

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) ▶ 20075220132990000392

Taxpayer's name CHARLES T CONWAY	Social security number 621-02-0752
Spouse's name CAROL M CONWAY	Spouse's social security number 622-02-0752

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	62,903.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	5,644.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	6,686.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) ..	4	1,042.
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 ▶ 10/05/2013

Spouse'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.

Spouse's signature ▶ _____ Date ▶ 10/05/2013

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 ▶ 10/05/2013

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. See separate instructions.

Your first name and initial **CHARLES T** Last name **CONWAY** Your social security number **621-02-0752**

If a joint return, spouse's first name and initial **CAROL M** Last name **CONWAY** Spouse's social security no. **622-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **910 BIRCH ST** 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). **JERSEY CITY NJ 07310-** 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 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 3 Married filing separately. Enter spouse's SSN above and full 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.)
 If more than four dependents, see instr. 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 instr.) 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 53,043.
 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 9,860.
 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 62,903.

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 62,903.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	62,903.
	39a	Check <input type="checkbox"/> You were born before Jan. 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,900.
	41	Subtract line 40 from line 38	41	51,003.
	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	7,600.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	43,403.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	5,644.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	5,644.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	5,644.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	5,644.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	6,686.
	63	2012 estimated tax payments and amount applied from 2011 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	6,686.
	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,042.
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	1,042.
	b	Routing number <input type="text" value="123456789"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions	d	Account number <input type="text" value="12345678901"/>		
	75	Amount of line 73 you want applied to your 2013 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.	76	
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. 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 ENGINEER	Daytime phone number 201-999-9999
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation TEACHER	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 <input type="checkbox"/> if self-employed	PTIN S24051405
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

1099G DETAIL REPORT - 2012

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	9860		986	
		----		---	
		9860		986	

Name: CHARLES T & CAROL M CONWAY

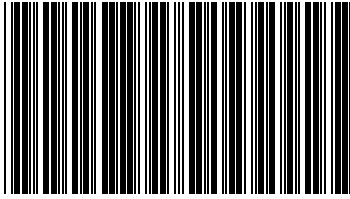
SSN: 621-02-0752

Gross Income	2010	2011	2012
Wages and salaries			53,043.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			9,860.
Other income			
Total gross income			62,903.
Adjustments to Income			
Adjusted gross income			62,903.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			11,900.
Exemptions			7,600.
Taxable Income	0	0	43,403.
Tax (2012 - 1040, line 44)	0	0	5,644.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			6,686.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			6,686.
Tax liability after credits			5,644.
Estimated tax penalty			
Refund or (Balance Due)			1,042.
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 568.
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.
VAMPIRE ENGINEERING	62-9990752	X	32867	4500	1422	491	NJ	32505	1020		
SMART KIDS CHARTER SCHOO	62-8990752	X	20176	1200	847	293	NJ	20176	404		
			-----	-----	-----	---		-----	-----		
			53043	5700	2269	784		52681	1424		



CONWAY CHARLES T & CAROL M

621020752

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 2
7. AGE 65 OR OVER 0
8. BLIND OR DISABLED 0
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 0
10. NUMBER OF OTHER DEPENDENTS 0
11. DEPENDENTS ATTENDING COLLEGE 0
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 0

CHECK BOXES FOR EXEMPTIONS

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

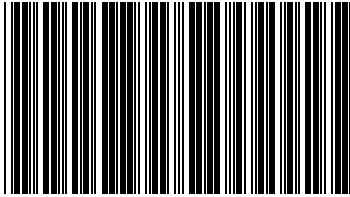
DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND

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 X

Table with 2 columns: Description (lines 14-37A) and Amount



CONWAY CHARLES T & CAROL M

621020752

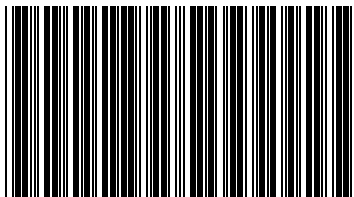
1045

37B.	FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012	
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)	3,780 .
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	46,901 .
39.	TAX (FROM TAX TABLES.)	751 .
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)	751 .
43.	SHELTERED WORKSHOP TAX CREDIT	0 .
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	751 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO	105 .
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)	856 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	1,424 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTIONS)	0 .
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)	1,424 .
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	568 .
	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)	568 .

DIRECT DEPOSIT INFORMATION

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	1
ACCOUNT TYPE ('C' for CHECKING, 'S' FOR SAVINGS)	C
FILL IN THE CHECK BOX IF REFUND IS GOING OUTSIDE THE UNITED STATES	
ROUTING NUMBER	123456789
ACCOUNT NUMBER	12345678901

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 # _____



CONWAY CHARLES T & CAROL M

910 BIRCH ST

JERSEY CITY

NJ 07310-0000 0906

1045 12 0

621020752

622020752

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.

SCHEDULE
NJ-BUS-1

NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE

2012

(Form NJ-1040)

Name(s) as shown on Form NJ-1040 CONWAY CHARLES T & CAROL M	Your Social Security Number 621-02-0752
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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.	CHARLES T CONWAY	621-02-0752	
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.

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2012

Name: CHARLES T & CAROL M CONWAY

SSN: 621-02-0752

Tax Return Information

1 Refund	568.
2 Balance Due	

Direct Deposit and Direct Debit Information

- Check here if you had a Federal refund and want the state refund deposited to the same bank account as listed on the Federal return. This information will not appear below, but will be transmitted to New Jersey with the electronic return.
- Check here if you want the state refund deposited into a different account.
- Check here to have a refund check mailed to you.

Direct Debit of Balance Due

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.
Enter the date you want the balance due to be withdrawn from your account
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date **10/26/2013**
Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number 123456789
Account number 12345678901
Account type Checking Savings

Will the refund or debit you are requesting involve a foreign bank account? Yes No

Electronic Filing Only

If you used a different account for direct deposit of your state tax refund or requested electronic funds withdrawal for your state tax balance due, rekey the account information below from the check or other document for verification.

RTN: Account: