HELEN ROSEMONT 22 RIVER ROAD APT 5E MEDFORD, NJ 08055 2016 INCOME TAX RETURN

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

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

Preparer No.: 995

Client No. : XXX-XX-0752 Invoice Date: 11/01/2017

INVOICE

Description		Amount
PREPARATION OF 2016 FEDERAL/STATE FORMS	& WORKSHEETS:	
FORM 1040 A FORM W-2 (WAGES AND TAX) FORM 1099-G (UNEMPLOYMENT COMPENSATION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) ELECTRONIC PAYMENT NJ STATE RESIDENT RETURN	ON)	
	Total Invoice	\$0.00
	Amount Paid	\$0.00
	Balance Due	\$0.00

TAX YEAR: 2016 PROCESS DATE: 11/01/2017

CLIENT: 791-00-0752 HELEN E ROSEMONT BIRTH DATE : 09/17/1972

PREPARER : 995 ADDRESS : 22 RIVER ROAD APT 5E

: MEDFORD NJ 08055

Home : (609) 555-7890 PREPARER FEE: Work : ELECTRONIC : TOTAL FEES :

Cell STATUS : 3

FED TYPE: Direct Debit ST TYPE : Direct Deposit

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040A FORM W-2

FORM 1099-G (UNEMPLOYMENT COMPENSATION)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

ELECTRONIC PAYMENT

NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT	
FILING STATUS	3	3	
TOTAL INCOME	29638	26482	
TOTAL ADJUSTMENTS	0	0	
ADJUSTED GROSS INCOME	29638	26482	
DEDUCTIONS	6300	3024	
EXEMPTIONS	4050	1000	
TAXABLE INCOME	19288	22458	
TAX	2428	323	
CREDITS	0	0	
PAYMENTS	2188	330	
EARNED INCOME CREDIT	0	0	
REFUND	0	7	
AMOUNT DUE	240	0	

* W-2 INCOME FORMS SUMMARY *

CLIENT: HELEN ROSEMONT 791-00-0752

PREPARER: 995 DATE: 11/01/2017

LISTING OF FORMS FOR THIS RETURN

* W-2 INCOME FORMS SUMMARY *

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

* FORM 1099-G INCOME FORMS SUMMARY *

	[T/S]	PAYER	UNEMPLOYM	ENT FED V	<u>VITH STATE W</u>	/ITH_
1.	Т	NEW JERSEY DEPARTMENT	OF LABOR 3	156	316	0
		TOTALS	3	156	316	0

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

5016

_			_				
		e's social security number $-00-0752$	Th	is inform	nation is being furnished	to the Internal Reven	ue Service.
b Employer identification number (E		00 0732		1 Wa	ges, tips, other compensation	2 Federal income	tax withheld
98-9000752					26482		1872
c Employer's name, address, and Z	IP code			3 So	cial security wages	4 Social security t	tax withheld
HAIR DO SALON					23834		1642
90 MAIN STREET				5 Me	dicare wages and tips	6 Medicare tax w	
MEDFORD NJ 08055				- 0	26482	0.41	384
				7 So	cial security tips	8 Allocated tips	
d Control number				9	2648	10 Dependent care	e benefits
e Employee's first name and initial HELEN E	Last nan		Suff.	11 No	nqualified plans	12a See instruction	s for box 12
LETEN E	KOSE.	MONI		13 Stat	utory Retirement Third-part	(y 12b	
				emp	lloyee plan sick pay	Cod	
22 RIVER ROAD				14 Oth	er	12c	
MEDFORD NJ 08055				WD	HC 113	d e	
				DI	53	12d	
				FL:	I 21	o d e	
f Employee's address and ZIP code		T	T.=	L	La		
15 State Employer's state ID numb		16 State wages, tips, etc.	17 State incor		18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NJ 989000752000		26482		330		-	
			5076	-			
	a Employe	e's social security number	Th	is inform	nation is being furnished	I to the Internal Reven	ue Service
b Employer identification number (E	IN)	:			ges, tips, other compensation		
(-	,				g,p,		
c Employer's name, address, and Z	IP code			3 So	cial security wages	4 Social security	tax withheld
				5.14	P. 142	0.14 !:	
				5 IVIE	edicare wages and tips	6 Medicare tax w	itnneia
				7 So	cial security tips	8 Allocated tips	
d Control number				9	e benefits		
e Employee's first name and initial	Last nan	ne	Suff.	11 No	nqualified plans	12a See instruction	s for box 12
				10 0	Dating and Third and	o d e	
				13 Stat emp	utory Retirement Third-par ployee plan sick pay	^{ty} 12b ເ	
				14 Oth	ler.	12c	
				14 00	CI	C c	
						12d	
						Code	
f Employee's address and ZIP code	;					<u> </u>	
15 State Employer's state ID numb	per	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
<u></u>		-					
1		1	1		1	1	- 1

