TROY & YVONNE MCCOOK
30911 CHARLES BUSBY ROAD
PATERSON, NJ 07524

2016 INCOME TAX RETURN

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

TROY H MCCOOK &
YVONNE MCCOOK
30911 CHARLES BUSBY ROAD
PATERSON NJ 07524
(973) 555-5554

Preparer No.: 995
Client No. : XXX-XX-0752
Invoice Date: 09/25/2017

INVOICE

Description	Amount
PREPARATION OF 2016 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 A SCHEDULE B (INTEREST & DIVIDENDS) CAPITAL GAIN TAX WORKSHEET FORM 1099-R (RETIREMENT DISTRIBUTIONS) (2) SSA WORKSHEET 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: 2016 | PROCESS DATE: 09/25/2017

CLIENT : 751-00-0752 TROY H MCCOOK | BIRTH DATE : 09/11/1942
SPOUSE : 752-00-0752 YVONNE MCCOOK | BIRTH DATE : 12/07/1945

ADDRESS : 30911 CHARLES BUSBY ROAD
: PATERSON NJ 07524

PREPARER : 995

Home : (973) 555-5554
Work : (973) 555-5545
Cell : -
STATUS : 2
FED TYPE: Electronic Mail
ST TYPE : Electronic Mail
E-MAIL :

PREPARER FEE:
ELECTRONIC :
TOTAL FEES :

DEPENDENT NAME	BIRTH DATE	SSN	RELATIONSHIP	MONTHS
ROBERT K MCCOOKMCCOOK	06/04/1999	753-00-0752	GRANDCHILD	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040A
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
SCHEDULE B (INTEREST/DIVIDEND INCOME)
CAPITAL GAIN TAX WORKSHEET
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
PAYMENT VOUCHER
NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	2	2
TOTAL INCOME	76268	56748
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	76268	36748
DEDUCTIONS	15100	12143
EXEMPTIONS	12150	5500
TAXABLE INCOME	49018	19105
TAX	1773	268
CREDITS	0	0
PAYMENTS	1671	0
EARNED INCOME CREDIT	0	0
REFUND	0	0
AMOUNT DUE	102	268

CLIENT : TROY MCCOOK 751-00-0752
SPOUSE : YVONNE MCCOOK 752-00-0752

PREPARER : 995 DATE : 09/25/2017

LISTING OF FORMS FOR THIS RETURN

* 1099-R INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH
1.	T	AMERITECH PENSION	13223	13223	0	0
2.	S	PHOENIX INVESTMEN	12250	12250	0	0
		TOTALS......	25473	25473	0	0

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH
1.	T	U.S.	12765	1277
2.	S	U.S.	10200	394
		TOTALS......	22965	1671

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **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*.**

OMB No. 1545-0074

2016

Submission Identification Number (SID) ▶

Taxpayer's name	**Social security number**
TROY H MCCOOK	751-00-0752
Spouse's name	**Spouse's social security number**
YVONNE MCCOOK	752-00-0752

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	76268
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	1773
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	1671
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	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	102

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 (**ERO firm name**) to enter or generate my PIN 1 0 7 5 2 (**Enter five digits, but don't enter all zeros**) as my signature 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 ▶ 09/25/2017

Spouse's PIN: check one box only

☒ I authorize PRACTICE LAB (**ERO firm name**) to enter or generate my PIN 1 0 7 5 2 (**Enter five digits, but don't enter all zeros**) as my signature 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 ▶ Date ▶ 09/25/2017

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 ▶ 09/25/2017

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

2016 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2016 Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR.

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 *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.**" Don't send cash. If you want to pay in cash, in person, see *Pay by 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 "2016 Form 1040," "2016 Form 1040A," "2016 Form 1040EZ," or "2016 Form 1040NR," whichever is appropriate.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

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

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

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

OMB No. 1545-0074
2016

Print or type

1 Your social security number (SSN) (if a joint return, SSN shown first on your return)	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	Cents
751-00-0752	752-00-0752		102	

4 Your first name and initial		Last name	
TROY H		MCCOOK	
If a joint return, spouse's first name and initial		Last name	
YVONNE		MCCOOK	
Home address (number and street)	Apt. no.	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)	
30911 CHARLES BUSBY ROAD		PATERSON NJ 07524	
Foreign country name		Foreign province/state/county	Foreign postal code

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

QNA

751000752 BQ MCCO 30 0 201612 610

Form **1040A** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return (99) 2016
IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Your first name and initial	Last name	Your social security number
TROY H.	MCCOOK	751-00-0752
If a joint return, spouse's first name and initial	**Last name**	**Spouse's social security number**
YVONNE	MCCOOK	752-00-0752

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
30911 CHARLES BUSBY ROAD

▲ 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).
PATERSON NJ 07524

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☒ Spouse

Filing status
Check only one box.

