Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

2012

Declaration Control Number (DCN) ▶ 20075220133270000728

Taxpayer's name	**Social security number**
ANNA E FLEMING	241-02-0752
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**	38,753.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	**2**	2,647.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	**3**	2,254.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	**4**	276.
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

[X] 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 ▶ 11/20/2013

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 ▶ 11/20/2013

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury - Internal Revenue Service (99)
U.S. Individual Income Tax Return **2012** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning ,2012, ending ,20 — See separate instructions.

Your first name and initial: ANNA E FLEMING	Last name	Your social security number: 241-02-0752
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.: 356 WILKES DRIVE	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).: JERSEY CITY NJ 07302-		**Presidential Election Campaign** 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. [X] You [ ] Spouse
Foreign country name	Foreign province/county	Foreign postal code

Filing Status

Check only one box.

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 [X] 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 [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

If more than four dependents, see instr. and check here ▶ [ ]

(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.)
GRETE FLEMING	243-02-0752	DAUGHTER	X

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instr.): 0

Dependents on 6c not entered above: 0

d Total number of exemptions claimed — Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	22,780.
8a	**Taxable** interest. Attach Schedule B if required	8a	417.
b	**Tax-exempt** interest. **Do not** include on line 8a — 8b 418.		
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	75.
11	Alimony received	11	2,400.
12	Business income or (loss). Attach Schedule C or C-EZ	12	7,248.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions 15a — b Taxable amount	15b	5,000.
16a	Pensions and annuities 16a — b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	1,345.
20a	Social security benefits 20a — b Taxable amount	20b	
21	Other income. List type and amount (see instr.)	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	39,265.

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	512.		
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	512.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	38,753.

Tax and Credits

38	Amount from line 37 (adjusted gross income)		38	38,753.
39a	Check if: You were born before Jan. 2, 1948, Blind. Spouse was born before Jan. 2, 1948, Blind. Total boxes checked ▶ 39a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b			
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	8,700.
41	Subtract line 40 from line 38		41	30,053.
42	**Exemptions.** Multiply $3,800 by the number on line 6d		42	7,600.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	22,453.
44	**Tax** (see instructions). Check if any tax is from: a Form(s) 8814 b Form 4972 c 962 election		44	2,751.
45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
46	Add lines 44 and 45 ▶		46	2,751.
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48 504.		
49	Education credits from Form 8863, line 19	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit. Attach Schedule 8812, if required	51 1,000.		
52	Residential energy credits. Attach Form 5695	52		
53	Other credits from Form: a 3800 b 8801 c	53		
54	Add lines 47 through 53. These are your **total credits**		54	1,504.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	1,247.

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

56	Self-employment tax. Attach Schedule SE	890.
57	Unreported social security and Medicare tax from Form: a [X] 4137 b 8919	10.
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO	500.
59a	Household employment taxes from Schedule H	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	
60	Other taxes. Enter code(s) from instructions	
61	Add lines 55 through 60. This is your **total tax** ▶	2,647.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	2,254.	FORM 1099
63	2012 estimated tax payments and amount applied from 2011 return		
64a	**Earned income credit (EIC)**	669.	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812		
66	American opportunity credit from Form 8863, line 8		
67	Reserved		
68	Amount paid with request for extension to file		
69	Excess social security and tier 1 RRTA tax withheld		
70	Credit for federal tax on fuels. Attach Form 4136		
71	Credits from Form: a 2439 b Reserved c 8801 d 8885		
72	Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** ▶		2,923.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**	276.
74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶	276.
b	Routing number ▶ c Type: Checking Savings	
d	Account number	
75	Amount of line 73 you want **applied to your 2013 estimated tax** ▶ 75	

Direct deposit? See instructions

Amount You Owe

76	**Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see inst. ▶	
77	Estimated tax penalty (see instructions) 77	

Third Party Designee

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

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	Daytime phone number
		EDITOR	201-555-1212
Spouse's signature. If a joint return, **both** 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	Preparer's signature	Date	Check if self-employed	PTIN
AARP Foundation Tax-Aide				S24051405

Firm's name ▶ Firm's EIN ▶
Firm's address ▶ Phone no.

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2012

Name: ANNA E FLEMING SSN: 241-02-0752

Child Tax Credit (CTC)

1	$1,000 X 1 qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	38,753.	
3	Modified AGI limitation $110,000 married filing jointly; $55,000 married filing separately; all others $75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next $1,000		
6	Multiply line 5 by 5%		
7	**Maximum child tax credit.** Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	2,751.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy	504.	

