

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) ▶ 20075220132990000396

Taxpayer's name
FRED P PATTERSON

Social security number
641-02-0752

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	16,630.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	279.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	2,736.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) ..	4	2,457.
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 _____ 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 ▶ 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 **FRED P** Last name **PATTERSON** Your social security number **641-02-0752**

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. **3717 BAXTER 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). **DENVILLE NJ 07834-** 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**

Boxes checked on 6a and 6b **1**
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 **1**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **14,678.**
 8a Taxable interest. Attach Schedule B if required **8a** **1,952.**
 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** **15b** Taxable amount
 16a Pensions and annuities **16a** **16b** Taxable amount
 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** **12,682.** **20b** Taxable amount
 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** **16,630.**

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** **16,630.**

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

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 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

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.

Paid Preparer's Use Only

Print/Type preparer's name: AARP Foundation Tax-Aide, Preparer's signature, Date, Check self-employed, PTIN: S24051405

Name: FRED P PATTERSON

SSN: 641-02-0752

Interest. List all interest on Schedule B, regardless of the amount.

Unemployment and/or state tax refund. Fill out 1099G worksheet

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	12,682.		
Railroad tier 1 received this year			
Total	12,682.		12,682.
Medicare to Schedule A	1,157.		
Federal tax withheld	1,268.		

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 16,630.

+ tax-exempt interest: _____ and excluded income from American Samoa (Form 4563) or

Puerto Rico: _____ + 50% of the benefits received: 6,341.

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable.

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable

Modified AGI

\$34,000 (\$44,000)

Subtract

X 85% =

Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly)

Add

Taxable social security and railroad retirement tier 1. Minimum of A or B

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2012			
Using the above modified AGI, this is the taxable amount of the 2011 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

US Schedule A

Itemized Deduction Detail Worksheet

2012

Name: FRED P PATTERSON

SSN: 641-02-0752

Medical Expenses		Medical miles:	Deduction:
Insurance premiums paid (not pre-tax)		1	
Taxpayer		Medicare from 1040 worksheet	1,157.
Spouse		Remainder from worksheets	
Qualified long term care contracts		Taxpayer	
Taxpayer		Spouse	
Spouse		Self-employed health insurance	
Other medical expenses		Taxpayer	
		Spouse	
		Amount from additional worksheets	
		Total	1,157.

Cash Contributions		Other Charitable miles:	X .14 =
50% Limit Organizations			
		From Schedules K-1	
		Amount from additional worksheets	
		Total	

30% Limit Organizations		Charitable miles:	X .14 =
		Schedules K-1	
		Amount from additional worksheets	
		Total	

Other Than Cash Contributions		50% Limit Organizations
		From Forms 8283
		Amount from additional worksheets
From Schedules K-1		Total

30% Limit		Capital gain property donated to 50% limit organizations.
		From Forms 8283
From Schedules K-1		Total

30% Limit		Not capital gain property donated to 30% limit organizations.
		From Forms 8283
From Schedules K-1		Total

20% Limit Organization		Capital gain property donated to 30% limit organizations.
		From Forms 8283
From Schedules K-1		Total

	Contribution Carryovers			
	From years 2006 through 2010		To 2012 tax year	
	Cash and other property 50%	Capital gain property 30%	Cash and other property 50%	Capital gain property 30%
2007				
2008				
2009				
2010				
2011				
2012				

Contributions allowed this year		
50% of adjusted gross income		8,315.
This year's 50% organization cash contributions allowed		
30% of adjusted gross income		4,989.
This year's capital gain contributions to 50% organizations limited to 30%		
50% cash carryover allowed		
50% capital gain carryover limited to 30%		
This year's 30% organization cash and other property contributions allowed		
30% organizations cash and other property carryover		
20% of adjusted gross income		3,326.
This year's capital gain contributions to 30% organizations limited to 20%		
30% capital gain carryover limited to 20% AGI		
Total contributions allowed this year		

US Schedule A

Sales Tax Worksheet

2012

Name: FRED P PATTERSON

SSN: 641-02-0752

1	Federal AGI.....		16,630.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest			
b	Social security	12,682.		
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers		12,682.	
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		29,312.	
1	Enter the taxpayer's state of residency for 2012			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			473.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2012? <input checked="" type="checkbox"/> No. Line 2 should be -0-. <input type="checkbox"/> Yes. Enter the letter (A - D) for the optional local sales tax table you want to use			
	Local sales tax from the applicable table			
3	Did your locality impose a local general sales tax in 2012? Residents of California and Nevada, see the Schedule A instructions. <input checked="" type="checkbox"/> No. Go to line 7. <input type="checkbox"/> Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5			
4	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Skip to line 6. <input type="checkbox"/> Yes. Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5			
5	Divide line 3 by line 4			
6	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Multiply line 2 by line 3. <input type="checkbox"/> Yes. Multiply line 1 by line 5			
7	Total of lines 1 and 6 - prorated for part-year residents			473.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate			
9	Total sales tax using the sales tax chart			473.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			473.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► Attach to Form 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **07**

Name(s) shown on Form 1040
FRED P PATTERSON

Your social security no.
641-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions).....	1	1,157.		
	2 Enter amount from Form 1040, line 38	2	16,630.		
	3 Multiply line 2 by 7.5% (.075)	3	1,247.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....				4	
Taxes You Paid	5 State and local				
	a <input type="checkbox"/> Income taxes	5	473.		
	b <input checked="" type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions).....	6	9,578.		
	7 Personal property taxes	7			
	8 Other taxes. List type and amount ►	8			
	9 Add lines 5 through 8				9
					10,051.
Interest You Paid	10 Home mortgage interest & points reported to you on Form 1098	10			
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ►	11			
	Note. Your mortgage interest deduction may be limited (see instructions).				
	12 Points not reported to you on Form 1098. See instructions for special rules	12			
	13 Mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. (See inst.)	14			
15 Add lines 10 through 14				15	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.....	17			
	18 Carryover from prior year	18			
	19 Add lines 16 through 18				19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21			
	22 Tax preparation fees	22			
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38	25			
	26 Multiply line 25 by 2% (.02)	26			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount ►				28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				29
					10,051.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				<input type="checkbox"/>

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **08**

▶ Information about Sch. B (Form 1040A or 1040) & its instr. is at www.irs.gov/form1040.