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2016

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	Social security numl	per	
HELEN E ROSEMONT	791-00-07	52	
Spouse's name	Spouse's social sec	urity number	
Part I Tax Return Information — Tax Year Ending December 31, 2016 (
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ,			
line 37)			29638
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1			2428
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040EZ, line 7; Form 1040NR, line 62a)		. 3	2188
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 10 Form 1040NR, line 73a)		a;	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14;	Form 1040NR, line 7	['] 5) 5	240
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a c	opy of you	ur return)
intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IF of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds we account indicated in the tax preparation software for payment of my federal taxes owed on this return institution to debit the entry to this account. This authorization is to remain in full force and effect until I reauthorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-8 received no later than 2 business days prior to the payment (settlement) date. I also authorize the financia payment of taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for my electronic income tax return and, if application is to receive confidential information number for my electronic income tax return and, if application is to receive confidential information number for my electronic income tax return and, if application is to receive confidential information number for my electronic income tax return and, if application is to receive confidential information number for my electronic income tax return and, if application is to receive confidential information number for my electronic income tax return and, if application is to receive confidential information number for my electronic income tax return and, if application is the received number for my electronic income tax return and, if application is the received number for my electronic income tax return and, if application is the received number for my electronic income tax return and its force in the received number for my electronic income tax return and its force in the received number for my electronic income tax return and its force in the received number for my electronic income tax return and its force in the received nu	or refund, and (c) the dithdrawal (direct debit) and/or a payment of notify the U.S. Treasury 88-353-4537. Payment I institutions involved in related to the payment	ate of any refuentry to the festimated tax Financial Age cancellation the processir. I further ack	und. If applicable, I financial institution , and the financial nt to terminate the requests must be ag of the electronic nowledge that the
Taxpayer's PIN: check one box only			
	generate my PIN	1 0 7	5 2
ERO firm name	-	Enter five digi	
as my signature on my tax year 2016 electronically filed income tax return.		don't enter all	
 I will enter my PIN as my signature on my tax year 2016 electronically filed incentering your own PIN and your return is filed using the Practitioner PIN method Your signature ► 		mplete Par	
Tour signature P	11/01/20	<i>3</i> ± 1	
Spouse's PIN: check one box only			
	generate my PIN		
ERO firm name		Enter five digi	
as my signature on my tax year 2016 electronically filed income tax return.		don't enter all	
I will enter my PIN as my signature on my tax year 2016 electronically filed inc entering your own PIN and your return is filed using the Practitioner PIN method			
Spouse's signature ▶ Dat	e▶		
Practitioner PIN Method Returns Only—contin	ue 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 enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the tax year the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Incor	e with the requireme		
ERO's signature ► IRS PREPARER Dat	e► <u>11/01/20</u>	017	
ERO Must Retain This Form — See Instru	ctions		

1040A

U.S. Individual Income Tax Return (99)

2016

IRS Use Only—Do not write or staple in this space.