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit	
2	Amount from line 7 above	
3	Social security or RR tier 1 + Medicare	
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2	
5	Add lines 3 and 4	
6	Earned income credit and excess FICA/RRTA	
7	Subtract line 6 from line 5	
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms	
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured	
10	Add lines 1 and 9	

10	Subtract line 9 from line 8	2,247.
11	**Child tax credit**	1,000.
	Amount paid with Federal extension (Form 4868 or 2350)	

Carryovers from 2012 to 2013

1	Section 179 expense disallowed, Form 4562, accumulative total		
2	Net operating loss from 2012 only, Form 1045		
	Amt. carried forward from 2011. Listed on Form 1040, line 21, or Form 1040NR, line 21		
3	2012 charitable contributions. Organization limit:		

Cash or other property		Capital Gain	
50%	30%	30%	20%

4	Investment interest expense, Form 4952, accumulative total		
5	Foreign tax credit from 2012 only, Form 1116. Enter amount carried back, if any.		
6	Mortgage interest credit, Form 8396		

2010	2011	2012

7	DC first-time homebuyer credit, Form 8859	
8	Prior year minimum tax credit, Form 8801, cumulative total	
9	AMT limited qualified electric vehicle credit from 2012 only	
10	Nonrecaptured net section 1231 losses	

2008	2009	2010	2011	2012

 USW10403

1099 MISCELLANEOUS REPORT - 2012

Payer	ID number	Rent	Roy	Prizes	Fed With	Fish Boat	Med	Nonemp Comp	Sub Paymts	Crop Ins	EPP	Sect 409A	St	St With	St	St With
EDITING:																
WRIGHT PUBLISHI	24-0990752							12176								

								12176								

241-02-0752

1099G DETAIL REPORT - 2012

Payer	T|S	Unemployment Received	Unemployment Repaid	Withholding Federal	Withholding State
NEW JERSEY DEPARTMENT OF LABOR	X	1345		135	
		----		---	
		1345		135	

1099-R DETAIL REPORT - 2012

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
NORTHERN FINANCIAL S	23-8990752	T	1	X	750NJ		5000	5000		5000		
TRI-STATE PUBLISHERS	23-9990752	T	3		NJ		5400	5400		5400		
					---		-----	-----		-----		
					750		10400	10400		10400		

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

1040 / 1040A / 1040NR — 2441

OMB No. 1545-0074

2012

Attachment Sequence No. **21**

Name(s) shown on return: ANNA E FLEMING

Your social security number: 241-02-0752

Part I **Persons or Organizations Who Provided the Care -** You **must** complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
SALEM DAY CARE CEN	87 NORTH CASPER DRIVE JERSEY CITY NJ 07302-	23-7990752	1,793.
EDNA LOY	358 WILKES DRIVE JERSEY CITY NJ 07302-	246-02-0752	400.

Did you receive **dependent care benefits?**

No → Complete only Part II below.

Yes → Complete Part III on page 2.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name — First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2012 for the person listed in column (a)
JAMES	FLEMING	242-02-0752	1,103.
GRETE	FLEMING	243-02-0752	1,090.

3	Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	2,193.
4	Enter your **earned income.** See instructions	4	29,516.
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	29,516.
6	Enter the **smallest** of line 3, 4, or 5	6	2,193.
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 — **7** 38,753.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X. 0.23

If line 7 is:

Over / But not over	Decimal amount is	Over / But not over	Decimal amount is
$0-15,000	.35	$29,000-31,000	.27
15,000-17,000	.34	31,000-33,000	.26
17,000-19,000	.33	33,000-35,000	.25
19,000-21,000	.32	35,000-37,000	.24
21,000-23,000	.31	37,000-39,000	.23
23,000-25,000	.30	39,000-41,000	.22
25,000-27,000	.29	41,000-43,000	.21
27,000-29,000	.28	43,000-No limit	.20

9	Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions	9	504.
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions — **10** 2,751.		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	504.

For Paperwork Reduction Act Notice, see the instructions. Form **2441** (2012)

BCA

US2441$1

Form **4137**

Department of the Treasury
Internal Revenue Service (99)

Social Security and Medicare Tax on Unreported Tip Income

▶ **Information about Form 4137 and its instructions is at www.irs.gov/form4137.**
▶ **Attach to Form 1040, Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.**

OMB No. 1545-0074

2012

Attachment Sequence No. **24**

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.
ANNA E FLEMING

Social security number
241-02-0752

1	**(a)** Name of employer to whom you were required to, but did not report all your tips (see instructions)	**(b)** Employer identification number (see instructions)	**(c)** Total cash and charge tips you received (including unreported tips) (see instructions)	**(d)** Total cash and charge tips you reported to your employer
A	BUTLER INC	23-6990752	838.	588.
B				
C				
D				
E				