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 (see instructions)

Exemptions
6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

If more than six dependents, see instructions.

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
ROBERT MCCOOKMCCOOK	753-00-0752	GRANDCHILD	☐
			☐
			☐
			☐
			☐
			☐

No. of children on 6c who:
• **lived with you**: 1
• **did not live with you due to divorce or separation (see instructions)**: 0
Dependents on 6c not entered above: 0

d Total number of exemptions claimed. **Add numbers on lines above ▶** 3

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.			7	
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	23500
b	Qualified dividends (see instructions).	9b	23500		
10	Capital gain distributions (see instructions).			10	7775
11a	IRA distributions.	11a		11b Taxable amount (see instructions).	11b 12250
12a	Pensions and annuities.	12a		12b Taxable amount (see instructions).	12b 13223
13	Unemployment compensation and Alaska Permanent Fund dividends.			13	
14a	Social security benefits.	14a	22965	14b Taxable amount (see instructions).	14b 19520
15	Add lines 7 through 14b (far right column). This is your **total income.** ▶			15	76268

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	76268

QNA

Tax, credits, and payments

22	Enter the amount from line 21 (adjusted gross income).	22	76268
23a	Check if: [X] **You** were born before January 2, 1952, [ ] Blind; [X] **Spouse** was born before January 2, 1952, [ ] Blind. **Total boxes checked** ▶ 23a		2
b	If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b [ ]		
24	Enter your **standard deduction**.	24	15100
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	61168
26	**Exemptions.** Multiply $4,050 by the number on line 6d.	26	12150
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income.** ▶	27	49018
28	**Tax,** including any alternative minimum tax (see instructions). 28	1773	
29	Excess advance premium tax credit repayment. Attach Form 8962. 29		
30	Add lines 28 and 29.	30	1773
31	Credit for child and dependent care expenses. Attach Form 2441. 31		
32	Credit for the elderly or the disabled. Attach Schedule R. 32		
33	Education credits from Form 8863, line 19. 33		
34	Retirement savings contributions credit. Attach Form 8880. 34		
35	Child tax credit. Attach Schedule 8812, if required. 35		
36	Add lines 31 through 35. These are your **total credits.**	36	
37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	1773
38	Health care: individual responsibility (see instructions). Full-year coverage [X]	38	
39	Add line 37 and line 38. This is your **total tax.**	39	1773
40	Federal income tax withheld from Forms W-2 and 1099. 40	1671	FORM 1099
41	2016 estimated tax payments and amount applied from 2015 return. 41		
42a	**Earned income credit (EIC).** 42a		
b	Nontaxable combat pay election. 42b		
43	Additional child tax credit. Attach Schedule 8812. 43		
44	American opportunity credit from Form 8863, line 8. 44		
45	Net premium tax credit. Attach Form 8962. 45		
46	Add lines 40, 41, 42a, 43, 44, and 45. These are your **total payments.** ▶	46	1671

Standard Deduction for—
- People who check any box on line 23a or 23b **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, $9,300

If you have a qualifying child, attach Schedule EIC.

Refund

47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you **overpaid.**	47	
48a	Amount of line 47 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]	48a	
▶ b	Routing number XXXXXXXXX ▶ c Type: [ ] Checking [ ] Savings		
▶ d	Account number XXXXXXXXXXXXXXXXX		
49	Amount of line 47 you want **applied to your 2017 estimated tax.** 49		

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe

50	**Amount you owe.** Subtract line 46 from line 39. For details on how to pay, see instructions. ▶	50	102
51	Estimated tax penalty (see instructions). 51		

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] **Yes.** Complete the following. [X] **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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
	09/25/2017	RETIRED	973-555-5554
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.)
	09/25/2017	RETIRED	

Paid preparer use only

Print/type preparer's name	Preparer's signature	Date	Check ▶ [ ] if self-employed	PTIN
IRS PREPARER		09/25/2017		S23051413

Firm's name ▶ PRACTICE LAB | Firm's EIN ▶
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005 | Phone no. 202-202-2022

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074
2016
Attachment Sequence No. **07**

Name(s) shown on Form 1040: TROY & YVONNE MCCOOK

Your social security number: 751-00-0752

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	2878		
	2	Enter amount from Form 1040, line 38 — 2: 76268				
	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	5720		
	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 ☐ Income taxes, **or** b ☒ General sales taxes	5	912		
	6	Real estate taxes (see instructions)	6	11000		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	11912
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 — 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? ☒ **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. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	11912
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

SCHEDULE B (Form 1040A or 1040)
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is at *www.irs.gov/scheduleb*.

