

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) ► **20075220132780000083**Taxpayer's name  
**HELEN E ROSEMONT**Social security number  
**681-02-0752**

Spouse's name

Spouse's social security number

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

|                                                                                                                       |          |                |
|-----------------------------------------------------------------------------------------------------------------------|----------|----------------|
| <b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) .....                   | <b>1</b> | <b>29,638.</b> |
| <b>2</b> Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) .....                              | <b>2</b> | <b>2,546.</b>  |
| <b>3</b> Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) .....             | <b>3</b> | <b>4,288.</b>  |
| <b>4</b> Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) .. | <b>4</b> | <b>1,742.</b>  |
| <b>5</b> Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) .....                         | <b>5</b> |                |

**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**

Enter five numbers, but  
do not enter all zeros

ERO firm name  
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

Enter five numbers, but  
do not enter all zeros

ERO firm name  
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.

Form **8879** (2012)

|                                                                                                     |  |               |  |     |           |                            |                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------|--|---------------|--|-----|-----------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| For the year Jan. 1-Dec. 31, 2012, or other tax year beginning                                      |  | ,2012, ending |  | ,20 |           | See separate instructions. |                                                                                                                                                   |
| Your first name and initial<br><b>HELEN E ROSEMONT</b>                                              |  |               |  |     | Last name |                            | <b>Your social security number</b><br><b>681-02-0752</b>                                                                                          |
| If a joint return, spouse's first name and initial                                                  |  |               |  |     | Last name |                            | <b>Spouse's social security no.</b><br><b>682-02-0752</b>                                                                                         |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>22 RIVER ROAD</b> |  |               |  |     |           | Apt. no.                   |  <b>Make sure the SSN(s) above and on line 6c are correct.</b> |

|                                                                                                                                                           |  |                         |                                                                                                                                                                                                                                                                   |                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>MEDFORD NJ 08055-</b> |  |                         | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b> |                     |  |
| Foreign country name                                                                                                                                      |  | Foreign province/county |                                                                                                                                                                                                                                                                   | Foreign postal code |  |

|                                             |                                                                                                                                              |                                                                                                                                                                                                  |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Status</b><br>Check only one box. | <b>1</b> <input type="checkbox"/> Single                                                                                                     | <b>4</b> <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)<br>If the qualifying person is a child but not your dependent, enter this child's name here. ▶ |
|                                             | <b>2</b> <input type="checkbox"/> Married filing jointly (even if only one had income)                                                       |                                                                                                                                                                                                  |
|                                             | <b>3</b> <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ <b>PETER ROSEMONT</b> | <b>5</b> <input type="checkbox"/> Qualifying widow(er) with dependent child                                                                                                                      |

|                                                                                                         |                                                                                                                             |                                            |                                            |                                            |                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Exemptions</b><br>If more than four dependents, see instr. and check here ▶ <input type="checkbox"/> | <b>6a</b> <input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, do not check box 6a | <b>Boxes checked on 6a and 6b</b> <b>1</b> |                                            |                                            |                                                                                                                   |
|                                                                                                         | <b>b</b> <input type="checkbox"/> <b>Spouse</b>                                                                             |                                            |                                            |                                            |                                                                                                                   |
|                                                                                                         | <b>c Dependents:</b>                                                                                                        |                                            |                                            |                                            |                                                                                                                   |
|                                                                                                         | <b>(1) First name</b>                                                                                                       | <b>Last name</b>                           | <b>(2) Dependent's social security no.</b> | <b>(3) Dependent's relationship to you</b> | <b>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)</b> |
|                                                                                                         | <b>d Total number of exemptions claimed</b> <b>1</b>                                                                        |                                            |                                            |                                            |                                                                                                                   |

