

**ANDREA ANDERSON
127 HARBOR AVENUE
EDGEWATER, NJ 07020
2016 INCOME TAX RETURN**

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

ANDREA ANDERSON
 127 HARBOR AVENUE
 EDGEWATER NJ 07020
 (973) 555-0001

Preparer No.: 995
 Client No. : XXX-XX-0752
 Invoice Date: 09/24/2017

INVOICE

| Description | Amount | |
|--|----------------------|--------|
| PREPARATION OF 2016 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 EZ SCHEDULE B (INTEREST & DIVIDENDS) FORM W-2 (WAGES AND TAX) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) NJ STATE RESIDENT RETURN | | |
| | Total Invoice | \$0.00 |
| | Amount Paid | \$0.00 |
| | Balance Due | \$0.00 |

TAX YEAR: 2016

PROCESS DATE: 09/24/2017

CLIENT : 711-00-0752 ANDREA ANDERSON

BIRTH DATE : 07/21/1980

ADDRESS : 127 HARBOR AVENUE
: EDGEWATER NJ 07020

PREPARER : 995

Home : (973) 555-0001

PREPARER FEE:

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 1

FED TYPE: Electronic Mail

ST TYPE : Regular Tax

E-MAIL : NONE@TAXSLAYERPRO.COM

LISTING OF FORMS FOR THIS RETURN

FORM 1040EZ

FORM W-2

SCHEDULE B (INTEREST/DIVIDEND INCOME)

FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

| SUMMARY | FEDERAL | NJ RESIDENT |
|-----------------------|---------|-------------|
| FILING STATUS | 1 | 1 |
| TOTAL INCOME | 27231 | 27231 |
| TOTAL ADJUSTMENTS | 0 | 0 |
| ADJUSTED GROSS INCOME | 27231 | 27231 |
| DEDUCTIONS | 6300 | 0 |
| EXEMPTIONS | 4050 | 1000 |
| TAXABLE INCOME | 16881 | 26231 |
| TAX | 2068 | 389 |
| CREDITS | 0 | 0 |
| PAYMENTS | 2600 | 451 |
| EARNED INCOME CREDIT | 0 | 0 |
| REFUND | 532 | 62 |
| AMOUNT DUE | 0 | 0 |

* W-2 INCOME FORMS SUMMARY *

| T/S | EMPLOYER | WAGES | FED WITH | FICA | MED TAX | STATE WITH ST |
|-----|------------------|-------|----------|------|---------|---------------|
| 1. | T BILLINGS MARKE | 26298 | 2600 | 1630 | 381 | 401 NJ |
| | TOTALS..... | 26298 | 2600 | 1630 | 381 | 401 |

2016

| | | | | | | | |
|--|--|--|-----------------------------------|---|-------------------------|--|--|
| a Employee's social security number 711-00-0752 | | This information is being furnished to the Internal Revenue Service. | | | | | |
| b Employer identification number (EIN) 71-9000752 | | 1 Wages, tips, other compensation 26298 | | 2 Federal income tax withheld 2600 | | | |
| c Employer's name, address, and ZIP code BILLINGS MARKET 123 RIVER ROAD EDGEWATER NJ 07020 | | 3 Social security wages 26298 | | 4 Social security tax withheld 1630 | | | |
| | | 5 Medicare wages and tips 26298 | | 6 Medicare tax withheld 381 | | | |
| | | 7 Social security tips | | 8 Allocated tips | | | |
| d Control number | | 9 | | 10 Dependent care benefits | | | |
| e Employee's first name and initial Last name ANDREA ANDERSON 127 HARBOR AVENUE EDGEWATER NJ 07020 | | 11 Nonqualified plans Suff. | | 12a See instructions for box 12 | | | |
| | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b | | | |
| | | 14 Other DI 53 WD HC 112 FLI 21 | | 12c | | | |
| | | | | 12d | | | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State Employer's state ID number NJ 719000752 | 16 State wages, tips, etc. 26298 | 17 State income tax 401 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

2016

| | | | | | | | |
|--|-----------------------------------|---|-----------------------------------|--|-------------------------|--|--|
| a Employee's social security number | | This information is being furnished to the Internal Revenue Service. | | | | | |
| 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 | | 12a See instructions for box 12 | | | |
| | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b | | | |
| | | 14 Other | | 12c | | | |
| | | | | 12d | | | |
| f Employee's address and ZIP code | | | | | | | |
| 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

▶ Don't send to the IRS. This isn't a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name ANDREA ANDERSON | Social security number 711-00-0752 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2016 (Whole dollars only)

| | | |
|--|----------|--------------|
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) | 1 | 27231 |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) | 2 | 2068 |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) | 3 | 2600 |
| 4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 532 |
| 5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) | 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, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. 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 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 09/24/2017

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

 as my signature on my tax year 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2016 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 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ IRS PREPARER Date ▶ 09/24/2017

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2016

OMB No. 1545-0074

Personal information section including name, address, and social security numbers.