Name(s) shown on return **FRED P PATTERSON** Your social security number **641-02-0752**

Part I		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address▶ (See instructions and the instructions for Form 1040A, or Form 1040, line 8a.) Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. NATIONAL CITY BANK	1,952.
2	Add the amounts on line 1	1,952.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a▶	1,952.
Note. If line 4 is over \$1,500, you must complete Part III.		Amount

Part II		Amount
5	List name of payer▶ Ordinary Dividends (See instructions and the instructions for Form 1040A, or Form 1040, line 9a.) Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a▶	
Note. If line 6 is over \$1,500, you must complete Part III.		

Part III		Yes	No
Foreign Accounts and Trusts (See instructions)			
7a At any time during 2012, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instrs.....			X
If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements.....			
b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located..... ▶			
8 During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back.....			X

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule B (Form 1040A or 1040) 2012

Name: FRED P PATTERSON

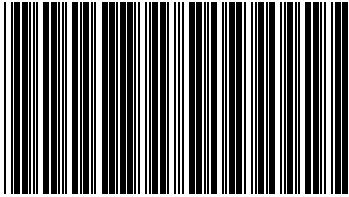
SSN: 641-02-0752

Gross Income	2010	2011	2012
Wages and salaries			14,678.
Interest and dividends			1,952.
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			
Total gross income			16,630.
Adjustments to Income			
Adjusted gross income			16,630.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			10,051.
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			10,051.
Exemptions			3,800.
Taxable Income	0	0	2,779.
Tax (2012 - 1040, line 44)	0	0	279.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			2,736.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			2,736.
Tax liability after credits			279.
Estimated tax penalty			
Refund or (Balance Due)			2,457.
Federal marginal tax bracket	0.0 %	0.0 %	10.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			NJ (4.)
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.
FRANCISCAN OAKS	64-9990752	X	14678	1468	616	213	NJ	14678	55		
			-----	-----	---	---		-----	--		
			14678	1468	616	213		14678	55		



PATTERSON FRED P

641020752

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
1
0
0
0
0
0
2
0

CHECK BOXES FOR EXEMPTIONS

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

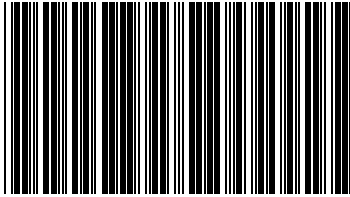
DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

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 X NO
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.



PATTERSON FRED P

641020752

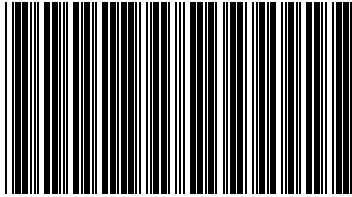
1045

37B.	FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012	X	
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)		9,578 .
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY		4,228 .
39.	TAX (FROM TAX TABLES.)		59 .
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)		59 .
43.	SHELTERED WORKSHOP TAX CREDIT		0 .
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)		59 .
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)		59 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)		55 .
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)		55 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE <small>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</small>		4 .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:		0 .
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)		0 .

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 # _____

PATTERSON FRED P

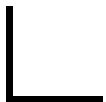
3717 BAXTER ST

DENVILLE NJ 07834-0000 1408

1045 12 0

641020752

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)

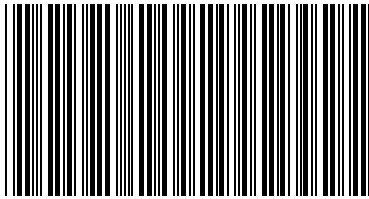
Paid Preparer's Signature

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.



2012 NJ-1040-V PAYMENT VOUCHER



Payment by Credit Card

You may pay your 2012 New Jersey income taxes or make payment of estimated tax for 2013 by credit card by visiting the Division's website at www.state.nj.us/treasury/taxation/ and selecting electronic services.

Payment by E-Check

You may pay your 2012 New Jersey income taxes or make a payment of estimated tax for 2013 by e-check. This option is available on the Division's Website at: www.state.nj.us/treasury/taxation/ Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2012 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and enclose it with your return. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are making your first installment payment of estimated tax for 2013, use separate checks or money orders for each payment. Send your 2013 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222

NJ-1040-V New Jersey Gross Income Tax
2012 Payment Voucher

1045

641-02-0752 PATT

PATTERSON FRED P
3717 BAXTER ST
DENVER NJ 07834-

Make Check Payable to 'State of New Jersey - TGI'
Write your Social Security # and tax year on your check

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

Enter amount of payment here:
\$ 4.00

013026410207520009PATT1212060000000400



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 PATTERSON FRED P	Your Social Security Number 641-02-0752
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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.	FRED P PATTERSON	641-02-0752	
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.