|                                                                                                                                                                                                                                                     |                                                                                                                         |                         |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|
| <b>Income</b><br><br><b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b><br><br>If you did not get a W-2, see instructions.<br><br>Enclose, but do not attach, any payment. Also, please use <b>Form 1040-V.</b> | <b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2                                                                 | <b>7</b>                | <b>26,482.</b> |
|                                                                                                                                                                                                                                                     | <b>8a</b> Taxable interest. Attach Schedule B if required                                                               | <b>8a</b>               |                |
|                                                                                                                                                                                                                                                     | <b>b</b> Tax-exempt interest. Do not include on line 8a                                                                 | <b>8b</b>               |                |
|                                                                                                                                                                                                                                                     | <b>9a</b> Ordinary dividends. Attach Schedule B if required                                                             | <b>9a</b>               |                |
|                                                                                                                                                                                                                                                     | <b>b</b> Qualified dividends                                                                                            | <b>9b</b>               |                |
|                                                                                                                                                                                                                                                     | <b>10</b> Taxable refunds, credits, or offsets of state and local income taxes                                          | <b>10</b>               |                |
|                                                                                                                                                                                                                                                     | <b>11</b> Alimony received                                                                                              | <b>11</b>               |                |
|                                                                                                                                                                                                                                                     | <b>12</b> Business income or (loss). Attach Schedule C or C-EZ                                                          | <b>12</b>               |                |
|                                                                                                                                                                                                                                                     | <b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | <b>13</b>               |                |
|                                                                                                                                                                                                                                                     | <b>14</b> Other gains or (losses). Attach Form 4797                                                                     | <b>14</b>               |                |
| <b>15a</b> IRA distributions                                                                                                                                                                                                                        | <b>15a</b>                                                                                                              | <b>b</b> Taxable amount | <b>15b</b>     |
| <b>16a</b> Pensions and annuities                                                                                                                                                                                                                   | <b>16a</b>                                                                                                              | <b>b</b> Taxable amount | <b>16b</b>     |
| <b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                                                                                                                               | <b>17</b>                                                                                                               |                         |                |
| <b>18</b> Farm income or (loss). Attach Schedule F                                                                                                                                                                                                  | <b>18</b>                                                                                                               |                         |                |
| <b>19</b> Unemployment compensation                                                                                                                                                                                                                 | <b>19</b>                                                                                                               | <b>3,156.</b>           |                |
| <b>20a</b> Social security benefits                                                                                                                                                                                                                 | <b>20a</b>                                                                                                              | <b>b</b> Taxable amount | <b>20b</b>     |
| <b>21</b> Other income. List type and amount (see instr.)                                                                                                                                                                                           | <b>21</b>                                                                                                               |                         |                |
| <b>22</b> Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>                                                                                                                                      | <b>22</b>                                                                                                               | <b>29,638.</b>          |                |

|                                                                                    |                                                                                                                                  |                |  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------|--|
| <b>Adjusted Gross Income</b>                                                       | <b>23</b> Educator expenses                                                                                                      | <b>23</b>      |  |
|                                                                                    | <b>24</b> Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ | <b>24</b>      |  |
|                                                                                    | <b>25</b> Health savings account deduction. Attach Form 8889                                                                     | <b>25</b>      |  |
|                                                                                    | <b>26</b> Moving expenses. Attach Form 3903                                                                                      | <b>26</b>      |  |
|                                                                                    | <b>27</b> Deductible part of self-employment tax. Attach Schedule SE                                                             | <b>27</b>      |  |
|                                                                                    | <b>28</b> Self-employed SEP, SIMPLE, and qualified plans                                                                         | <b>28</b>      |  |
|                                                                                    | <b>29</b> Self-employed health insurance deduction                                                                               | <b>29</b>      |  |
|                                                                                    | <b>30</b> Penalty on early withdrawal of savings                                                                                 | <b>30</b>      |  |
|                                                                                    | <b>31a</b> Alimony paid <b>b</b> Recipient's SSN ▶                                                                               | <b>31a</b>     |  |
|                                                                                    | <b>32</b> IRA deduction                                                                                                          | <b>32</b>      |  |
| <b>33</b> Student loan interest deduction                                          | <b>33</b>                                                                                                                        |                |  |
| <b>34</b> Tuition and fees. Attach Form 8917                                       | <b>34</b>                                                                                                                        |                |  |
| <b>35</b> Domestic production activities deduction. Attach Form 8903               | <b>35</b>                                                                                                                        |                |  |
| <b>36</b> Add lines 23 through 35                                                  | <b>36</b>                                                                                                                        |                |  |
| <b>37</b> Subtract line 36 from line 22. This is your <b>adjusted gross income</b> | <b>37</b>                                                                                                                        | <b>29,638.</b> |  |

