

**CHARLES & CAROL CONWAY  
910 BIRCH STREET  
JERSEY CITY, NJ 07310  
2015 INCOME TAX RETURN**

PRACTICE LAB  
 15 PRACTICE LAB WAY  
 WASHINGTON DC 20005  
 (202) 202-2022

CHARLES T CONWAY &  
 CAROL M CONWAY  
 910 BIRCH STREET  
 JERSEY CITY NJ 07310  
 (973) 999-9999

Preparer No.: 995  
 Client No. : XXX-XX-0752  
 Invoice Date: 09/20/2016

**INVOICE**

Description	Amount
PREPARATION OF 2015 FEDERAL/STATE FORMS & WORKSHEETS:  FORM 1040 SCHEDULE B (INTEREST & DIVIDENDS) FORM W-2 (WAGES AND TAX) (2) FORM 1099-G (UNEMPLOYMENT COMPENSATION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) NJ STATE RESIDENT RETURN	
	<b>Total Invoice</b>
	\$0.00
	<b>Amount Paid</b>
	\$0.00
	<b>Balance Due</b>
	\$0.00

TAX YEAR: 2015

PROCESS DATE: 09/20/2016

CLIENT : 721-00-0752 CHARLES T CONWAY  
SPOUSE : 722-00-0752 CAROL M CONWAY

BIRTH DATE : 03/15/1985  
BIRTH DATE : 02/28/1987

ADDRESS : 910 BIRCH STREET  
: JERSEY CITY NJ 07310

PREPARER : 995

Phone #1: (973) 999-9999  
Phone #2: -  
Phone #3: -  
STATUS : 2  
FED TYPE: Direct Deposit  
ST TYPE : Direct Deposit  
E-MAIL :

PREPARER FEE:  
ELECTRONIC :  
TOTAL FEES :

LISTING OF FORMS FOR THIS RETURN

FORM 1040  
FORM W-2  
FORM 1099-G (UNEMPLOYMENT COMPENSATION)  
SCHEDULE B (INTEREST/DIVIDEND INCOME)  
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	2	2
TOTAL INCOME	63137	53892
TOTAL ADJUSTMENTS	23	0
ADJUSTED GROSS INCOME	63114	53892
DEDUCTIONS	12600	3780
EXEMPTIONS	8000	2000
TAXABLE INCOME	42514	48112
TAX	5456	877
CREDITS	0	0
PAYMENTS	6686	1424
EARNED INCOME CREDIT	0	0
REFUND	1230	547
AMOUNT DUE	0	0

\* W-2 INCOME FORMS SUMMARY \*

T/S EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
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CLIENT : CHARLES CONWAY  
SPOUSE : CAROL CONWAY

721-00-0752  
722-00-0752

PREPARER : 995      DATE : 09/20/2016

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LISTING OF FORMS FOR THIS RETURN

\* W-2 INCOME FORMS SUMMARY \*

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	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST
1.	T	VAMPIRE ENGINE	32867	4500	2100	491	1020	NJ
2.	S	SMART KIDS CHA	20176	1200	1251	293	404	NJ
		TOTALS.....	53043	5700	3351	784	1424	

\* FORM 1099-G INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	UNEMPLOYMENT	FED WITH	STATE WITH
1.	T	NEW JERSEY DEPARTMENT OF LABOR	9860	986	0
		TOTALS.....	9860	986	0

		<b>a</b> Employee's social security number 721-00-0752		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
<b>b</b> Employer identification number (EIN) 72-9000752				<b>1</b> Wages, tips, other compensation 32867		<b>2</b> Federal income tax withheld 4500			
<b>c</b> Employer's name, address, and ZIP code VAMPIRE ENGINEERING 32 BLOOD AVE JERSEY CITY NJ 07310				<b>3</b> Social security wages 33867		<b>4</b> Social security tax withheld 2100			
				<b>5</b> Medicare wages and tips 33867		<b>6</b> Medicare tax withheld 491			
				<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial CHARLES T		Last name CONWAY		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 D   1000	
967 WATER ST HOBOKEN NJ 07030				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
				<b>14</b> Other WD HC 136 DI 80 FLI 29		<b>12c</b>			
						<b>12d</b>			
<b>f</b> Employee's address and ZIP code									
<b>15</b> State NJ	Employer's state ID number 729000752	<b>16</b> State wages, tips, etc. 33505	<b>17</b> State income tax 1020	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

