

TAX YEAR: 2015

PROCESS DATE: 12/03/2017

CLIENT : 851-00-2016 WALTER WINSTON
SPOUSE : 852-00-2016 WENDY WINSTON

BIRTH DATE : 01/02/1948
BIRTH DATE : 02/03/1958

ADDRESS : 123 ELM
: PLUCKEMIN NJ 07978

PREPARER : 995

Home : (888) 555-1111
Work : -
Cell : -
STATUS : 2
FED TYPE: Electronic Mail
ST TYPE : Regular Tax
E-MAIL : NONE@TAXSLAYERPRO.COM

PREPARER FEE:
ELECTRONIC :
TOTAL FEES :

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 *

<u>SUMMARY</u>	<u>FEDERAL</u>	<u>NJ RESIDENT</u>
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 FORMS FOR THIS RETURN

* W-2 INCOME FORMS SUMMARY *

	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH</u>	<u>ST</u>
1.	S	ACME SCHOOL	13817	1382	857	200	390	NJ
		TOTALS.....	13817	1382	857	200	390	

* W-2G INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS WINNING</u>	<u>FED WITH</u>	<u>STATE WITH</u>	<u>ST</u>
1.	T	ACME CASINO	3400	0	0	
		TOTALS.....	3400	0	0	

* FORM 1099-G INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>UNEMPLOYMENT</u>	<u>FED WITH</u>	<u>STATE WITH</u>	<u>ST</u>
1.	S	NEW JERSEY DEPARTMENT OF LABOR	4800	480	0	
		TOTALS.....	4800	480	0	

* 1099-R INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS DIST</u>	<u>TAXABLE AMT</u>	<u>FED WITH</u>	<u>STATE WITH</u>	<u>ST</u>
1.	T	ACME PENSIONS	28000	27156	2800	0	
		TOTALS.....	28000	27156	2800	0	

* FORM SSA-1099 INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>SSA BENEFITS</u>	<u>FED WITH</u>	<u>STATE WITH</u>	<u>ST</u>
1.	T	U.S.	13682	1368		
		TOTALS.....	13682	1368		

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

See separate instructions.

Your first name and initial WALTER	Last name WINSTON	Your social security number 851-00-2015
If a joint return, spouse's first name and initial WENDY	Last name WINSTON	Spouse's social security number 852-00-2015
Home address (number and street). If you have a P.O. box, see instructions. 123 ELM		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). PLUCKEMIN, NJ 07978		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 0
- did not live with you due to divorce or separation (see instructions) 0

Dependents on 6c not entered above 0

Add numbers on lines above 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	13817
8a	Taxable interest. Attach Schedule B if required	8a	1059
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	670
b	Qualified dividends	9b	615
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	28000
b	Taxable amount	16b	27156
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	4800
20a	Social security benefits	20a	13682
b	Taxable amount	20b	11630
21	Other income. List type and amount <u>GAMBLING WINNINGS</u>	21	3400
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	62532

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	62532



WINSTON WALTER & WENDY

851002015

1038

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

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER 1
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 3
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

CHECKBOXES FOR EXEMPTIONS

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

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

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, C, D.

GOVERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO X
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO X

Main tax schedule table with 36 rows. Columns include line number, description, and amount. Total taxable income is 21241.