Add lines 47 through 53. These are your total credits; 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 1,771.

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 2 columns: Description and Amount. Rows include: 56 Self-employment tax. Attach Schedule SE; 57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919; 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required; 59a Household employment taxes from Schedule H; 59b First-time homebuyer credit repayment. Attach Form 5405 if required; 60 Other taxes. Enter code(s) from instructions; 61 Add lines 55 through 60. This is your total tax 1,771.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Description and Amount. Rows include: 62 Federal income tax withheld from Forms W-2 and 1099 2,380. FORM 1099; 63 2011 estimated tax payments and amount applied from 2010 return; 64a Earned income credit (EIC) NO; 64b Nontaxable combat pay election; 65 Additional child tax credit. Attach Form 8812; 66 American opportunity credit from Form 8863, line 14; 67 First-time homebuyer credit from Form 5405, line 10; 68 Amount paid with request for extension to file; 69 Excess social security and tier 1 RRTA tax withheld; 70 Credit for federal tax on fuels. Attach Form 4136; 71 Credits from Form: a [] 2439 b [] 8839 c [] 8801 d [] 8885; 72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 2,380.

Refund

Table with 2 columns: Description and Amount. Rows include: 73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 609.; 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here []; 74b Routing number; 74c Type: [] Checking [] Savings; 74d Account number; 75 Amount of line 73 you want applied to your 2012 estimated tax 609.

Amount You Owe

Table with 2 columns: Description and Amount. Rows include: 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. [X] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation RETIRED Daytime phone number 609-555-9876
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation DECEASED If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer's Use Only

Table with 2 columns: Preparer information and Taxpayer information. Rows include: Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN S24051400; Firm's name Firm's EIN; Firm's address Phone no.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

BEN A BAYLOR & PAT N HARPER

Your social security no.

221-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions).....	1	15,124.			
	2 Enter amount from Form 1040, line 38	2	52,303.			
	3 Multiply line 2 by 7.5% (.075)	3	3,923.			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....				4	11,201.	
Taxes You Paid	5 State and local (check only one box):	5	2,223.			
	a <input type="checkbox"/> Income taxes, or					
	b <input checked="" type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions).....	6	3,949.			
	7 Personal property taxes	7				
	8 Other taxes. List type and amount ▶	8				
	9 Add lines 5 through 8				9	6,172.
	Interest You Paid	10 Home mortgage interest & points reported to you on Form 1098	10	2,164.		
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶		11				
12 Points not reported to you on Form 1098. See instructions for special rules		12				
13 Mortgage insurance premiums (see instructions)		13				
14 Investment interest. Attach Form 4952 if required. (See inst.)		14				
15 Add lines 10 through 14					15	2,164.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,051.			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.....	17	350.			
	18 Carryover from prior year	18				
	19 Add lines 16 through 18				19	1,401.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21				
	22 Tax preparation fees	22				
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶	23				
	24 Add lines 21 through 23	24				
	25 Enter amount from Form 1040, line 38	25				
	26 Multiply line 25 by 2% (.02)	26				
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27		
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount GAMBLING LOSSES		1,200.		28	1,200.
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			29	22,138.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.** ▶ **See Instructions.**

OMB No. 1545-0074

2011

Attachment
Sequence No. **08**

Name(s) shown on return **BEN A BAYLOR & PAT N HARPER** Your social security number **221-02-0752**

Part I		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address▶ (See instructions and the instructions for Form 1040A, or Form 1040, line 8a.) Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.	
2	Add the amounts on line 1	
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a▶	
Note. If line 4 is over \$1,500, you must complete Part III.		
		Amount

Part II		Amount
5	List name of payer▶ Ordinary Dividends (See instructions and the instructions for Form 1040A, or Form 1040, line 9a.) Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	
	<u>THE LONESTAR FUND</u>	1,565.
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a▶	1,565.
Note. If line 6 is over \$1,500, you must complete Part III.		

Part III		Yes	No
Foreign Accounts and Trusts (See instructions)			
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
7a	At any time during 2011, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instrs.....		X
	If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements.....		
b	If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located		
8	During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back.....		X

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.
DEFENSE FINANCE & AC	11-2990752	T	7		1580	NJ	23919	23919		23919		
HARRIS TRUST	21-7990752	T	7			NJ	13223	13223		13223		
					-----		-----	-----		-----		
					1580		37142	37142		37142		

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) ▶

Taxpayer's name BEN A BAYLOR	Social security number 221-02-0752
Spouse's name PAT N HARPER	Spouse's social security number 222-02-0752

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	52,303.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	1,771.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7).....	3	2,380.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) ..	4	609.
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 ERO firm name to enter or generate my PIN 12345
as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros
 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 ▶ 11/21/2012

Spouse's PIN: check one box only
 I authorize _____ ERO firm name to enter or generate my PIN
as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros
 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. 20075298765
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 ▶ 11/21/2012

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

US

Preparer Use Form

2011

Name: BEN A BAYLOR & PAT N HARPER

SSN: 221-02-0752

Preparer Use Fields

Question	Answer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11 Other than English what language is spoken in your home	NONE
12 Do you or any member of hour household have a disability	NO
13 Preparer Initials	AH
14 Quality Review Initials	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Taxpayer Reminders

Empty area for taxpayer reminders.

Detail Sheet

2011

Name: BEN A BAYLOR & PAT N HARPER

ID: 221-02-0752

Description: SCH A LINE 6 BOX 4 - NON MAIN HOME

	Type	Amount
EMPTY LOT NEXT DOOR		623.
PTR REBATE		(172.)
Total		451.