		<b>a</b> Employee's social security number 722-00-0752		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
<b>b</b> Employer identification number (EIN) 72-8000752				<b>1</b> Wages, tips, other compensation 20176		<b>2</b> Federal income tax withheld 1200			
<b>c</b> Employer's name, address, and ZIP code SMART KIDS CHARTER SCHOOLS 98 WILLOW LANE BOSTON MA 02108				<b>3</b> Social security wages 20176		<b>4</b> Social security tax withheld 1251			
				<b>5</b> Medicare wages and tips 20176		<b>6</b> Medicare tax withheld 293			
				<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial CAROL M		Last name CONWAY		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
910 BIRCH ST JERSEY CITY NJ 07310				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
				<b>14</b> Other WD HC 86 DI 50 FLI 18		<b>12c</b>			
						<b>12d</b>			
<b>f</b> Employee's address and ZIP code									
<b>15</b> State NJ	Employer's state ID number 728000752	<b>16</b> State wages, tips, etc. 20176	<b>17</b> State income tax 404	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

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.  
▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

**2015**

Submission Identification Number (SID) ▶

Taxpayer's name CHARLES T CONWAY	Social security number 721-00-0752
Spouse's name CAROL M CONWAY	Spouse's social security number 722-00-0752

**Part I Tax Return Information—Tax Year Ending December 31, 2015 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	63114
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	5456
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	6686
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	1230
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	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, 2015, 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 acknowledgement 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. 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 (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 PRACTICE LAB to enter or generate my PIN 

1	0	7	5	2
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 as my signature on my tax year 2015 electronically filed income tax return.  
ERO firm name
- I will enter my PIN as my signature on my tax year 2015 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 ▶ 09/20/2016

**Spouse's PIN: check one box only**

- I authorize PRACTICE LAB to enter or generate my PIN 

1	0	7	5	2
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 as my signature on my tax year 2015 electronically filed income tax return.  
ERO firm name
- I will enter my PIN as my signature on my tax year 2015 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 ▶ 09/20/2016

**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. 

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 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 ▶ PRACTICE LAB Date ▶ 09/20/2016  
IRS PREPARER

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

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial <b>CHARLES T</b>	Last name <b>CONWAY</b>	<b>Your social security number</b> 721-00-0752
If a joint return, spouse's first name and initial <b>CAROL M</b>	Last name <b>CONWAY</b>	<b>Spouse's social security number</b> 722-00-0752
Home address (number and street). If you have a P.O. box, see instructions. <b>910 BIRCH STREET</b>		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). <b>JERSEY CITY, NJ 07310</b>		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	
(1) First name	Last name				
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If more than four dependents, see instructions and check here

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b** 2

**No. of children on 6c who:**

- lived with you 0
- did not live with you due to divorce or separation (see instructions) 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	53043
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	234
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 <input type="checkbox"/>	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	9860
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	63137

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government 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	23
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	23
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	63114

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	63114											
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1951, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1951, <input type="checkbox"/> <b>Blind.</b> } <b>checked ▶ 39a</b> <input type="checkbox"/>													
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>													
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	12600											
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	50514											
<b>42</b>	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	8000											
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	42514											
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	5456											
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>												
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>												
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	5456											
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>												
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>												
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>												
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>												
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>												
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>												
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>												
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>												
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	5456											
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>												
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>												
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>												
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>												
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>												
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>												
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>												
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	5456											
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	6686											
<b>65</b>	2015 estimated tax payments and amount applied from 2014 return	<b>65</b>												
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>												
<b>b</b>	Nontaxable combat pay election <b>66b</b>													
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>												
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>												
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>												
<b>70</b>	Amount paid with request for extension to file	<b>70</b>												
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>												
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>												
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>												
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	6686											
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	1230											
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	1230											
<b>b</b>	Routing number <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	3	4	5	6	7	8	9				
1	2	3	4	5	6	7	8	9						
<b>d</b>	Account number <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>0</td><td>1</td></tr></table>	1	2	3	4	5	6	7	8	9	0	1		
1	2	3	4	5	6	7	8	9	0	1				
<b>77</b>	Amount of line 75 you want <b>applied to your 2016 estimated tax</b>	<b>77</b>												
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>												
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>												

**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, \$6,300
  - Married filing jointly or Qualifying widow(er), \$12,600
  - Head of household, \$9,250

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions.