									,			
Your first name and init	tial		Last name							(OMB No. 1545-007	74
										Your	social security nur	mber
HELEN E.			ROSEM	ONT						79	91-00-075	2
If a joint return, spouse	's first n	ame and initial	I Last name								e's social security n	
										78	32-00-075	52
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 22 RIVER ROAD 5E).		lake sure the SSN(s and on line 6c are c			
		d ZIP code. If you have a fore	ign address, als	o complete spaces below (see	instruction	ons).				Pres	idential Election Car	mpaign
MEDFORD 1	J O	8055									ere if you, or your spouse	
Foreign country name				Foreign province/state/co	ounty		Forei	gn postal co	ode		vant \$3 to go to this fund. elow will not change your \times You	
Filing	1 [Single			4 🗆	Head of	house	ehold (wit	h au	alifyind	g person). (See instr	
status	2	_	tly (even if	only one had income							but not your depe	
Check only	3		• (spouse's SSN above and			•	d's name			, ,	,
one box.	L	full name here. F			5 🗌	Qualifyin	g wid	ow(er) wit	h der	pende	nt child (see instru	uctions)
Exemptions	6a	X Yourself. If s	omeone c	an claim you as a c	depend					1	Boxes	,
Exemptions		_	x 6a.	,	•					}	checked on 6a and 6b	1
	b	☐ Spouse								J	No. of children	
	С	Dependents:			(2) 5			(4) √ if	child	under	on 6c who:	
If more than six				(2) Dependent's social security number	1	Depender onship to		age 17 q	ualifyir	ng for	 lived with you 	0
dependents, see		(1) First name L	ast name	Joodin'ty Hulliber	I cialli	oriariih ro	you		uctions		did not live	
instructions.											with you due to divorce or	
											separation (see	0
											instructions)	0
											Dependents on 6c not	
											entered above	0
					'			<u>'</u>			Add numbers on lines	
	d	Total number of e	exemption	s claimed.							above ▶	1
Income												:
	7	Wages, salaries,	tips, etc. <i>A</i>	Attach Form(s) W-2.						7	26	6482
Attach												
Form(s) W-2	8a	Taxable interest.	Attach Sc	hedule B if required	d.					8a		
here. Also attach	b	Tax-exempt interest. Do not include on line 8a. 8b										
Form(s)	9a	Ordinary dividend	dinary dividends. Attach Schedule B if required.						9a			
1099-R if tax	b	Qualified dividend	ds (see ins	tructions).	9	b						
was	10	Capital gain distr	butions (s	ee instructions).						10		
withheld.	11a	IRA			11b	Taxabl						
If you did not		distributions.	11a					ctions).		11b		
get a W-2, see instructions.	12a	Pensions and			12b	Taxabl						
instructions.		annuities.	12a			(see in	stru	ctions).		12b		
	13		ompensat	ion and Alaska Peri						13		3156
	14a	Social security			14b	Taxabl						
		benefits.	14a			(see in	stru	ctions).		14b		
	15	Add lines 7 throu	gh 14b (fa	r right column). This	s is yo	ur total	inco	ome. I	<u> </u>	15	29	9638
Adjusted												
gross	16	Educator expens				6						
income	17	IRA deduction (se		,	1							
-	18	Student loan inter	est deduc	tion (see instructions	s). 1	8						
	19	Tuition and fees.			1					_		
	20	Add lines 16 thro	ugh 19. Th	nese are your total	adjust	ments.	ı			20		
		.				=					_	0
	21	Subtract line 20 f	rom line 1	5. This is your adju	sted g	ross in	con	ne.	<u> </u>	21	29	9638