Income section with lines 1-6 detailing wages, interest, and adjusted gross income.

Payments, Credits, and Tax section with lines 7-12 detailing tax withholdings and total tax.

Refund section with line 13a detailing the refund amount and routing information.

Amount You Owe section with line 14 detailing the total amount owed.

Third Party Designee section for allowing another person to discuss the return.

Sign Here section with declaration and signature lines for the preparer and spouse.

Paid Preparer Use Only section with fields for preparer name, firm, and contact information.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

ANDREA ANDERSON

711-00-0752

| | | | |
|---|--|-----------|--------------------------|
| Caution: Do not include expenses reimbursed or paid by others. | | | |
| Medical and Dental Expenses | 1 Medical and dental expenses (see instructions) | 1 | |
| | 2 Enter amount from Form 1040, line 38 2 | | |
| | 3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead | 3 | |
| | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |
| Taxes You Paid | 5 State and local (check only one box): | | |
| | a <input checked="" type="checkbox"/> Income taxes, or | 5 | 587 |
| | b <input type="checkbox"/> General sales taxes | | |
| | 6 Real estate taxes (see instructions) | 6 | |
| | 7 Personal property taxes | 7 | |
| | 8 Other taxes. List type and amount ► | 8 | |
| | ----- | | |
| | 9 Add lines 5 through 8 | | 9 587 |
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | |
| | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions 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 instructions.) | 14 | |
| 15 Add lines 10 through 14 | | 15 | |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | |
| | 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 | |
| | 18 Carryover from prior year | 18 | |
| | 19 Add lines 16 through 18 | | 19 |
| 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 | 25 | |
| | 26 Multiply line 25 by 2% (0.02) | 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 instructions. List type and amount ► | | 28 |
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$155,650? | | |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | 29 587 |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | <input type="checkbox"/> |

State and Local General Sales Tax Deduction Worksheet—Line 5b

Keep for Your Records 



Instead of using this worksheet, you can find your deduction by using the Sales Tax Deduction Calculator at IRS.gov.

Before you begin: See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2016, or
- Had any **nontaxable** income in 2016.

Zip:07020 State:NJ Days Lived in:366

1. Enter your **state** general sales taxes from the 2016 Optional State Sales Tax Table 1. \$ 448

Next. If, for all of 2016, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2016?

No. Enter -0-.

Yes. Enter your base **local** general sales taxes from the 2016 Optional Local Sales Tax Tables.

} 2. \$ _____

3. Did your locality impose a **local** general sales tax in 2016? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

No. Skip lines 3 through 5, enter -0- on line 6, and go to line 7.

Yes. Enter your **local** general sales tax rate, but omit the percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2016, see the instructions for line 3 of the worksheet 3. _____

4. Did you enter -0- on line 2?

No. Skip lines 4 and 5 and go to line 6.

Yes. Enter your **state** general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0 4. _____

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places) 5. _____

6. Did you enter -0- on line 2?

No. Multiply line 2 by line 3.

Yes. Multiply line 1 by line 5. If you lived in more than one locality in the same state during 2016, see the instructions for line 6 of the worksheet.

} 6. \$ _____

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet 7. \$ _____

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check **box b** on that line 8. \$ 448

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2016
Page 1



For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2016 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

ANDERSON ANDREA

127 HARBOR AVENUE

EDGEWATER NJ 07020 0213

1038 12

711000752

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



ANDERSON ANDREA

711000752

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 X
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
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 NO X
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 26231.



ANDERSON ANDREA

711000752

1038

| | | | |
|------|--|------|---------|
| 37A. | TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29) | 37A. | 2160 . |
| 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. | . |
| 39. | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | 39. | 26231 . |
| 40. | TAX (FROM TAX TABLES, PAGE 53) | 40. | 389 . |
| 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. | 389 . |
| 43. | SHELTERED WORKSHOP TAX CREDIT | 43. | . |
| 44. | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) | 44. | 389 . |
| 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. | 389 . |
| 48. | TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099) | 48. | 401 . |
| 49. | PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32) | 49. | 50 . |
| 50. | NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2015 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. | 451 . |
| 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. | 62 . |
| 58. | YOUR 2017 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. | 62 . |

DIRECT DEPOSIT INFORMATION

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