**Tax and Credits**

|            |                                                                                                                                                                                                                                                                                                                                                  |           |         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>38</b>  | Amount from line 37 (adjusted gross income)                                                                                                                                                                                                                                                                                                      | <b>38</b> | 29,638. |
| <b>39a</b> | Check <input type="checkbox"/> <b>You</b> were born before Jan. 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/><br>if: <input type="checkbox"/> <b>Spouse</b> was born before Jan. 2, 1948, <input type="checkbox"/> Blind. <b>39b</b> <input type="checkbox"/> |           |         |
| <b>b</b>   | If your spouse itemizes on a separate return or you were a dual-status alien, check here                                                                                                                                                                                                                                                         |           |         |
| <b>40</b>  | <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)                                                                                                                                                                                                                                                 | <b>40</b> | 5,950.  |
| <b>41</b>  | Subtract line 40 from line 38                                                                                                                                                                                                                                                                                                                    | <b>41</b> | 23,688. |
| <b>42</b>  | <b>Exemptions.</b> Multiply \$3,800 by the number on line 6d                                                                                                                                                                                                                                                                                     | <b>42</b> | 3,800.  |
| <b>43</b>  | <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-                                                                                                                                                                                                                                                 | <b>43</b> | 19,888. |
| <b>44</b>  | <b>Tax</b> (see instructions). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/> 962 election                                                                                                                                               | <b>44</b> | 2,546.  |
| <b>45</b>  | <b>Alternative minimum tax</b> (see instructions). Attach Form 6251                                                                                                                                                                                                                                                                              | <b>45</b> |         |
| <b>46</b>  | Add lines 44 and 45                                                                                                                                                                                                                                                                                                                              | <b>46</b> | 2,546.  |
| <b>47</b>  | Foreign tax credit. Attach Form 1116 if required                                                                                                                                                                                                                                                                                                 | <b>47</b> |         |
| <b>48</b>  | Credit for child and dependent care expenses. Attach Form 2441                                                                                                                                                                                                                                                                                   | <b>48</b> |         |
| <b>49</b>  | Education credits from Form 8863, line 19                                                                                                                                                                                                                                                                                                        | <b>49</b> |         |
| <b>50</b>  | Retirement savings contributions credit. Attach Form 8880                                                                                                                                                                                                                                                                                        | <b>50</b> |         |
| <b>51</b>  | Child tax credit. Attach Schedule 8812, if required                                                                                                                                                                                                                                                                                              | <b>51</b> |         |
| <b>52</b>  | Residential energy credits. Attach Form 5695                                                                                                                                                                                                                                                                                                     | <b>52</b> |         |
| <b>53</b>  | Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>                                                                                                                                                                                                         | <b>53</b> |         |
| <b>54</b>  | Add lines 47 through 53. These are your <b>total credits</b>                                                                                                                                                                                                                                                                                     | <b>54</b> |         |
| <b>55</b>  | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-                                                                                                                                                                                                                                                                        | <b>55</b> | 2,546.  |

**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**

|            |                                                                                                                                      |            |        |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>56</b>  | Self-employment tax. Attach Schedule SE                                                                                              | <b>56</b>  |        |
| <b>57</b>  | Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 | <b>57</b>  |        |
| <b>58</b>  | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required                                          | <b>58</b>  |        |
| <b>59a</b> | Household employment taxes from Schedule H                                                                                           | <b>59a</b> |        |
| <b>b</b>   | First-time homebuyer credit repayment. Attach Form 5405 if required                                                                  | <b>59b</b> |        |
| <b>60</b>  | Other taxes. Enter code(s) from instructions                                                                                         | <b>60</b>  |        |
| <b>61</b>  | Add lines 55 through 60. This is your <b>total tax</b>                                                                               | <b>61</b>  | 2,546. |