OMB No. 1545-0074
2016
Attachment Sequence No. 08

Name(s) shown on return: TROY & YVONNE MCCOOK
Your social security number: 751-00-0752

Part I Interest

(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.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	1	
2	Add the amounts on line 1	2	
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	

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

Part II 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.

			Amount
5	List name of payer ▶ OPPENHEIMER	5	23500
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	23500

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.

		Yes	No
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		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 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		X

TROY & YVONNE MCCOOK 751-00-0752

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

Keep for Your Records

TIP *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:07524 State:NJ Days Lived in:366

1. Enter your **state** general sales taxes from the 2016 Optional State Sales Tax Table . . . . **1.** $ 912

Next. If, for all of 2016, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, X 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?

- [X] **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.

- [X] **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.
- [X] **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.** $ 912

MCCOOK 751-00-0752

Qualified Dividends and Capital Gain Tax Worksheet—Line 44

Keep for Your Records

Before you begin:
- ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 through line 43.
- ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1.	Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet		1. 49018	
2.	Enter the amount from Form 1040, line 9b*	2. 23500		
3.	Are you filing Schedule D?* ☐ **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-. ☒ **No.** Enter the amount from Form 1040, line 13.	3. 7775		
4.	Add lines 2 and 3	4. 31275		
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.		
6.	Subtract line 5 from line 4. If zero or less, enter -0-		6. 31275	
7.	Subtract line 6 from line 1. If zero or less, enter -0-		7. 17743	
8.	Enter: $37,650 if single or married filing separately, $75,300 if married filing jointly or qualifying widow(er), $50,400 if head of household.		8. 75300	
9.	Enter the smaller of line 1 or line 8		9. 49018	
10.	Enter the smaller of line 7 or line 9		10. 17743	
11.	Subtract line 10 from line 9. This amount is taxed at 0%		11. 31275	
12.	Enter the smaller of line 1 or line 6		12. 31275	
13.	Enter the amount from line 11		13. 31275	
14.	Subtract line 13 from line 12		14.	
15.	Enter: $415,050 if single, $233,475 if married filing separately, $466,950 if married filing jointly or qualifying widow(er), $441,000 if head of household.		15. 466950	
16.	Enter the smaller of line 1 or line 15		16. 49018	
17.	Add lines 7 and 11		17. 49018	
18.	Subtract line 17 from line 16. If zero or less, enter -0-		18.	
19.	Enter the smaller of line 14 or line 18		19.	
20.	Multiply line 19 by 15% (0.15)			20.
21.	Add lines 11 and 19		21. 31275	
22.	Subtract line 21 from line 12		22.	
23.	Multiply line 22 by 20% (0.20)			23.
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 7 is $100,000 or more, use the Tax Computation Worksheet			24. 1773
25.	Add lines 20, 23, and 24			25. 1773
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet			26. 6426
27.	**Tax on all taxable income.** Enter the **smaller** of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet			27. 1773

**If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.*

QNA

TROY & YVONNE MCCOOK 751-00-0752

Social Security Benefits Worksheet—Lines 20a and 20b

Keep for Your Records

Before you begin:
- ✓ Complete Form 1040, lines 21 and 23 through 32, if they apply to you.
- ✓ Figure any write-in adjustments to be entered on the dotted line next to line 36 (see the instructions for line 36).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2016, enter "D" to the right of the word "benefits" on line 20a. If you do not, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 20a and 20b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1.	Enter the total amount from **box 5** of **all** your **Forms SSA-1099** and **Forms RRB-1099.** Also, enter this amount on Form 1040, line 20a **1.** 22965		
2.	Multiply line 1 by 50% (0.50)	**2.**	11483
3.	Combine the amounts from Form 1040, lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21	**3.**	56748
4.	Enter the amount, if any, from Form 1040, line 8b	**4.**	
5.	Combine lines 2, 3, and 4	**5.**	68231
6.	Enter the total of the amounts from Form 1040, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to line 36	**6.**	
7.	Is the amount on line 6 less than the amount on line 5? ☐ **No.** STOP None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b. ☒ **Yes.** Subtract line 6 from line 5	**7.**	68231
8.	If you are: • Married filing jointly, enter $32,000 • Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2016, enter $25,000 • Married filing separately and you lived with your spouse at any time in 2016, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17	**8.**	32000
9.	Is the amount on line 8 less than the amount on line 7? ☐ **No.** STOP None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b. If you are married filing separately and you **lived apart** from your spouse for all of 2016, be sure you entered "D" to the right of the word "benefits" on line 20a. ☒ **Yes.** Subtract line 8 from line 7	**9.**	36231
10.	Enter: $12,000 if married filing jointly; $9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2016	**10.**	12000
11.	Subtract line 10 from line 9. If zero or less, enter -0-	**11.**	24231
12.	Enter the **smaller** of line 9 or line 10	**12.**	12000
13.	Enter one-half of line 12	**13.**	6000
14.	Enter the **smaller** of line 2 or line 13	**14.**	6000
15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	**15.**	20596
16.	Add lines 14 and 15	**16.**	26596
17.	Multiply line 1 by 85% (0.85)	**17.**	19520
18.	**Taxable social security benefits.** Enter the **smaller** of line 16 or line 17. Also enter this amount on Form 1040, line 20b	**18.**	19520

