

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records.**

2012

Declaration Control Number (DCN) ▶

Taxpayer's name
ANDREA ANDERSON

Social security number
611-02-0752

Spouse's name

Spouse's social security number

Part I Tax Return Information-Tax Year Ending December 31, 2012 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	26,298.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,044.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	2,600.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) ..	4	556.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

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, 2012, 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 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 acknowledgment 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 KINNELON LIBRARY TCE to enter or generate my PIN 12345
ERO firm name **Enter five numbers, but do not enter all zeros**
as my signature on my tax year 2012 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2012 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 ▶ 09/29/2013

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name **Enter five numbers, but do not enter all zeros**
as my signature on my tax year 2012 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2012 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 ▶ _____

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. 20075298765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 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 **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ S12345678 KINNELON LIBRARY TCE Date ▶ 09/29/2013

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning _____, 2012, ending _____, 20

Your first name and initial **ANDREA** Last name **ANDERSON** **Your social security number** **611-02-0752**

If a joint return, spouse's first name and initial _____ Last name _____ **Spouse's social security no.** _____

Home address (number and street). If you have a P.O. box, see instructions. **123 HARBOR AVENUE** Apt. no. _____ **▲ 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). **EDGEWATER NJ 07020-** **Presidential Election Campaign**

Foreign country name _____ Foreign province/county _____ Foreign postal code _____ **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
 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

Exemptions
 6a **Yourself.** If someone can claim you as a dependent, do not check box 6a
 b **Spouse**
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instr.)
 d Total number of exemptions claimed **1**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **26,298.**
 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**
 b Qualified dividends **9b**
 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 **13**
 14 Other gains or (losses). Attach Form 4797 **14**
 15a IRA distributions **15a** b Taxable amount **15b**
 16a Pensions and annuities **16a** b Taxable amount **16b**
 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**
 20a Social security benefits **20a** b Taxable amount **20b**
 21 Other income. List type and amount (see instr.) **21**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22** **26,298.**

Adjusted Gross Income
 23 Educator expenses **23**
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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** **26,298.**

Tax and Credits

Table with 2 columns: Description and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 26,298; 39a Check boxes for birth dates and blindness status; 40 Itemized deductions 5,950; 41 Subtract line 40 from line 38 20,348; 42 Exemptions 3,800; 43 Taxable income 16,548; 44 Tax 2,044; 45 Alternative minimum tax; 46 Add lines 44 and 45 2,044; 47-53 Credits; 54 Add lines 47 through 53; 55 Subtract line 54 from line 46 2,044.

Standard Deduction for-

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:

Single or Married filing separately, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

Other Taxes

Table with 2 columns: Description and Amount. Rows include: 56 Self-employment tax; 57 Unreported social security and Medicare tax; 58 Additional tax on IRAs; 59a Household employment taxes; 59b First-time homebuyer credit repayment; 60 Other taxes; 61 Add lines 55 through 60. This is your total tax 2,044.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Description and Amount. Rows include: 62 Federal income tax withheld 2,600; 63 2012 estimated tax payments; 64a Earned income credit (EIC) NO; 64b Nontaxable combat pay election; 65 Additional child tax credit; 66 American opportunity credit; 67 Reserved; 68 Amount paid with request for extension; 69 Excess social security and tier 1 RRTA tax withheld; 70 Credit for federal tax on fuels; 71 Credits from Form; 72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 2,600.

Refund

Table with 2 columns: Description and Amount. Rows include: 73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 556; 74a Amount of line 73 you want refunded to you 556; 74b Routing number; 74c Type: Checking Savings; 74d Account number; 75 Amount of line 73 you want applied to your 2013 estimated tax.

Amount You Owe

Table with 2 columns: Description and Amount. Rows include: 76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.
77 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation (CLERK), Daytime phone number (201-555-0001)
Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer's Use Only
Print/Type preparer's name: AARP Foundation Tax-Aide
Preparer's signature, Date, Check self-employed if, PTIN: S24051405
Firm's name, Firm's address, Firm's EIN, Phone no.