**Payments**

If you have a qualifying child, attach Schedule EIC.

|            |                                                                                                                                                                                     |            |        |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>62</b>  | Federal income tax withheld from Forms W-2 and 1099                                                                                                                                 | <b>62</b>  | 4,288. |
| <b>63</b>  | 2012 estimated tax payments and amount applied from 2011 return                                                                                                                     | <b>63</b>  |        |
| <b>64a</b> | <b>Earned income credit (EIC)</b>                                                                                                                                                   | <b>64a</b> |        |
| <b>b</b>   | Nontaxable combat pay election <b>64b</b>                                                                                                                                           |            |        |
| <b>65</b>  | Additional child tax credit. Attach Form 8812                                                                                                                                       | <b>65</b>  |        |
| <b>66</b>  | American opportunity credit from Form 8863, line 8                                                                                                                                  | <b>66</b>  |        |
| <b>67</b>  | Reserved                                                                                                                                                                            | <b>67</b>  |        |
| <b>68</b>  | Amount paid with request for extension to file                                                                                                                                      | <b>68</b>  |        |
| <b>69</b>  | Excess social security and tier 1 RRTA tax withheld                                                                                                                                 | <b>69</b>  |        |
| <b>70</b>  | Credit for federal tax on fuels. Attach Form 4136                                                                                                                                   | <b>70</b>  |        |
| <b>71</b>  | Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Re-served <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885 | <b>71</b>  |        |
| <b>72</b>  | Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>                                                                                                      | <b>72</b>  | 4,288. |

**Refund**

|            |                                                                                                                   |            |                                                                          |
|------------|-------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|
| <b>73</b>  | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>            | <b>73</b>  | 1,742.                                                                   |
| <b>74a</b> | Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>74a</b> | 1,742.                                                                   |
| <b>b</b>   | Routing number <input type="checkbox"/>                                                                           | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number <input type="checkbox"/>                                                                           |            |                                                                          |
| <b>75</b>  | Amount of line 73 you want <b>applied to your 2013 estimated tax</b>                                              | <b>75</b>  |                                                                          |

**Amount You Owe**

|           |                                                                                            |           |  |
|-----------|--------------------------------------------------------------------------------------------|-----------|--|
| <b>76</b> | <b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see inst. | <b>76</b> |  |
| <b>77</b> | Estimated tax penalty (see instructions)                                                   | <b>77</b> |  |

**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**

Joint return? See instr. Keep a copy for your records.

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<br><b>HAIR STYLIST</b> | Daytime phone number<br><b>609-555-7890</b>                               |
| Spouse's signature. If a joint return, <b>both</b> must sign. | 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<br><b>AARP Foundation Tax-Aide</b> | Preparer's signature                | Date | Check <input type="checkbox"/> if self-employed | PTIN<br><b>S24051405</b> |
| Firm's name <input type="checkbox"/>                          | Firm's EIN <input type="checkbox"/> |      |                                                 | Phone no.                |
| Firm's address <input type="checkbox"/>                       |                                     |      |                                                 |                          |

681-02-0752

1099G DETAIL REPORT - 2012

| Payer                          | T S | Unemployment<br>Received | Repaid | Withholding<br>Federal | State |
|--------------------------------|-----|--------------------------|--------|------------------------|-------|
| -----                          | --- | -----                    | -----  | -----                  | ----- |
| NEW JERSEY DEPARTMENT OF LABOR | X   | 3156                     |        | 316                    |       |
|                                |     | ----                     |        | ---                    |       |
|                                |     | 3156                     |        | 316                    |       |