**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.  **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

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

Your signature	Date	Your occupation	Daytime phone number
	09/20/16	ENGINEER	973-999-9999
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	09/20/16	TEACHER	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
IRS PREPARER		09/20/2016		S23051413
Firm's name ▶	Firm's EIN ▶			
PRACTICE LAB	-			
Firm's address ▶	Phone no.			
15 PRACTICE LAB WAY WASHINGTON DC 20005	202-202-2022			



**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).**

Name(s) shown on return

Your social security number

CHARLES & CAROL CONWAY

721-00-0752

**Part I**  
**Interest**

**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 on back and list this interest first. Also, show that buyer's social security number and address ▶

PNC BANK

**Amount**

234

(See instructions on back 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 . . . . .

234

**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 . . . . . ▶

234

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**

**5** List name of payer ▶

**Ordinary Dividends**

(See instructions on back 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.

**6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶

**5**

**6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**  
**Foreign Accounts and Trusts**

(See instructions on back.)

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 2015, 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 instructions . . . . .

Yes	No
	X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

**8** During 2015, 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

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040  
2015  
Page 1



For Privacy Act Notification, See Instructions  
For Tax Year Jan. – Dec. 2015 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_ Month Ending \_\_\_\_\_, 20\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

CONWAY CHARLES T & CAROL M

910 BIRCH STREET

JERSEY CITY NJ 07310 0906

1038 12

721000752 722000752

S23051413



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 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse/ CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature Federal Identification Number  
S23051413

Firm's Name PRACTICE LAB Federal Employer Identification Number  
15 PRACTICE LAB WAY WASHINGTON DC 20005



CONWAY CHARLES T & CAROL M

721000752

1038

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

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

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

CHECKBOXES FOR EXEMPTIONS

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

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, C, D.

GOVERNATORIAL ELECTIONS FUND

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

Main tax schedule table with 36 rows. Columns include line number, description, and amount. Total taxable income is 51892.



CONWAY CHARLES T & CAROL M

721000752

1038

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	3780 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	38.	3780 .
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	48112 .
40.	TAX (FROM TAX TABLES, PAGE 53)	40.	772 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	772 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	772 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	105 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	877 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	1424 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2014 TAX RETURN	50.	
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	52.	
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	53.	
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	54.	
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	1424 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	547 .
58.	YOUR 2016 TAX	58.	
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 40)	64.	
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	547 .

**DIRECT DEPOSIT INFORMATION**

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	123456789
dd5.	ACCOUNT NUMBER	dd5.	12345678901
dnm.	DO NOT MAIL INDICATOR	dnm.	X
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

**NJ e-file Signature Authorization**

▶ Do not send to New Jersey. Keep for your records.  
 ▶ See instructions.

**2015**

Taxpayer's name <b>CHARLES T CONWAY</b>	Social security number 721-00-0752
Spouse's name or Civil Union Prtnr's <b>CAROL M CONWAY</b>	Spouse's social security number or Civil Union Prtnr's 722-00-0752

Part I Tax Return Information-Tax Year Ending December 31, 2015 (Whole Dollars Only)		
1 New Jersey Taxable income . . . . .	1	48112
2 Total tax . . . . .	2	877
3 New Jersey income tax withheld . . . . .	3	1424
4 Refund . . . . .	4	547
5 Amount you owe . . . . .	5	

**Part II Declaration and Signature Authorization of Taxpayer**

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, 2015, 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 shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 PRACTICE LAB to enter my PIN 12345 as my signature  
ERO firm name do not enter all zeros  
 on my tax year 2015 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2015 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 ▶ 09/20/2016

Spouse's PIN: check one box only  
(or Civil Union Prtnr's PIN)

I authorize PRACTICE LAB to enter my PIN 12345 as my signature  
ERO firm name do not enter all zeros  
 on my tax year 2015 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2015 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 or Civil Union Prtnr's ▶ \_\_\_\_\_ Date ▶ 09/20/2016

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 369258 98765  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2015 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.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 09/20/2016

**ERO Must Retain This Form - See Instructions  
 Do Not Submit This Form to New Jersey Unless Requested To Do So**