Page 2

Tax, credits,	22	Enter the amount from line 21 (a	adjusted	d gross inco	me).			22		<u> 29638</u>
and	23a	, —			,	Total bo				
payments		if: \(\bigcup \) Spouse was born before	January	2, 1952, E	Blind ∫ c	checked	▶ 23a			
paymonto	b	If you are married filing separate	ely and	your spous	e itemiz	zes				
Standard		deductions, check here					▶ 23b			
Deduction for—	24	Enter your standard deduction						24		6300
People who	25	Subtract line 24 from line 22. If I		is more than	n line 22	2. entei	· -0	25		23338
check any box on line	26	Exemptions. Multiply \$4,050 by				,		26		4050
23a or 23b or	27	Subtract line 26 from line 25. If I				5 entei	· -0-			
who can be claimed as a		This is your taxable income .				0, 0,,,,	0.	▶ 27		19288
dependent,	28	Tax, including any alternative minim	num tav	(see instruct	ions) 2	28	2	428		17200
see instructions.	29	Excess advance premium tax cr						120		
All others:	29	Form 8962.	edit re	Jayineni. A		29				
Single or	20	Add lines 28 and 29.				29				2420
Married filing separately,	30			A44	-			30		2428
\$6,300	31	Credit for child and dependent	care ex	penses. Att						
Married filing jointly or		Form 2441.				31				
Qualifying widow(er),	32	Credit for the elderly or the disa	bled. A	ttach						
\$12,600		Schedule R.				32				
Head of	33	Education credits from Form 88				33				
household, \$9,300	34	Retirement savings contributions	credit. A	Attach Form	8880. 3	34				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35	Child tax credit. Attach Schedul	e 8812	, if required	. 3	35				
	36	Add lines 31 through 35. These	are vol	ır total cred	dits.			36		
	37	Subtract line 36 from line 30. If I				0. entei	· -0	37		2428
	38	Health care: individual responsibi						X 38		
	39	Add line 37 and line 38. This is y			- /-	,		39		2428
	40	Federal income tax withheld from			ngg /	10	2		RM 109	
	41	2016 estimated tax payments a				+0		100	101 10.	, ,
If you have	41	from 2015 return.	nu amo	uni applieu		11				
a qualifying child, attach	40-									
Schedule	42a	Earned income credit (EIC).	401		4	12a				
EIC.	b	Nontaxable combat pay election		1 1 0010		10				
	43	Additional child tax credit. Attac				13				
	44	American opportunity credit from				14				
	45	Net premium tax credit. Attach I				15				
	46	Add lines 40, 41, 42a, 43, 44, ar					nents.	▶ 46		2188
Refund	47	If line 46 is more than line 39, su	ubtract	line 39 from	ı line 46	5.				
neiulia		This is the amount you overpaid	d.					47		
Direct	48a	Amount of line 47 you want refunde	ed to yo	u. If Form 88	88 is att	ached,	check here	▶		
deposit? See	▶ b	Routing WWWWWWW	<u> </u>	c Type:	Check		Savings			
instructions and fill in		number AAAAAAAA				_	-			
48b, 48c, and 48d or	▶ d	Account Number X X X X X X X X X X	x x x	x x x x	XX					
Form 8888.	49	Amount of line 47 you want app	lied to	your						
		2017 estimated tax.			4	19				
Amount	50	Amount you owe. Subtract line	46 fror	n line 39. F	or detai	ils on h	ow to pay	,		
Amount		see instructions.					' '	▶ 50		240
you owe	51	Estimated tax penalty (see instru	uctions)	F	51				
The first or a sale of		you want to allow another person to disc					ione)2 \(\bullet \mathbb{V} \mathbb{O}	s Complete t	he followin	g. X No
Third party			Juss IIIIs		ino (see	HISHUCI				j. <u>ZS</u> 140
designee		esignee's me ►		Phone no. ►			Person numbe	al identification r (PIN)	•	
Cian		nder penalties of perjury, I declare that I have ex d belief, they are true, correct, and accurately I								
Sign		an the taxpayer) is based on all information of w					ed during the	tax year. Decia	ation of pre	Jaiei (Otilei
here	, Yo	our signature		Date	Your occ	upation		Daytime ph	one number	
Joint return?				11/01/2017	HAIR ST	YLIST		609-5	55-789	90
See instructions. Keep a copy	S	oouse's signature. If a joint return, both must sig	ın.	Date		s occupati	on	If the IRS sent	you an Identity	
for your records.								PIN, enter it here (see inst.	,	
Paid	Pı	int/type preparer's name	Preparer's	signature			Date		DTINI	
Paid				-			11/01/2017	Check ► ☐ if self-employed		1413
preparer	Fi	m's name ▶ DRACTICE I.AR						Firm's EIN ▶	1023031	
use only	_	m's name ► PRACTICE LAB m's address ► 15 PRACTICE LAB V	777 V TAT 70	CHINCHON	DC 20	0005		Phone no. 2	02-201	2-2022
-		TO ENVOITOR THE	ATT NAT	TO T D NI T T T O IN		$\circ \circ \circ \supset$		2	~ ~ ~ C Z	