Name: HELEN E ROSEMONT

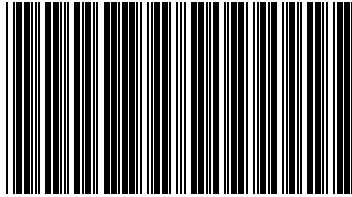
SSN: 681-02-0752

| Gross Income                                     | 2010  | 2011  | 2012    |
|--------------------------------------------------|-------|-------|---------|
| Wages and salaries .....                         |       |       | 26,482. |
| Interest and dividends .....                     |       |       |         |
| Business income .....                            |       |       |         |
| Sale of assets - gain or loss .....              |       |       |         |
| Pension and IRA distributions .....              |       |       |         |
| Rents, royalties, etc .....                      |       |       |         |
| Unemployment and social security .....           |       |       | 3,156.  |
| Other income .....                               |       |       |         |
| Total gross income .....                         |       |       | 29,638. |
| Adjustments to Income .....                      |       |       |         |
| Adjusted gross income .....                      |       |       | 29,638. |
| 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     | 19,888. |
| Tax (2012 - 1040, line 44) .....                 | 0     | 0     | 2,546.  |
| Alternative minimum tax .....                    |       |       |         |
| Other taxes .....                                |       |       |         |
| Credits and Payments                             |       |       |         |
| Credits .....                                    |       |       |         |
| Withholding .....                                |       |       | 4,288.  |
| EIC and Additional Child Tax Credit .....        |       |       |         |
| Estimated tax payments .....                     |       |       |         |
| Other payments .....                             |       |       |         |
| Total credits and payments .....                 |       |       | 4,288.  |
| Tax liability after credits .....                |       |       | 2,546.  |
| Estimated tax penalty .....                      |       |       |         |
| Refund or (Balance Due) .....                    |       |       | 1,742.  |
| 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 204. |
| 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<br>Wages | Federal<br>With. | FICA  | Medicare | St | State<br>Wages | State<br>With. | Locality | Local<br>With. |
|---------------|------------|-------|----------------|------------------|-------|----------|----|----------------|----------------|----------|----------------|
| -----         | -----      | ----- | -----          | -----            | ----- | -----    | -- | -----          | -----          | -----    | -----          |
| HAIR DO SALON | 68-9990752 | X     | 26482          | 3972             | 1112  | 384      | NJ | 26482          | 530            |          |                |
|               |            |       | -----          | -----            | ----- | ---      |    | -----          | ---            |          |                |
|               |            |       | 26482          | 3972             | 1112  | 384      |    | 26482          | 530            |          |                |



ROSEMONT HELEN E

681020752

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/<br>CU PARTNER | DOMESTIC<br>PARTNER   |
| AGE 65               | YOURSELF              | SPOUSE/<br>CU PARTNER |
| OR OLDER             | YOURSELF              | SPOUSE/<br>CU PARTNER |
| BLIND OR<br>DISABLED | YOURSELF              | SPOUSE/<br>CU PARTNER |

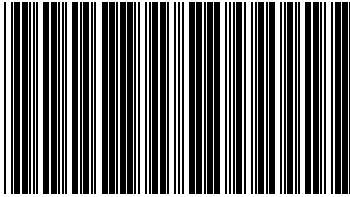
**DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)**

| LAST NAME, FIRST NAME, MIDDLE INITIAL | SOCIAL SECURITY NUMBER | BIRTH YEAR | HEALTH INS IND |
|---------------------------------------|------------------------|------------|----------------|
| 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 |   |