Name: ANDREA ANDERSON

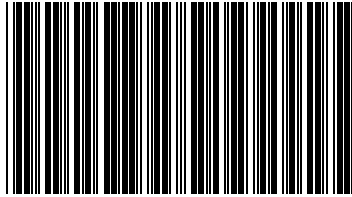
SSN: 611-02-0752

Gross Income	2010	2011	2012
Wages and salaries			26,298.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			
Total gross income			26,298.
Adjustments to Income			
Adjusted gross income			26,298.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			5,950.
Exemptions			3,800.
Taxable Income	0	0	16,548.
Tax (2012 - 1040, line 44)	0	0	2,044.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			2,600.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			2,600.
Tax liability after credits			2,044.
Estimated tax penalty			
Refund or (Balance Due)			556.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			NJ 79.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2012:

W-2 DETAIL REPORT - 2012

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
BILLINGS MARKET	61-9990752	X	26298	2600	1105	381	NJ	26298	401		
			-----	-----	-----	---		-----	---		
			26298	2600	1105	381		26298	401		



ANDERSON ANDREA

611020752

1045

RESIDENCY STATUS IF YOU WERE A NJ RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NJ RESIDENCY FROM TO

FILING STATUS

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

X

EXEMPTIONS

- 6. REGULAR
7. AGE 65 OR OVER
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)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

1
0
0
0
0
0
1
0

CHECK BOXES FOR EXEMPTIONS

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

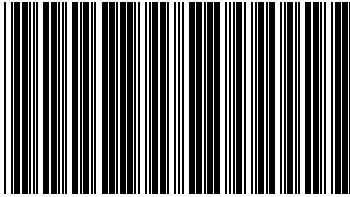
DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 5 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, 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 NO

Table with 3 columns: Description, Amount, Total. Rows 14-37A including WAGES, TAXABLE INTEREST INCOME, DIVIDENDS, etc.



ANDERSON ANDREA

611020752

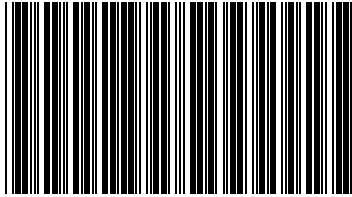
1045

37B.	FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012	
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)	0 .
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	25,298 .
39.	TAX (FROM TAX TABLES.)	372 .
40.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	0 .
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	372 .
43.	SHELTERED WORKSHOP TAX CREDIT	0 .
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	372 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	0 .
46A.	FILL IN IF FORM 2210 IS ENCLOSED	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	372 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	401 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTIONS)	50 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN	0 .
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)	0 .
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)	0 .
53.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)	0 .
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)	0 .
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	451 .
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 58, 59, 60, 61, 62 AND OR 64 AND ADDING THIS TO YOUR PAYMENT	0 .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT	79 .
	DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	
58.	YOUR 2013 TAX	0 .
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	0 .
60.	NEW JERSEY CHILDRENS TRUST FUND	0 .
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	0 .
62.	NEW JERSEY BREAST CANCER REASEACH FUND	0 .
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	0 .
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION)	0 .
64C.	DESIGNATION CODE	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	0 .
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	79 .

DIRECT DEPOSIT INFORMATION

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) 4
 ACCOUNT TYPE ('C' for CHECKING, 'S' FOR SAVINGS)
 FILL IN THE CHECK BOX IF REFUND IS GOING OUTSIDE THE UNITED STATES
 ROUTING NUMBER
 ACCOUNT NUMBER

DO NOT MAIL INDICATOR
 POWER OF ATTORNEY INDICATOR
 PRESIDENTIAL DISASTER RELIEF INDICATOR



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2012 or Other Tax Year

Beginning _____, 20____ Month Ending _____ 20____
On-line Federal Extension Confirmation # _____



ANDERSON ANDREA

123 HARBOR AVENUE

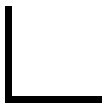
EDGEWATER

NJ 07020-0000 0213

1045 12 0

611020752

S24051405



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 filing jointly, both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instructions)

Paid Preparer's Signature

Federal Identification Number
S24051405

Firm's Name

Federal Employer Identification Number

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 instructions.

Name(s) as shown on Form NJ-1040 ANDERSON ANDREA	Your Social Security Number 611-02-0752
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PART I NET PROFITS FROM BUSINESS List the net profit (loss) from business(es). See instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	ANDREA ANDERSON	611-02-0752	
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4.

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (loss) from S Corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
 Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4.