US 1040

Three - Year Tax Summary

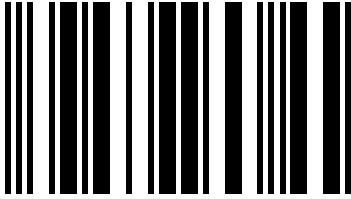
2011

Name: BEN A BAYLOR & PAT N HARPER

SSN: 221-02-0752

Gross Income	2009	2010	2011
Wages and salaries			
Interest and dividends			1,565.
Business income			
Sale of assets - gain or loss			737.
Pension and IRA distributions			37,142.
Rents, royalties, etc			
Unemployment and social security			11,659.
Other income			1,200.
Total gross income			52,303.
Adjustments to Income			
Adjusted gross income			52,303.
Itemized or Standard Deductions			
Medical expense deduction			11,201.
Taxes			6,172.
Interest			2,164.
Contributions			1,401.
Miscellaneous deductions			
Other itemized deductions			1,200.
Total deductions			22,138.
Exemptions			11,100.
Taxable Income	0	0	19,065.
Tax (2011 - 1040, line 44)	0	0	1,771.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			2,380.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			2,380.
Tax liability after credits			1,771.
Estimated tax penalty			
Refund or (Balance Due)			609.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
State refund or (balance due)			
1st resident state refund (balance due)			NJ 120.
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 # _____

BAYLOR BEN A & HARPER PAT N DECD

% BEN A BAYLOR

30911 LOST MEADO

ABSECON NJ 08201-0000 0101

3685

221020752

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

► _____
Your Signature Date

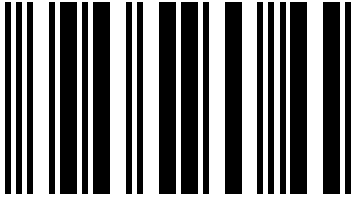
► DECD 06-21-2011
Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number
S24051400

Firm's Name

Federal Employer Identification Number



00000000000000000000

BAYLOR BEN A & HARPER PAT N DECD

001	00	014	0	040	0	SS#	221020752
EXT	0	15a	0	40a	0	SP#	222020752
FS	2	15b	0	042	0	SS1	223020752
DP	0	016	1565	044	0	BY1	1994
006	2	017	0	045	0	SS2	0
007	2	018	737	046	0	BY2	0
008	0	019	13223	047	120	SS3	0
009	1	020	0	048	0	BY3	0
010	0	021	0	049	0	SS4	0
011	0	022	0	050	0	BY4	0
12a	4	023	0	50b	0	DDI	4
12b	1	024	0	50c	0	AT	0
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	15525	052	0	RN	0
GEF	0	27a	13223	053	0	PID	S24051400
HCa	0	27b	6777	054	120	FID	0
HCb	0	27c	20000	055	0		
HCC	0	029	5500	056	120		
HCD	0	030	15124	057	0		
22c	0	031	0	058	0		
VC	1045	032	0	059	0		
CTY	0101	033	0	060	0		
PDR	0	36a	3498	061	0		
DNM	0	36b	1	062	0		
PA	0	36c	0	063	0		
CDV	6507	037	0	63c	0		
		038	0	064	0		
				065	120		

Name BAYLOR BEN A & HARPER PAT N	Social Security Number 221-02-0752
-------------------------------------	---------------------------------------

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
 Domestic Partner Ind

EXEMPTIONS 6. Regular	2	10. Number of other dependents	0
7. Age 65 or Over	2	11. Dependents attending colleges	0
8. Blind or Disabled	0	12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)	4
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	If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)
a.	CHAMBERS MADISON	223-02-0752	1994	<input type="checkbox"/>
b.				<input type="checkbox"/>
c.				<input type="checkbox"/>
d.				<input type="checkbox"/>

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	
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	1,565.
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	737.
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19	13,223.
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	15,525.
27a. Pension Exclusion (See instructions)	27a	13,223.
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b	6,777.
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	
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	5,500.
30. Medical Expenses (See Worksheet and instr.)	30	15,124.
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	20,624.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	0
36a. Total Property Taxes Paid (See instructions)	36a	3,498.
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	
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		Social Security Number	
BAYLOR BEN A & HARPER PAT N		221-02-0752	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	120.
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	
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	120.
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	120.
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	120.

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

Name(s) as shown on Form NJ-1040 BAYLOR BEN A & HARPER PAT N	Your Social Security Number 221-02-0752
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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. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5a. 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. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9a. 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)
2. Capital Gains Distributions					737.
3. Other Net Gains					
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) ..					737.

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)				

NJ

Dependents Information

2011

Name: BEN A BAYLOR & PAT N HARPER

SSN: 221-02-0752

First name	MI	Last name	SSN	Birth year
MADISON		CHAMBERS	223-02-0752	1994

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011

Name: BEN A BAYLOR & PAT N HARPER

SSN: 221-02-0752

Tax Return Information

1 Refund	120.
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 **12/10/2012**

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

Bank Account Information

Routing number

Account number

Account type

Checking

Savings

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

Yes

No

Electronic Filing Only

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

RTN:

Account:

Name: BAYLOR BEN A & HARPER PAT N

SSN: 221-02-0752

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	
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	
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	13,223.
8	Subtract line 7 from line 6	6,777.

Part II

9	Unclaimed pension exclusion	6,777.
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	6,777.