

**CHARLES & CAROL CONWAY
910 BIRCH STREET
JERSEY CITY, NJ 07310
2016 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-1234
 Invoice Date: 09/24/2017

INVOICE

| Description | Amount |
|--|----------------------|
| PREPARATION OF 2016 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 | |
| | Total Invoice |
| | \$0.00 |
| | Amount Paid |
| | \$0.00 |
| | Balance Due |
| | \$0.00 |

TAX YEAR: 2016

PROCESS DATE: 09/24/2017

CLIENT : 721-00-1234 CHARLES T CONWAY
SPOUSE : 722-00-1234 CAROL M CONWAY

BIRTH DATE : 03/15/1986
BIRTH DATE : 02/28/1988

ADDRESS : 910 BIRCH STREET
: JERSEY CITY NJ 07310

PREPARER : 995

Home : (973) 999-9999
Work : -
Cell : -
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 | 8100 | 2000 |
| TAXABLE INCOME | 42414 | 48112 |
| TAX | 5436 | 877 |
| CREDITS | 0 | 0 |
| PAYMENTS | 6686 | 1424 |
| EARNED INCOME CREDIT | 0 | 0 |
| REFUND | 1250 | 547 |
| AMOUNT DUE | 0 | 0 |

* W-2 INCOME FORMS SUMMARY *

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

CLIENT : CHARLES CONWAY
SPOUSE : CAROL CONWAY

721-00-1234
722-00-1234

PREPARER : 995 DATE : 09/24/2017

LISTING OF FORMS FOR THIS RETURN

* W-2 INCOME FORMS SUMMARY *

| | <u>T/S</u> | <u>EMPLOYER</u> | <u>WAGES</u> | <u>FED WITH</u> | <u>FICA</u> | <u>MED TAX</u> | <u>STATE WITH</u> | <u>ST</u> |
|----|------------|-----------------|--------------|-----------------|-------------|----------------|-------------------|-----------|
| 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 *

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

Form **W-2** Wage and Tax Statement

2016

| | | | | | | | |
|--|---|---|------------------------------------|--|----------------------------|------------------------------|--|
| a Employee's social security number 721-00-1234 | | This information is being furnished to the Internal Revenue Service. | | | | | |
| b Employer identification number (EIN) 72-9001234 | | 1 Wages, tips, other compensation 32867 | | 2 Federal income tax withheld 4500 | | | |
| c Employer's name, address, and ZIP code VAMPIRE ENGINEERING 32 BLOOD AVE JERSEY CITY NJ 07310 | | 3 Social security wages 33867 | | 4 Social security tax withheld 2100 | | | |
| | | 5 Medicare wages and tips 33867 | | 6 Medicare tax withheld 491 | | | |
| | | 7 Social security tips | | 8 Allocated tips | | | |
| d Control number | | 9 | | 10 Dependent care benefits | | | |
| e Employee's first name and initial CHARLES T | | Last name CONWAY | | Suff. | | 11 Nonqualified plans | |
| 967 WATER ST HOBOKEN NJ 07030 | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12a See instructions for box 12 D 1000 | | 12b | |
| | | 14 Other WD HC 142 DI 67 FLI 27 | | 12c | | 12d | |
| | | f Employee's address and ZIP code | | | | | |
| 15 State NJ | Employer's state ID number 729001234 | 16 State wages, tips, etc. 33505 | 17 State income tax 1020 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

2016

| | | | | | | | |
|---|---|--|-----------------------------------|---|----------------------------|------------------------------|--|
| a Employee's social security number 722-00-1234 | | This information is being furnished to the Internal Revenue Service. | | | | | |
| b Employer identification number (EIN) 72-8001234 | | 1 Wages, tips, other compensation 20176 | | 2 Federal income tax withheld 1200 | | | |
| c Employer's name, address, and ZIP code SMART KIDS CHARTER SCHOOL 98 WILLOW LANE BOSTON MA 02108 | | 3 Social security wages 20176 | | 4 Social security tax withheld 1251 | | | |
| | | 5 Medicare wages and tips 20176 | | 6 Medicare tax withheld 293 | | | |
| | | 7 Social security tips | | 8 Allocated tips | | | |
| d Control number | | 9 | | 10 Dependent care benefits | | | |
| e Employee's first name and initial CAROL M | | Last name CONWAY | | Suff. | | 11 Nonqualified plans | |
| 910 BIRCH ST JERSEY CITY NJ 07310 | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12a See instructions for box 12 | | 12b | |
| | | 14 Other WD HC 86 DI 40 FLI 16 | | 12c | | 12d | |
| | | f Employee's address and ZIP code | | | | | |
| 15 State NJ | Employer's state ID number 728001234 | 16 State wages, tips, etc. 20176 | 17 State income tax 404 | 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 CHARLES T CONWAY | Social security number 721-00-1234 |
| Spouse's name CAROL M CONWAY | Spouse's social security number 722-00-1234 |

