TAX YEAR: 2016	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	PREPARER FEE: ELECTRONIC : TOTAL FEES :
ST TYPE : Regular Tax E-MAIL : NONE@TAXSLAYERPRO.COM	

LISTING OF FOR	RMS FOR THIS RETURN
FORM 1040	
FORM W-2	
FORM W-2G	
FORM SSA-1099	(SOCIAL SECURITY BENEFITS)
FORM 1099-R	(RETIREMENT DISTRIBUTIONS)
SCHEDULE B	(INTEREST/DIVIDEND INCOME)
SCHEDULE C	(BUSINESS INCOME)
SCHEDULE D	(CAPITAL GAINS/LOSSES)
SCHEDULE SE	(SELF EMPLOYMENT TAX)
FORM 8879	(E-FILE SIGNATURE AUTHORIZATION)
NJ STATE RESI	DENT RETURN

* QUICK SUMMARY *

FEDERAL	NJ RESIDENT	
2	2	
62340	51071	
90	0	
62250	31071	
13850	0	
8100	3000	
40300	28071	
5091	421	
0	0	
6655	500	
80	0	
0	0	
1484	79	
0	0	
	2 62340 90 62250 13850 8100 40300 5091 0 6655 80 0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

CLIENT	:	WALTER	WINSTON
SPOUSE	:	WENDY V	VINSTON

PREPARER : 995 DATE : 12/03/2017

LISTING OF FORMS FOR THIS RETURN

* W-2 INCOME FORMS SUMMARY *

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	S	ACME SCHOOL	15876	1588	984	230	500 NJ
		TOTALS	15876	1588	984	230	500

* W-2G INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS WINNING	FED WITH	STATE WITH ST
1.	Т	ACME CASINO	4000	400	0
2.	S	NEW JERSEY LOTTERY	1500	150	0
		TOTALS	5500	550	0

* 1099-R INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH
1.	Т	DEFENSE FINANCE &	1200	1200	120	0
2.	Т	ACME IRAS	3000	0	0	0
3.	Т	ACME TRUST	2424	0	0	0
4.	Т	ACME PENSIONS	28000	26766	2677	0
		TOTALS	34624	27966	2797	0

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH
1.	Т	U.S.	13682	1368
		TOTALS	13682	1368