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 or					ur social security number
HELEN I	ROS			79	91-00-0752
		Caution: Do not include expenses reimbursed or paid by others.			
Medical	1	Medical and dental expenses (see instructions)	1		
and	2	Enter amount from Form 1040, line 38 2			
Dental	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was			
Expenses		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	5	State and local (check only one box):			
Paid		a 🗵 Income taxes, or	5 517		
		b ☐ 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	517
Interest	10	Home mortgage interest and points reported to you on Form 1098	10		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid			
		to the person from whom you bought the home, see instructions			
Note:		and show that person's name, identifying no., and address ▶			
Your mortgage					
interest deduction may			11		
be limited (see	12	Points not reported to you on Form 1098. See instructions for		1	
instructions).		special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
		Investment interest. Attach Form 4952 if required. (See instructions.)	14	-	
		Add lines 10 through 14		15	
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,			
Charity	10	see instructions	16		
-	17	Other than by cash or check. If any gift of \$250 or more, see	10	-	
If you made a gift and got a	17	instructions. You must attach Form 8283 if over \$500	17		
benefit for it,	1Ω	Carryover from prior year	18		
see instructions.		Add lines 16 through 18		19	
Casualty and	19	Add lines to through to	<u> </u>	19	
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses				20	
and Certain	21	The second conference of the second conference			
Miscellaneous		job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
Deductions	22		22	-	
Doudouono		Tax preparation fees	22	-	
	23	Other expenses—investment, safe deposit box, etc. List type			
		and amount ▶	00		
	04	Add lines 01 through 00	23	-	
		Add lines 21 through 23	24	-	
	25	Enter amount from Form 1040, line 38 25	100		
	26	Multiply line 25 by 2% (0.02)	26		
Other	27	Subtract line 26 from line 24. If line 26 is more than line 24, ente	r-u	27	
Other	28	Other—from list in instructions. List type and amount ▶			
Miscellaneous Deductions					
				28	
Total	29	Is Form 1040, line 38, over \$155,650?			
Itemized		No. Your deduction is not limited. Add the amounts in the fa			-1-
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040	}	29	517
		☐ Yes. Your deduction may be limited. See the Itemized Deduction	ctions		
		Worksheet in the instructions to figure the amount to enter.	,		
	30	If you elect to itemize deductions even though they are less t	han your standard		
		deduction, check here	▶ □		

HELEN ROSEMONT 791-00-0752

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





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

Ве	efore 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:08055 State:NJ Days Lived in:366
1.	Enter your state general sales taxes from the 2016 Optional State Sales Tax Table
	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, 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.
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
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
5.	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)
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.
7.	Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet
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

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 E	xtension Co	nfirmation #						

ROSEMONT HELEN E

22 RIVER ROAD APT 5E

MEDFORD NJ 08055 0320

1038 12

791000752 782000752

S23051413



and statements, and to the best of my	knowledge and belie	ned this income tax return, including accompanying schedules of, it is true, correct and complete. If prepared by a person other ion of which the preparer has any knowledge.	Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI Mail your return in the envelope provided and affix the appropriate mailing label.			
>		>	If you have an amount due on Line 56, enclose your			
Your Signature Date		Spouse/CU Partner's Signature (If filed jointly both must sign)	check and NJ-1040-V payment voucher with your return and use the label for PO Box 111.			
Fill in if NJ-1040-O is enclosed			If not, use the label for PO Box 555.			
If enclosing copy of death certificate for de	You may also pay by e-check or credit card. See					
Paid Preparer's Signature		Federal Identification Number	instruction page 11.			
		S23051413				
Firm's Name PRACTICE LAB		Federal Employer Identification Number				
15 PRACTICE LAB WAY	WASHINGTON	DC 20005				