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 | 63114 |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) | 2 | 5436 |
| 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 | 6686 |
| 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 | 1250 |
| 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 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|

 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 PRACTICE LAB to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|

 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 ▶ 09/24/2017

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

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20

See separate instructions.

| | | |
|---|-------------------------------|---|
| Your first name and initial CHARLES T | Last name CONWAY | Your social security number 721-00-1234 |
| If a joint return, spouse's first name and initial CAROL M | Last name CONWAY | Spouse's social security number 722-00-1234 |
| Home address (number and street). If you have a P.O. box, see instructions. 910 BIRCH STREET | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). JERSEY CITY, NJ 07310 | | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | |

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 checked="" 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 |

| | | | |
|-------------------------------------|--|------------|-------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 63114 |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 12600 |
| 41 | Subtract line 40 from line 38 | 41 | 50514 |
| 42 | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 8100 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 42414 |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 5436 |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 5436 |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 5436 |
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 5436 |
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 6686 |
| 65 | 2016 estimated tax payments and amount applied from 2015 return | 65 | |
| 66a | Earned income credit (EIC) | 66a | |
| b | Nontaxable combat pay election 66b | | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| 70 | Amount paid with request for extension to file | 70 | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 6686 |
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 1250 |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> | 76a | 1250 |
| Direct deposit? ▶ See instructions. | b Routing number <input type="text" value="123456789"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number <input type="text" value="12345678901"/> | | |
| 77 | Amount of line 75 you want applied to your 2017 estimated tax ▶ | 77 | |
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ | 78 | |
| 79 | Estimated tax penalty (see instructions) | 79 | |

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 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 accurately list all amounts and sources of income I received during the tax year. 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 |
| <input type="text"/> | 09/24/17 | ENGINEER | 973-999-9999 |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| <input type="text"/> | 09/24/17 | TEACHER | <input type="text"/> |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------------|---|-----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| IRS PREPARER | <input type="text"/> | 09/24/2017 | <input type="checkbox"/> | S23051413 |
| Firm's name ▶ | Firm's EIN ▶ | | Firm's address ▶ | |
| PRACTICE LAB | - | | 15 PRACTICE LAB WAY WASHINGTON DC 20005 | |
| Firm's address ▶ | Phone no. | | | |
| | 202-202-2022 | | | |

**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

CHARLES & CAROL CONWAY

721-00-1234

| | | | | | |
|---|--|--|------|----|---------|
| Medical and Dental Expenses | | Caution: Do not include expenses reimbursed or paid by others. | | | |
| 1 | Medical and dental expenses (see instructions) | 1 | | | |
| 2 | Enter amount from Form 1040, line 38 <u>2</u> | | | | |
| 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 | 1802 | | |
| 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 | 1802 |
| Interest You Paid | | 10 Home mortgage interest and points reported to you on Form 1098 | | 10 | |
| Note: Your mortgage interest deduction may be limited (see instructions). | | 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 | |
| If you made a gift and got a benefit for it, see instructions. | | 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 <u>25</u> | | 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 1802 |
| | | <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 | | | |

Interest and Ordinary Dividends

▶ **Attach to Form 1040A or 1040.**

▶ **Information about Schedule B and its instructions is at www.irs.gov/scheduleb.**

Name(s) shown on return

Your social security number

CHARLES & CAROL CONWAY

721-00-1234

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

(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

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

234

234

234

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 ▶

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

1

2

3

4

5

6

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 2016, 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

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 2016, 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

| Yes | No |
|-----|----|
| | X |
| | |
| | |
| | X |

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:07310 State:NJ Days Lived in:366

1. Enter your state general sales taxes from the 2016 Optional State Sales Tax Table 1. \$ 817

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. \$ 817

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 # _____

CONWAY CHARLES T & CAROL M

910 BIRCH STREET

JERSEY CITY NJ 07310 0906

1038 12

721001234 722001234

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.

> _____
Your Signature Date

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

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.

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

721001234

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.

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 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

721001234

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 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. | 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 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. | 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.

2016

| | |
|---|---|
| Taxpayer's name CHARLES T CONWAY | Social security number 721-00-1234 |
| Spouse's name or Civil Union Prtnr's CAROL M CONWAY | Spouse's social security number or Civil Union Prtnr's 722-00-1234 |

| Part I Tax Return Information-Tax Year Ending December 31, 2016 (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, 2016, 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 2016 electronically filed income tax return.

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
(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 2016 electronically filed income tax return.

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 or Civil Union Prtnr's ▶ _____ Date ▶ 09/24/2017

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 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.

ERO's signature ▶ _____ Date ▶ 09/24/2017

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