

**HELEN ROSEMONT
22 RIVER ROAD APT 5E
MEDFORD, NJ 08055
2015 INCOME TAX RETURN**

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

HELEN E ROSEMONT
 22 RIVER ROAD APT 5E
 MEDFORD NJ 08055
 (609) 555-7890

Preparer No.: 995
 Client No. : XXX-XX-0752
 Invoice Date: 10/27/2016

INVOICE

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

TAX YEAR: 2015

PROCESS DATE: 10/27/2016

CLIENT : 791-00-0752 HELEN E ROSEMONT

BIRTH DATE : 09/16/1971

ADDRESS : 22 RIVER ROAD APT 5E
: MEDFORD NJ 08055

PREPARER : 995

Phone #1: (609) 555-7890

PREPARER FEE:

Phone #2: -

ELECTRONIC :

Phone #3: -

TOTAL FEES :

STATUS : 3

FED TYPE: Direct Debit

ST TYPE : Direct Deposit

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040A

FORM W-2

FORM 1099-G (UNEMPLOYMENT COMPENSATION)

PAYMENT VOUCHER

ELECTRONIC PAYMENT

NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

| SUMMARY | FEDERAL | NJ RESIDENT |
|-----------------------|---------|-------------|
| FILING STATUS | 3 | 3 |
| TOTAL INCOME | 29638 | 26482 |
| TOTAL ADJUSTMENTS | 0 | 0 |
| ADJUSTED GROSS INCOME | 29638 | 26482 |
| DEDUCTIONS | 6300 | 3024 |
| EXEMPTIONS | 4000 | 1000 |
| TAXABLE INCOME | 19338 | 22458 |
| TAX | 2438 | 323 |
| CREDITS | 0 | 0 |
| PAYMENTS | 2188 | 330 |
| EARNED INCOME CREDIT | 0 | 0 |
| REFUND | 0 | 7 |
| AMOUNT DUE | 250 | 0 |

* W-2 INCOME FORMS SUMMARY *

| T/S EMPLOYER | WAGES | FED WITH | FICA | MED TAX | STATE WITH ST |
|--------------|-------|----------|------|---------|---------------|
|--------------|-------|----------|------|---------|---------------|

PREPARER : 995 DATE : 10/27/2016

LISTING OF FORMS FOR THIS RETURN

* W-2 INCOME FORMS SUMMARY *

| | T/S | EMPLOYER | WAGES | FED WITH | FICA | MED TAX | STATE WITH | ST |
|----|-----|---------------|-------|----------|------|---------|------------|----|
| 1. | T | HAIR DO SALON | 26482 | 1872 | 1642 | 384 | 330 | NJ |
| | | TOTALS..... | 26482 | 1872 | 1642 | 384 | 330 | |

* FORM 1099-G INCOME FORMS SUMMARY *

| | [T/S] | PAYER | UNEMPLOYMENT | FED WITH | STATE WITH |
|----|-------|--------------------------------|--------------|----------|------------|
| 1. | T | NEW JERSEY DEPARTMENT OF LABOR | 3156 | 316 | 0 |
| | | TOTALS..... | 3156 | 316 | 0 |

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | a Employee's social security number 791-00-0752 | | 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 Employer identification number (EIN) 98-9000752 | | | | 1 Wages, tips, other compensation 26482 | | 2 Federal income tax withheld 1872 | |
| c Employer's name, address, and ZIP code HAIR DO SALON 90 MAIN STREET MEDFORD NJ 08055 | | | | 3 Social security wages 23834 | | 4 Social security tax withheld 1642 | |
| | | | | 5 Medicare wages and tips 26482 | | 6 Medicare tax withheld 384 | |
| | | | | 7 Social security tips | | 8 Allocated tips | |
| d Control number | | | | 9 | | 10 Dependent care benefits | |
| e Employee's first name and initial HELEN E | | Last name ROSEMONT | | Suff. | | 11 Nonqualified plans | |
| 22 RIVER ROAD MEDFORD NJ 08055 | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12a See instructions for box 12 | |
| | | | | 14 Other WD HC 113 DI 66 FLI 24 | | 12b | |
| | | | | | | 12c | |
| f Employee's address and ZIP code | | | | | | 12d | |
| 15 State NJ | | Employer's state ID number 989000752000 | | 16 State wages, tips, etc. 26482 | | 17 State income tax 330 | |
| | | | | | | 18 Local wages, tips, etc. | |
| | | | | | | 19 Local income tax | |
| | | | | | | 20 Locality name | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | a Employee's social security number | | 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 Employer identification number (EIN) | | | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | 4 Social security tax withheld | |
| | | | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | | | 7 Social security tips | | 8 Allocated tips | |
| d Control number | | | | 9 | | 10 Dependent care benefits | |
| e Employee's first name and initial | | Last name | | Suff. | | 11 Nonqualified plans | |
| | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12a See instructions for box 12 | |
| | | | | 14 Other | | 12b | |
| | | | | | | 12c | |
| f Employee's address and ZIP code | | | | | | 12d | |
| 15 State | | Employer's state ID number | | 16 State wages, tips, etc. | | 17 State income tax | |
| | | | | | | 18 Local wages, tips, etc. | |
| | | | | | | 19 Local income tax | |
| | | | | | | 20 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.