1040		nent of the Treasury—Internal F Individual Inco		. ,	201	6		o. 1545-0074	IRS Use (Dnly—E	Do not write or staple in thi	s space.
For the year Jan. 1-De		6, or other tax year beginning			, 2016, 6	ending		,	20		e separate instructi	
Your first name and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Last name	e	,, .	5		,	-		our social security nur	
WALTER			WINS	TON						8	51-00-2016	
If a joint return, spor	use's first	name and initial	Last name	е						Sp	ouse's social security n	umber
WENDY			WINS	-						8	52-00-2016	
Home address (num 123 ELM	ber and s	street). If you have a P.O. b	ox, see inst	ructions.					Apt. no.		Make sure the SSN(s and on line 6c are c	
	ce, state, a	and ZIP code. If you have a fo	reign address	s, also complete s	paces below (s	see instru	uctions).			F	Presidential Election Car	mpaign
PLUCKEMIN	J. NJ	r 07978									ck here if you, or your spouse	
Foreign country nan	ne			Foreign pro	vince/state/c	ounty		Foreign	postal cod		tly, want \$3 to go to this fund. x below will not change your nd. You	
Filing Status	1	Single				4	Hea	d of househol	d (with aua	lifvina	person). (See instructio	ns.) If
Filing Status	2	X Married filing jointly	(even if or	nly one had ind	come)						not your dependent, en	
Check only one	3	Married filing separ	ately. Ente	r spouse's SS	N above		chilc	l's name here	. ►			
box.		and full name here.				5	Qua	lifying widov	v(er) with	deper	ndent child	
Exemptions	6a	X Yourself. If some	one can cl	aim you as a o	dependent,	do not	t check	k box 6a .		. }	Boxes checked on 6a and 6b	2
	b				<u></u>					J	No. of children	
	С	Dependents:		(2) Dependent's social security num		Depende		(4) ✓ if child qualifying for	child tax cre		on 6c who: • lived with you	0
	(1) First	name Last name	9				o you	(see ins	tructions)		 did not live with you due to divorce 	
If more than four								L			or separation (see instructions)	0
dependents, see								L	<u></u>		Dependents on 6c	0
instructions and check here ►								L			not entered above	
	d	Total number of exem	ptions cla	imed				L			Add numbers on lines above	2
	7	Wages, salaries, tips,								7	1	876
Income	8a	Taxable interest. Atta		()						8a		569
	b	Tax-exempt interest.				1			338		-	
Attach Form(s)	9a	Ordinary dividends. A	ttach Sche	edule B if requ	ired					9a		232
W-2 here. Also attach Forms	b	Qualified dividends				9b			199			
W-2G and	10	Taxable refunds, crec	lits, or offs	ets of state ar	nd local inco	ome tax	kes .			10		
1099-R if tax was withheld.	11	Alimony received .								11		
was withineid.	12	Business income or (I							· .	12		567
lf you did not	13	Capital gain or (loss).				t requir	ed, ch	eck here 🕨		13	-3	000
get a W-2,	14	Other gains or (losses	ίι I	orm 4797.			• •	ROI	LOVER	14		
see instructions.	15a	IRA distributions .	15a 16a		<u>5424</u> 29200		xable a	mount .	· ·	15b	27	966
	16a 17	Pensions and annuities Rental real estate, roy								16b 17	27	900
	18	Farm income or (loss)	<i>i</i> 1	1 /	•	·	·			18		
	19	Unemployment comp								19		
	20a	Social security benefits			13682					20b	11	630
	21	Other income. List typ	be and am	ount <u>GAM</u>	BLING	WIN	NIN	GS		21	5	500
	22	Combine the amounts in	n the far righ	nt column for lin	nes 7 through	21. Thi	is is you			22	62	340
Adjusted	23	Educator expenses				23						
Gross	24	Certain business expens										
Income	05	fee-basis government of				24						
	25	Health savings accou				25						
	26 27	Moving expenses. At Deductible part of self-e				26 27			40			
	28	Self-employed SEP, S				28						
	29	Self-employed health				29						
	30	Penalty on early with				30			50			
	31a	Alimony paid b Reci		-		31a						
	32	IRA deduction				32						
	33	Student loan interest	deduction			33						
	34	Tuition and fees. Atta	ch Form 8	917		34						
	35	Domestic production a				35						_
	36	Add lines 23 through								36		90
	37	Subtract line 36 from	iine 22. Th	lis is your adji	usted gross	s incon	ne.		. 🕨	37	62	250

	NJ-1040 (2016)	PAGE	2
	WINSTON WALTER &	WENDY	
040MP02160	851002016		1038
	RESIDENT FOR ONLY PART OF THE TAXAB	BLE YEAR GIVE THE PERIOD OF NEW	/ JERSEY RESIDENCY
TLING STATUS	EXEMPTIONS	s	
. SINGLE	6. REGULAR		2
. MARRIED/CU COUPLE FILING JOINT RETURN	X 7. AGE 65 OR		1
. MARRIED/CU COUPLE FILING SEPARATE RETUR		DISABLED	-
. HEAD OF HOUSEHOLD		OF QUALIFIED DEPENDENT CHILDRI	EN
. QUALIFYING WIDOW(ER)/SURVIVING CU PARTN		OF OTHER DEPENDENTS	
CHECKBOXES FOR EXEMPTIONS		NTS ATTENDING COLLEGE	
		INE 12A - ADD LINES 6, 7, 8, AND 11)	3
		INE 12B - ADD LINES 9 AND 10)	-
	U PARTNER		
EPENDENT'S INFORMATION FROM LINES AST NAME, FIRST NAME, MIDDLE INITIAL	5 9 AND 10 (ATTACH RIDER IF MORE TH Social Security NU		AR HEALTH INS INI
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