TIP *If any of your benefits are taxable for 2016* ***and*** *they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See* Lump-Sum Election *in Pub. 915 for details.*

QNA

NJ-1040
2016
Page 1

040MP01160

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

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 #___________________

MCCOOK TROY H & YVONNE

30911 CHARLES BUSBY ROAD

PATERSON NJ 07524 1608

1038 12

751000752 752000752

S23051413

49 2 1608

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)

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

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.

040MP02160

MCCOOK TROY H & YVONNE

751000752 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

CHECKBOXES FOR EXEMPTIONS

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

EXEMPTIONS

6.	REGULAR	2
7.	AGE 65 OR OVER	2
8.	BLIND OR DISABLED	
9.	NUMBER OF QUALIFIED DEPENDENT CHILDREN	1
10.	NUMBER OF OTHER DEPENDENTS	
11.	DEPENDENTS ATTENDING COLLEGE	
12A.	TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)	4
12B.	TOTAL (LINE 12B - ADD LINES 9 AND 10)	1

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

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
A.	MCCOOKMCCOOK ROBERT K	753-00-0752	1999	
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	X	NO	

14.	WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.)	14.	.
15A.	TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER $1,500)	15A.	.
15B.	TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A	15B.	.
16.	DIVIDENDS	16.	23500 .
17.	NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)	17.	.
18.	NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)	18.	7775 .
19A.	PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 20)	19A.	25473 .
19B.	EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	19B.	.
20.	DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)	20.	.
21.	NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)	21.	.
22.	NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)	22.	.
23.	NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)	23.	.
24.	ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	.
25.	OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24)	25.	.
26.	TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	26.	56748 .
27A.	PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)	27A.	20000 .
27B.	OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)	27B.	.
27C.	TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)	27C.	20000 .
28.	NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)	28.	36748 .
29.	TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6)	29.	5500 .
30.	MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27)	30.	2143 .
31.	ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.	.
32.	QUALIFIED CONSERVATION CONTRIBUTION	32.	.
33.	HEALTH ENTERPRISE ZONE DEDUCTION	33.	.
34.	ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)	34.	.
35.	TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	7643 .
36.	TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	29105 .

040MP03160

MCCOOK TROY H & YVONNE

751000752 1038

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	11000 .
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.	10000 .
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	19105 .
40.	TAX (FROM TAX TABLES, PAGE 53)	40.	268 .
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.	268 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	268 .
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.	268 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
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.	.
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.	268 .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	.
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.	.

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.	

Line 31 - Alimony and Separate Maintenance Payments

Enter the alimony and separate maintenance payments you made that were required under a decree of divorce/dissolution or separate maintenance. Do not include payments for child support.

Line 32 - Qualified Conservation Contributions

Enter any contribution you made for conservation purposes of a qualified real property interest in property located in New Jersey. The deduction is the amount of the contribution allowed as a deduction in calculating your taxable income for Federal purposes. If you file Federal Form 8283, enclose a copy.

Line 33 - Health Enterprise Zone Deduction

If you provide primary care services in a qualified medical or dental practice you own that is located in or within five miles of a designated Health Enterprise Zone (HEZ), you may be able to deduct a percentage of the net income from that practice on Line 33. See Technical Bulletin TB-56 for eligibility requirements and instructions for calculating the HEZ deduction.

If you are a partner in a qualified practice, enter on Line 33 the HEZ deduction from Part III of the Schedule NJK-1, Form NJ-1065, you received from the practice. If you are an S corporation shareholder in a qualified practice, enter the HEZ deduction from Part V of the Schedule NJ-K-1, Form CBT-100S, you received from the practice.