2015

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name HELEN E ROSEMONT | Social security number 791-00-0752 |
| Spouse's name | Spouse's social security number |

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 | 29638 |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) | 2 | 2438 |
| 3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) | 3 | 2188 |
| 4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) | 4 | |
| 5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14) | 5 | 250 |

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 |
|---|---|---|---|---|

 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 ▶ 10/27/2016

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 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 ▶ _____

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 ▶ 10/27/2016
IRS PREPARER

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

| | | | | | |
|--|--|------------------------------|--|---|--|
| Your first name and initial HELEN E. | | Last name ROSEMONT | | OMB No. 1545-0074 | |
| If a joint return, spouse's first name and initial | | Last name | | Your social security number 791-00-0752 | |
| Home address (number and street). If you have a P.O. box, see instructions. 22 RIVER ROAD | | Apt. no. 5E | | Spouse's social security number 782-00-0752 | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MEDFORD NJ 08055 | | Foreign country name | | Foreign province/state/county | |
| Foreign postal code | | | | Foreign postal code | |

Filing status Check only one box.

| | |
|--|---|
| 1 <input type="checkbox"/> Single | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) |
| 2 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ PETER ROSEMONT | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) |

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 number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

d Total number of exemptions claimed. Boxes checked on 6a and 6b 1

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 ▶ **1**

Income

| | | |
|---|------------|--------------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2. | 7 | 26482 |
| 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 (see instructions). | 9b | |
| 10 Capital gain distributions (see instructions). | 10 | |
| 11a IRA distributions. | 11a | |
| 11b Taxable amount (see instructions). | 11b | |
| 12a Pensions and annuities. | 12a | |
| 12b Taxable amount (see instructions). | 12b | |
| 13 Unemployment compensation and Alaska Permanent Fund dividends. | 13 | 3156 |
| 14a Social security benefits. | 14a | |
| 14b Taxable amount (see instructions). | 14b | |
| 15 Add lines 7 through 14b (far right column). This is your total income. ▶ | 15 | 29638 |

Adjusted gross income

| | | |
|---|-----------|--------------|
| 16 Educator expenses (see instructions). | 16 | |
| 17 IRA deduction (see instructions). | 17 | |
| 18 Student loan interest deduction (see instructions). | 18 | |
| 19 Tuition and fees. Attach Form 8917. | 19 | |
| 20 Add lines 16 through 19. These are your total adjustments. | 20 | |
| 21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ | 21 | 29638 |

What Is Form 1040-V

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2015 Form 1040, Form 1040A, or Form 1040EZ.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to www.irs.gov/payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury.**" Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2015 Form 1040," "2015 Form 1040A," or "2015 Form 1040EZ," whichever is appropriate.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

| IF you live in . . . | THEN use this address to send in your payment . . . |
|---|---|
| Florida, Louisiana, Mississippi, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704 |
| Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 |
| Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 |
| Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia | Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands. | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 |

Form **1040-V** (2015)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

2015

► Do not staple or attach this voucher to your payment or return.

| | | | | | | | | |
|----------------------|---|--|--|----------|---|--|-----------------------|---------------------|
| Print or type | 1 Your social security number (SSN) 791-00-0752 | | 2 If a joint return, SSN shown second on your return | | 3 Amount you are paying by check or money order. Make your check or money order payable to " United States Treasury " | | Dollars 250 | Cents |
| | 4 Your first name and initial HELEN E | | | | Last name ROSEMONT | | | |
| | If a joint return, spouse's first name and initial | | | | Last name | | | |
| | Home address (number and street) 22 RIVER ROAD APT 5E | | | Apt. no. | City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) MEDFORD NJ 08055 | | | |
| Foreign country name | | | | | Foreign province/state/county | | | Foreign postal code |

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

QNA

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 # _____

ROSEMONT HELEN E

22 RIVER ROAD APT 5E

MEDFORD

NJ 08055

0320

1038 12

791000752 782000752

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



ROSEMONT HELEN E

791000752

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

EXEMPTIONS

- 6. REGULAR 1
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) 1
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER 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.

GUBERNATORIAL ELECTIONS FUND

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

Main tax schedule table with 36 rows. Columns include line number, description, and amount. Total taxable income is 25482.



ROSEMONT HELEN E

791000752

1038

| | | | |
|------|--|------|---------|
| 37A. | TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29) | 37A. | 3024 . |
| 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. | 3024 . |
| 39. | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | 39. | 22458 . |
| 40. | TAX (FROM TAX TABLES, PAGE 53) | 40. | 323 . |
| 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. | 323 . |
| 43. | SHELTERED WORKSHOP TAX CREDIT | 43. | . |
| 44. | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) | 44. | 323 . |
| 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. | 0 . |
| 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. | 323 . |
| 48. | TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099) | 48. | 330 . |
| 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. | 330 . |
| 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. | 7 . |
| 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. | 7 . |

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. | 031207607 |
| dd5. | ACCOUNT NUMBER | dd5. | 123123123 |
| 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 HELEN E ROSEMONT | Social security number 791-00-0752 |
| Spouse's name or Civil Union Prtnr's | Spouse's social security number or Civil Union Prtnr's |

| Part I Tax Return Information-Tax Year Ending December 31, 2015 (Whole Dollars Only) | | |
|--|---|-------|
| 1 New Jersey Taxable income | 1 | 22458 |
| 2 Total tax | 2 | 323 |
| 3 New Jersey income tax withheld | 3 | 330 |
| 4 Refund | 4 | 7 |
| 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 ▶ 10/27/2016

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

I authorize _____ to enter my PIN _____ 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 ▶ _____ Date ▶ _____
or Civil Union Prtnr's

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 ▶ 10/27/2016

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