TAX YEAR: 2015 PROCESS DATE: 12/03/2017

CLIENT : 851-00-2016 WALTER WINSTON BIRTH DATE : 01/02/1948 SPOUSE : 852-00-2016 WENDY WINSTON BIRTH DATE : 02/03/1958

ADDRESS: 123 ELM PREPARER: 995

: PLUCKEMIN NJ 07978

Home : (888) 555-1111 PREPARER FEE:
Work : - ELECTRONIC :
Cell : - TOTAL FEES :

STATUS : 2

FED TYPE: Electronic Mail ST TYPE: Regular Tax

E-MAIL : NONE@TAXSLAYERPRO.COM

LISTING OF FORMS FOR THIS RETURN

FORM 1040 FORM W-2 FORM W-2G

FORM 1099-G (UNEMPLOYMENT COMPENSATION)
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)

NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT	
FILING STATUS	2	2	
TOTAL INCOME	62532	44241	
TOTAL ADJUSTMENTS	0	0	
ADJUSTED GROSS INCOME	62532	24241	
DEDUCTIONS	13850	0	
EXEMPTIONS	8100	3000	
TAXABLE INCOME	40582	21241	
TAX	5069	301	
CREDITS	0	0	
PAYMENTS	6030	390	
EARNED INCOME CREDIT	0	0	
REFUND	961	89	
AMOUNT DUE	0	0	

CLIENT : WALTER WINSTON

SPOUSE : WENDY WINSTON

851-00-2015 852-00-2015

PREPARER: 995 DATE: 12/03/2017

LISTING	OF FORM	S FOR THIS	RETURN

* W-2 INCOME FORMS SUI	MMARY *								
T/S EMPLOYER	WAGES	FED	WITH	FICA	MED	TAX	STATE	WITH	ST
1. S ACME SCHOOL	13817		1382	857		200		390	NJ
TOTALS	13817		1382	857		200		390	
* W-2G INCOME FORMS SUI	MMARY *								
[T/S] PAYER	G	ROSS WI	NNTNG	FED V	NTTH	STATE	י שדידו	ST	
1. T ACME CASINO		ICODD WI	3400	, עם ד	0	<u> </u>	0	<u> </u>	
TOTALS	• • •		3400		0		0		
* FORM 1099-G INCOME FO	ORMS SUMMARY	*							
[T/S] PAYER		UNEMPI	OYMENT	FED	WITH	ST	'ATE W	TH	
	DEPARTMENT O	F LABOR	4800		480			0	
TOTALS			4800		480			0	
* 1099-R INCOME FORMS	SUMMARY *								
[T/S] PAYER	CPA	פפ הדפח	י ייזעאו	BLE AMT	.	ED WIT	יטי (STATE	พากาบ
1. T ACME PENSION		28000		27156	F_I	2800		OIAIL	0
	3-1.5			_,					Ū
TOTALS		28000)	27156		2800	1		0
* FORM SSA-1099 INCOME FORMS SUMMARY *									
[T/S] PAYER		SSA BE	NEFITS	TF.D	WITH				
1. T U.S.		~~~ <u>~</u>	13682		1368	_			
TOTALS	• • •		13682		1368				