If you are a sole proprietor who owns a qualified practice, you must determine your allowable HEZ deduction each year. Enclose a schedule with your return showing how you calculated the HEZ deduction.

Note: Do not claim nonreimbursed medical expenses, health insurance premiums, or other personal or business expenses as a deduction on this line.

Line 34 - Alternative Business Calculation Adjustment

If you completed Schedule NJ-BUS-1 and had a loss on Line 4 of either Part I, II, III, or IV, you may be eligible for an income adjustment. You may also be eligible if you had a loss carryforward on Schedule NJ-BUS-2 from a prior year. Complete Schedule NJ-BUS-2, Alternative Business Calculation Adjustment. Enter on Line 34 the amount from Schedule NJ-BUS-2, Line 11. If zero, make no entry.

Enclose Schedule NJ-BUS-2 with your return, and keep a copy for your records.

Worksheet E
Deduction for Medical Expenses

1. Total nonreimbursed medical expenses	1.	2878
2. Enter Line 28, Form NJ-1040 36748 × .02 =	2.	735
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero	3.	2143
4. Enter the amount of your qualified Archer MSA contributions from Federal Form 8853	4.	
5. Enter the amount of your self-employed health insurance deduction	5.	
6. **Total Deduction for Medical Expenses.** Add lines 3, 4, and 5. Enter the result here and on Line 30, Form NJ-1040. If zero, enter zero here and make no entry on Line 30, Form NJ-1040	6.	2143

(Keep for your records)

You may need the information from this schedule to complete future returns.

Line 35 - Total Exemptions and Deductions

Add Lines 29 through 34 and enter the total on Line 35.

Line 36 - Taxable Income

Subtract Line 35 from Line 28 and enter the result on Line 36. If Line 36 is zero or less, make no entry.

Property Tax Deduction/ Credit (Lines 37a - c, 38, and 49)

Homeowners and tenants who paid property taxes, either directly or through rent, on a principal residence in New Jersey may qualify for either a deduction or a refundable credit.

The **property tax deduction** reduces your taxable income. The amount of the benefit depends on the amount of your taxable income, the amount of your property taxes or rent, and your filing status.

The **property tax credit** reduces your tax due because it is subtracted directly from your tax liability.

If you met the eligibility requirements below, complete Lines 37a - 37c, Line 38, or Line 49. If you are not eligible, leave Lines 37a - c, 38, and 49 blank, and continue with Line 39.

Eligibility Requirements

You are eligible for a deduction or credit only if:

- You were domiciled and maintained a principal residence as a homeowner or tenant in New Jersey during 2016.
- Your principal residence, whether owned or rented, was subject to property taxes that were paid either as actual property taxes or through rent.
- If you rented your principal residence, it had its own separate kitchen and bathroom that you did not share with

continued

Form **8879**

Department of the Treasury
Division of Revenue

NJ *e-file* Signature Authorization

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

▶ See instructions.

2016

Taxpayer's name	Social security number
TROY H MCCOOK	751-00-0752
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's
YVONNE MCCOOK	752-00-0752

Part I Tax Return Information-Tax Year Ending December 31, 2016 (Whole Dollars Only)

1	New Jersey Taxable income	1	19105
2	Total tax	2	268
3	New Jersey income tax withheld	3	
4	Refund	4	
5	Amount you owe	5	268

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

[X] I authorize PRACTICE LAB (ERO firm name) to enter my PIN 12345 (do not enter all zeros) as my signature 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 ▶ 09/25/2017

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

[X] I authorize PRACTICE LAB (ERO firm name) to enter my PIN 12345 (do not enter all zeros) as my signature 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 ▶ 09/25/2017

Practioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practioner 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 Practioner PIN method.

ERO's signature ▶ ______________________ Date ▶ 09/25/2017

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

0130201010

2016 NJ-1040-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2016 New Jersey income taxes or make payment of estimated tax for 2017 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

Payment by E-Check

You may pay your 2016 New Jersey income taxes or make a payment of estimated tax for 2017 by e-check. This option is available on the Division's Website at: www.nj.gov/treasury/taxation/ Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2016 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2016 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2017, use separate checks or money orders for each payment. Send your 2017 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Resident Payment Voucher
NJ-1040-V

751-00-0752 MCCO 752-00-0752
MCCOOK TROY H & YVONNE
30911 CHARLES BUSBY ROAD
PATERSON NJ 07524

1038 2016

Make your check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

268.00

0130275100075200007MCC01612060000026800