ROSEMONT HELEN E

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PAGE 2

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

FILING STATUS 1. SINGLE 2. MARRIED/CU COUPLE FILING JOINT RE 3. MARRIED/CU COUPLE FILING SEPARAT 4. HEAD OF HOUSEHOLD 5. QUALIFYING WIDOW(ER)/SURVIVING OF CHECKBOXES FOR EXEMPTIONS REGULAR SPOUSE/CU PARTNER AGE 65 OR OLDER YOURSELF BLIND OR DISABLED YOURSELF	TE RETURN X	EXEMPTIONS 6. REGULAR 7. AGE 65 OR OVER 8. BLIND OR DISABLED 9. NUMBER OF QUALIFIED DEPEN 10. NUMBER OF OTHER DEPENDEN 11. DEPENDENTS ATTENDING COL. 12A. TOTAL (LINE 12A - ADD LINES 612B. TOTAL (LINE 12B - ADD LINES 912B)	TS LEGE , 7, 8, AND 11)	EN	1
DEPENDENT'S INFORMATION FROM LAST NAME, FIRST NAME, MIDDLE II		CH RIDER IF MORE THAN FOUR) SOCIAL SECURITY NUMBER	BIRTH YE	AR	HEALTH INS IND
A. B. C. D. GUBERNATORIAL ELECTIONS FUN DO YOU WISH TO DESIGNATE \$1 OF Y		UND?	YES	X NO	
IF JOINT RETURN. DOES YOUR SPOU	JSE/CU PARTNER WISH TO	O DESIGNATE \$1?	YES	NO	
 15A. TAXABLE INTEREST INCOME (SEE INSTRU 15B. TAX EXEMPT INTEREST INCOME (SEE INSTRU 16. DIVIDENDS 17. NET PROFITS FROM BUSINESS (SCHEDULE 18. NET GAINS FROM DISPOSITION OF PROPEI 19A. PENSIONS, ANNUITIES, AND IRA WITHDRA 19B. EXCLUDABLE PENSIONS, ANNUITIES, AND 20. DISTRIBUTIVE SHARE OF PARTNERSHIP IN 	JOCTIONS) (ENCLOSE FEDERAL SCI TRUCTIONS) (ENCLOSE SCHEDUL E: NJ-BUS-1, PART 1, LINE 4) (ENCLO RTY (SCHEDULE B, LINE 4) AWALS (SEE INSTRUCTION PAGE D) IRA WITHDRAWALS NCOME (SCH. NJ-BUS-1, PART II, LINE 4 N INCOME (SCH. NJ-BUS-1, PART III, LINE ALTIES, PATENTS & COPYRIGHTS TION PAGE 24)	LE) DO NOT INCLUDE ON LINE 15A OSE COPY OF FEDERAL SCHEDULE C, FORM 1040) 20) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. NE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL	K-1) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. 15A. 15B. 16. 17. 18. 19A. 19B. 20. 21. 22.	26482
 25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRI 26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 17) 27A. PENSION EXCLUSION (SEE INSTRUCTION I 27B. OTHER RETIREMENT INCOME EXCLUSION 27C. TOTAL ENGLISION ANGENTS (ADD LINES) 	, 18, 19A, AND 20 THROUGH 25) PAGE 25) IS (SEE WORKSHEET AND INSTRU	JCTION PAGE 26)	2	25. 26. 27A. 27B.	26482 .
 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 2 28. NEW JERSEY GROSS INCOME (SUBTRACT 29. TOTAL EXEMPTION AMOUNT (SEE INSTRU 30. MEDICAL EXPENSES (SEE WORKSHEET AN 31. ALIMONY AND SEPARATE MAINTENANCE 32. QUALIFIED CONSERVATION CONTRIBUTION 33. HEALTH ENTERPRISE ZONE DEDUCTION 	LINE 27C FROM LINE 26) (SEE INS' JCTION PAGE 27 TO CALCULATE A ND INSTRUCTION PAGE 27) E PAYMENTS	TRUCTION PAGE 27) AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION	2 N PAGE 6) 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	27C. 28. 29. 30. 31. 32.	26482 . 1000 .
 34. ALTERNATIVE BUSINESS CALCULATION A 35. TOTAL EXEMPTIONS AND DEDUCTIONS (A 36. TAXABLE INCOME (SUBTRACT LINE 35 FR 	ADD LINES 29 THROUGH 34)		3	34. 35. 36.	1000 . 25482 .



pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR

ROSEMONT HELEN E

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37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.		3024	٠
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.			
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.			
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	38.		3024	•
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.		22458	
40.	TAX (FROM TAX TABLES, PAGE 53)	40.		323	
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.			
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.			
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.		323	
43.	SHELTERED WORKSHOP TAX CREDIT	43.			
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.		323	
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZEE	o 45.		0	
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.			
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.			
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.		323	
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.		330	
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.			
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 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.		330	
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMO	56.			
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.		7	
58.	YOUR 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.			
	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.			
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.		7	
	DIRECT DEPOSIT INFORMATION				
dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) dd1.		1		
	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) dd2.		Ċ		
	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd3.		C		
	ROUTING NUMBER dd4.			031207607	
	ACCOUNT NUMBER dd5.			123123123	
	add.				
dnm	, DO NOT MAIL INDICATOR dnm.		Х		
	POWER OF ATTORNEY INDICATOR pa.		21		
pa.	pa.				

pdr.

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			
HELEN E ROSEMONT	791-00-0752			
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's			
Part: Tax Return Information-Tax Year Ending December 31, 2016 (Whole Dollars Only)				
1 New Jersey Taxable income		1	22458	
2 Total tax		2	323	
3 New Jersey income tax withheld		. 3	330	
4 Refund		4	7	
5 Amount you owe		. 5		
Part II Declaration and Signature Authorization of Taxpayer				
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income	ome tax retur	n and	accompanying	
schedules and statements for the tax year ending December 31, 2016, and to the best of my known	wledge and b	elief, i	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, E	lectronic Fur	ıds Wi	thdrawal Consent	
included on the copy of my electronic income tax return and I agree to the provisions contained			•	
identification number (PIN) as my signature for my electronic income tax return and, if applicable	e, my Electro	nic Fu	nds Withdrawal Consent.	
Taynayar's PIN: shock and hay only				
Taxpayer's PIN: check one box only	. 1004	. –		
X I authorize PRACTICE LAB to enter my PIN			as my signature	
ERO firm name on my tax year 2016 electronically filed income tax return.	do not enter	all zer	os	
	on Ohaalatkii		h. !f	
I will enter my PIN as my signature on my tax year 2016 electronically filed income tax retu			• •	
entering your own PIN and your return is filed using the Practitioner PIN method. The ERO	nust complet	e Part	III below.	
Your signature	Date ►		11/01/2017	
Spouse's PIN: check one box only (or Civil Union Prtnr's PIN)				
I authorize to enter my PIN	I		as my signature	
ERO firm name	do not enter	all zer	_ ' '	
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 retu	rn. Check this	s box (only if you are	
entering your own PIN and your return is filed using the Practitioner PIN method. The ERO			• •	
Spouse's signature or Civil Union Prtnr's	Date			
Practioner PIN Method Returns Only - continue	below			
Part 組 Certification and Authentication - Practioner PIN Method				
			0.7.5	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	36925			
			all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the tax year 2016 elec	-			
return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance	ce with the re	quiren	nents of	
the Practioner PIN method.				
ERO's signature	Date ▶		11/01/2017	
ERO Must Retain This Form - See Instructi Do Not Submit This Form to New Jersey Unless Red		Do S	So	
•	•			
Form NJ-8879 (2016)				