1040		nent of the Treasury—International Inc			201	5	OMR	lo. 1545-0074	IRS Use	Onlv—D	o not write or staple in th	nis snace
For the year Jan. 1–D	-	5, or other tax year beginnir			, 2015,	endina	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20		e separate instruct	
Your first name and		o, or other tax your boginin	Last nar	me	, 2010,	onding		,,			ur social security nu	
WALTER WINSTON							851-00-2015					
If a joint return, spo	ouse's first	name and initial	Last nar								ouse's social security	
WENDY WINSTON								8 !	52-00-2015	5		
	mber and s	street). If you have a P.C							Apt. no.	1	Make sure the SSN(
123 ELM		1710									and on line 6c are	correct.
•		and ZIP code. If you have a	foreign addre	ss, also complete s	paces below (see insti	ructions).				residential Election Ca	
PLUCKEMII		07978		Te ·				1		- iointl	ck here if you, or your spou y, want \$3 to go to this fun	
Foreign country na	Foreign country name Foreign province/state/county Foreign postal c						postal cod	a bo	x below will not change yound.	ur tax or Spouse		
Filing Status	1	Single		•		4	☐ Hea	d of household	d (with qua	alifying	person). (See instructi	ions.) If
i iiiig Otatas	2	Married filing join	tly (even if	only one had in	come)		the	qualifying pers	on is a ch	ild but i	not your dependent, e	enter this
Check only one	3	Married filing sep	arately. Ent	ter spouse's SS	SN above		chile	d's name here.	_			
box.		and full name her				5		alifying widow	(er) with	depen	dent child	
Exemptions	6a	X Yourself. If sor	neone can	claim you as a	dependent,	do no	t chec	k box 6a .		. }	Boxes checked on 6a and 6b	2
	b	X Spouse	<u> </u>						<u></u>	J	No. of children	
	С	Dependents:		(2) Dependent's social security nun) Dependitionship		(4) ✓ if child qualifying for (on 6c who: • lived with you	0
	(1) First	name Last na	ame	Social Security Hull	ibei Teid	ilionsinp	to you	(see inst	ructions)		 did not live with vou due to divorce 	
If more than four											or separation (see instructions)	0
dependents, see									<u>]</u>		Dependents on 6c	
instructions and	-							L	<u>]</u>		not entered above	0
check here ▶	d	Total number of exc	omptions of	laimad				L			Add numbers on	2
					<u></u>	•				7	lines above ▶	3817
Income	<i>1</i> 8а	Wages, salaries, tip Taxable interest. A	•	` ,						8a		1059
	b	Tax-exempt interest. A				8b				Oa	_	1033
Attach Form(s)	9a	Ordinary dividends				OD				9a		670
W-2 here. Also	b	Qualified dividends				9b			615	- Ou		070
attach Forms W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes										
1099-R if tax	11	Alimony received								11		
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ								12		
	13	Capital gain or (loss				t requ	ired, ch	eck here		13		
If you did not	14	Other gains or (loss	ses). Attach	Form 4797 .						14		
get a W-2, see instructions.	15a	IRA distributions	. 15a			b Ta	axable a	mount .		15b		
	16a	Pensions and annuit	ties 16a		28000	b Ta	axable a	ımount .		16b	27	7156
	17	Rental real estate, r	royalties, pa	artnerships, S c	orporations	, trust	s, etc. /	Attach Sched	dule E	17		
	18	Farm income or (los	•							18		
	19	Unemployment cor	1							19		1800
	20a	Social security bene						imount .		20b		1630
	21	Other income. List								21		3400
	22	Combine the amount						ur total incom	ie 🚩	22	62	2532
Adjusted	23 24	Educator expenses Certain business expe					1					
Gross	24	fee-basis government				24						
Income	25											
	26	Health savings account deduction. Attach Form 8889 . 25 Moving expenses. Attach Form 3903										
	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										
	31a	Alimony paid b Re		-		31a						
	32	IRA deduction				32						
	33	Student loan interes										
	34	Tuition and fees. At	tach Form	8917		34						
	35	Domestic production	activities de	eduction. Attach	Form 8903	35						
	36	Add lines 23 through	•							36		
	37	Subtract line 36 fro	m line 22. 1	This is your adjı	usted gross	s inco	me .			37	62	2532



WINSTON WALTER & WENDY

851002015 1038

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	EXEMPTIONS		
1. SINGLE	6. REGULAR		2
2. MARRIED/CU COUPLE FILING JOINT RETURN	X 7. AGE 65 OR OVER		1
3. MARRIED/CU COUPLE FILING SEPARATE RETURN	8. BLIND OR DISABLED		
4. HEAD OF HOUSEHOLD	9. NUMBER OF QUALIFIED DEPE	NDENT CHILDREN	
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER	10. NUMBER OF OTHER DEPENDE	NTS	
CHECKBOXES FOR EXEMPTIONS	 DEPENDENTS ATTENDING COL 	LLEGE	
REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER	12A. TOTAL (LINE 12A - ADD LINES	6, 7, 8, AND 11)	3
AGE 65 OR OLDER YOURSELF X SPOUSE/CU PARTNER	12B. TOTAL (LINE 12B - ADD LINES	9 AND 10)	
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER			
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (LAST NAME, FIRST NAME, MIDDLE INITIAL A.	ATTACH RIDER IF MORE THAN FOUR) SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
В.			
C.			
D.			
GUBERNATORIAL ELECTIONS FUND DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR T	THIS FUND?	YES	NO X
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER W	ISH TO DESIGNATE \$1?	YES	NO X
14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2	2(S) (SEE INSTR.) 14.	13817 .
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDE	RAL SCHEDULE B IF OVER \$1,500)	15A.	
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SO	CHEDULE) DO NOT INCLUDE ON LINE 15A	15B.	
16. DIVIDENDS		16.	670 .
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.	
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION	N PAGE 20)	19A.	27156 .
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 SCI	H. K-1) 20.	
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PA	RT III, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERA	L SCH. K-1) 21.	•
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPY	RIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)	22.	•
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)		23.	2400 .
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 THROUG	H 25)	26.	44241 .
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.	
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)	28.	24241 .
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALC	ULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTIO	ON PAGE 6) 29.	3000 .
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27)	30.	
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 3	4)	35.	3000 .
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR I	ESS, MAKE NO ENTRY	36.	21241 .