|                                                                                                                                                      |        |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|
| 14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCLOSE W-2)<br>BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTRUCTIONS) | 26,482 | . |
| 15A. TAXABLE INTEREST INCOME(SEE INSTRUCTIONS) ENCLOSE FED SCH B IF OVER \$1,500)                                                                    | 0      | . |
| 15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A                                                    | 0      | . |
| 16. DIVIDENDS                                                                                                                                        | 0      | . |
| 17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)                                    | 0      | . |
| 18. NET GAINS FROM DISPOSITION OF PROPERTY(SCHEDULE B, LINE 4)                                                                                       | 0      | . |
| 19. PENSIONS, ANNUITIES, AND IRA WITHDRAWS (SEE INSTRUCTIONS)                                                                                        | 0      | . |
| 20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTRUCTION)<br>(ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)         | 0      | . |
| 21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4)<br>(SEE INSTRUCTIONS) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)     | 0      | . |
| 22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPY RIGHTS(SCHEDULE NJ-BUS-1, PART IV, LINE 4)                                              | 0      | . |
| 23. NET GAMBLING WINNINGS (SEE INSTRUCTIONS)                                                                                                         | 0      | . |
| 24. ALIMONY AND SEPARATE MATINENCE PAYMENTS RECEIVED                                                                                                 | 0      | . |
| 25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTIONS)                                                                                                      | 0      | . |
| 26. TOTAL INCOME (ADD LINES 14, 15A, 16 THROUGH 25)                                                                                                  | 26,482 | . |
| 27A. PENSION EXCLUSION (SEE INSTRUCTIONS)                                                                                                            | 0      | . |
| 27B. OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTRUCTIONS)                                                                              | 0      | . |
| 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)                                                                                              | 0      | . |
| 28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTIONS)                                                                      | 26,482 | . |
| 29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTIONS TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTIONS)                                             | 1,000  | . |
| 30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS)                                                                                                | 0      | . |
| 31. ALIMONY AND SEPARATE MATINENCE PAYMENTS                                                                                                          | 0      | . |
| 32. QUALIFIED CONSERVATION CONTRIBUTION                                                                                                              | 0      | . |
| 33. HEALTH ENTERPRIZE ZONE DEDUCTION                                                                                                                 | 0      | . |
| 34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 10)                                                                         | 0      | . |
| 35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)                                                                                        | 1,000  | . |
| 36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY                                                                    | 25,482 | . |
| 37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTIONS)                                                                                                    | 1,890  | . |



ROSEMONT HELEN E

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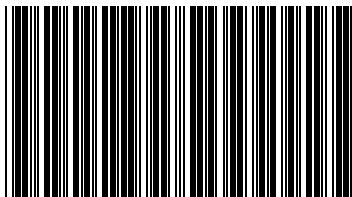
|             |                                                                                                                                                                                                 |          |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>37B.</b> | FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012                                                                                                                          |          |
| <b>37C.</b> | PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)                                                                                                                                                       | 0 .      |
| <b>38.</b>  | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY                                                                                                       | 25,482 . |
| <b>39.</b>  | TAX (FROM TAX TABLES.)                                                                                                                                                                          | 376 .    |
| <b>40.</b>  | THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS                                                                                                                                             |          |
| <b>41.</b>  | CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS                                                                                                                                             | 0 .      |
| <b>41A.</b> | JURISDICTION CODE (SEE INSTRUCTIONS)                                                                                                                                                            |          |
| <b>42.</b>  | BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)                                                                                                                                                  | 376 .    |
| <b>43.</b>  | SHELTERED WORKSHOP TAX CREDIT                                                                                                                                                                   | 0 .      |
| <b>44.</b>  | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)                                                                                                                                     | 376 .    |
| <b>45.</b>  | USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES<br>(SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO                                                               | 0 .      |
| <b>46.</b>  | PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX                                                                                                                                                       | 0 .      |
| <b>46A.</b> | FILL IN IF FORM 2210 IS ENCLOSED                                                                                                                                                                |          |
| <b>47.</b>  | TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)                                                                                                                                                | 376 .    |
| <b>48.</b>  | TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)                                                                                                                               | 530 .    |
| <b>49.</b>  | PROPERTY TAX CREDIT (SEE INSTRUCTIONS)                                                                                                                                                          | 50 .     |
| <b>50.</b>  | NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN                                                                                                                                   | 0 .      |
| <b>51.</b>  | NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)                                                                                                                                          | 0 .      |
| <b>51B.</b> | FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT                                                                                                                     |          |
| <b>51C.</b> | FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT                                                                                                                 |          |
| <b>52.</b>  | EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)                                                                                                                   | 0 .      |
| <b>53.</b>  | EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)                                                                                                               | 0 .      |
| <b>54.</b>  | EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)                                                                                                                | 0 .      |
| <b>55.</b>  | TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)                                                                                                                                                | 580 .    |
| <b>56.</b>  | IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE<br>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 58, 59, 60, 61, 62 AND OR 64<br>AND ADDING THIS TO YOUR PAYMENT | 0 .      |
| <b>57.</b>  | IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT                                                                                                                                              | 204 .    |
|             | DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:                                                                                                                            |          |
| <b>58.</b>  | YOUR 2013 TAX                                                                                                                                                                                   | 0 .      |
| <b>59.</b>  | NEW JERSEY ENDANGERED WILDLIFE FUND                                                                                                                                                             | 0 .      |
| <b>60.</b>  | NEW JERSEY CHILDRENS TRUST FUND                                                                                                                                                                 | 0 .      |
| <b>61.</b>  | NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND                                                                                                                                                      | 0 .      |
| <b>62.</b>  | NEW JERSEY BREAST CANCER REASEACH FUND                                                                                                                                                          | 0 .      |
| <b>63.</b>  | U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND                                                                                                                                                       | 0 .      |
| <b>64.</b>  | OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION)                                                                                                                                                 | 0 .      |
| <b>64C.</b> | DESIGNATION CODE                                                                                                                                                                                |          |
| <b>65.</b>  | TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)                                                                                                                                     | 0 .      |
| <b>66.</b>  | REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)                                                                                                                                | 204 .    |

**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

NJ-1040  
2012



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 # \_\_\_\_\_

PAGE 1

ROSEMONT HELEN E

22 RIVER ROAD

MEDFORD

NJ 08055-0000 0320

1045 12 0

681020752

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**

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX  
**BUSINESS INCOME SUMMARY SCHEDULE**

**2012**

|                                                             |                                                   |
|-------------------------------------------------------------|---------------------------------------------------|
| Name(s) as shown on Form NJ-1040<br><b>ROSEMONT HELEN E</b> | Your Social Security Number<br><b>681-02-0752</b> |
|-------------------------------------------------------------|---------------------------------------------------|

**PART I NET PROFITS FROM BUSINESS**

List the net profit (loss) from business(es). See instructions.

|    | Business Name                                                                                                     | Social Security Number/<br>Federal EIN | Profit or (Loss) |  |
|----|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------|--|
| 1. | <b>HELEN E ROSEMONT</b>                                                                                           | <b>681-02-0752</b>                     |                  |  |
| 2. |                                                                                                                   |                                        |                  |  |
| 3. |                                                                                                                   |                                        |                  |  |
| 4. | Net Profit or (Loss). (Add Lines 1, 2, and 3.)<br>(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<br>Income or (Loss) |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------|--|
| 1. |                                                                                                                                                 |             |                                          |  |
| 2. |                                                                                                                                                 |             |                                          |  |
| 3. |                                                                                                                                                 |             |                                          |  |
| 4. | Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.)<br>(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<br>Income or (Loss) |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|--|
| 1. |                                                                                                                                                   |             |                                                     |  |
| 2. |                                                                                                                                                   |             |                                                     |  |
| 3. |                                                                                                                                                   |             |                                                     |  |
| 4. | Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.)<br>(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,<br>enter physical address of property.                           | Social Security Number/<br>Federal EIN | Type - Enter<br>number from<br>list above | Income or (Loss) |  |
|----|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|------------------|--|
| 1. |                                                                                                                   |                                        |                                           |                  |  |
| 2. |                                                                                                                   |                                        |                                           |                  |  |
| 3. |                                                                                                                   |                                        |                                           |                  |  |
| 4. | Net Income or (Loss). (Add Lines 1, 2, and 3.)<br>(Enter here and on Line 22. If loss, make no entry on Line 22.) |                                        |                                           | 4.               |  |