2	Total cash and charge tips you **received** in 2012. Add the amounts from line 1, column (c)	**2**	838.
3	Total cash and charge tips you **reported** to your employer(s) in 2012. Add the amounts from line 1, column (d)	**3**	588.
4	Subtract line 3 from line 2. This amount is income you **must** include in the total on Form 1040, line 7; Form 1040NR, line 8; or Form 1040NR-EZ, line 3	**4**	250.
5	Cash and charge tips you received but did not report to your employer because the total was less than $20 in a calendar month (see instructions)	**5**	74.
6	Unreported tips subject to Medicare tax. Subtract line 5 from line 4	**6**	176.
7	Maximum amount of wages (including tips) subject to social security tax	**7**	110,100
8	Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) or railroad retirement (tier 1) compensation	**8**	17,130.
9	Subtract line 8 from line 7. If line 8 is more than line 7, enter -0- here and on line 10 and go to line 12	**9**	92,970.
10	Unreported tips subject to social security tax. Enter the **smaller** of line 6 or line 9. If you received tips as a federal, state, or local government employee, see instructions	**10**	176.
11	Multiply line 10 by .042 (social security tax rate)	**11**	7.
12	Multiply line 6 by .0145 (Medicare tax rate)	**12**	3.
13	Add lines 11 and 12. Enter the result here and on Form 1040, line 57; Form 1040NR, line 55; or Form 1040NR-EZ, line 16 (Form 1040-SS and 1040-PR filers, see instructions.)	**13**	10.

For Paperwork Reduction Act Notice, see instructions. Form **4137** (2012)

BCA

Schedule C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ **For information on Schedule C and its instructions, go to www.irs.gov/schedulec.**

▶ **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2012

Attachment Sequence No. **09**

Name of proprietor: ANNA E FLEMING

Social security number (SSN): 241-02-0752

A Principal business or profession, including product or service (see instructions): EDITING

B Enter code from instructions ▶ 541990

C Business name. If no separate business name, leave blank.

D Employer ID no. (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses [X] **Yes** [ ] **No**

H If you started or acquired this business during 2012, check here ▶ [ ]

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) [ ] **Yes** [X] **No**

J If "Yes," did you or will you file required Forms 1099? [ ] **Yes** [ ] **No**

Part I Income

1a	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	12,176.
2	Returns and allowances (see instructions)	2	
3	Subtract line 2 from line 1	3	12,176.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	12,176.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	12,176.

Part II Expenses

Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	130.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and sect. 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	4,798.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	4,928.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	7,248.
30	Expenses for business use of your home. Attach **Form 8829.** Do **not** report such expenses elsewhere	30	
31	**Net profit or (loss).** Subtract line 30 from line 29.	31	7,248.

- If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12,** (or Form **1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ **Yes** ☐ **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 07/01/2009

44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

a Business 234 **b** Commuting (see instr.) ______ **c** Other 10000

45 Was your vehicle available for personal use during off-duty hours? ☒ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☒ **No**

47a Do you have evidence to support your deduction? ☒ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

PAPER	2,025.
PRINTER CARTRIDGES	1,048.
POSTAGE	800.
BUSINESS PHONE	350.
WP COURSE	575.
48 **Total other expenses.** Enter here and on line 27a — 48	4,798.

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

1040A
1040
EIC

▶ Complete & attach to Form 1040A or 1040 only if you have a qualifying child.
▶ Information about Sch EIC (Form 1040A or 1040) & its instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment Sequence No. **43**

Name(s) shown on return	Your social security number
ANNA E FLEMING	241-02-0752

Before you begin:

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

! CAUTION

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information	Child 1	Child 2	Child 3
1 **Child's name** If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name / Last name JAMES FLEMING	First name / Last name GRETE FLEMING	First name / Last name
2 **Child's SSN** The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2012. If your child was born and died in 2012 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	242-02-0752	243-02-0752	
3 **Child's year of birth**	Year 2006 If born after 1993 **and** the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year 2005 If born after 1993 **and** the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year ______ If born after 1993 **and** the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.
4 a Was the child under age 24 at the end of 2012, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** **Go to line 5.** ☐ **No.** **Go to line 4b.**	☐ **Yes.** **Go to line 5.** ☐ **No.** **Go to line 4b.**	☐ **Yes.** **Go to line 5.** ☐ **No.** **Go to line 4b.**
b Was the child permanently and totally disabled during any part of 2012?	☐ **Yes.** **Go to line 5.** ☐ **No.** The child is not a qualifying child.	☐ **Yes.** **Go to line 5.** ☐ **No.** The child is not a qualifying child.	☐ **Yes.** **Go to line 5.** ☐ **No.** The child is not a qualifying child.
5 **Child's relationship to you** (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON	DAUGHTER	
6 **Number of months child lived with you in the United States during 2012** • If the child lived with you for more than half of 2012 but less than 7 months, enter "7." • If the child was born or died in 2012 and your home was the child's home for more than half the time he or she was alive during 2012, enter "12".	12 months Do not enter more than 12 months.	12 months Do not enter more than 12 months.	______ months Do not enter more than 12 months.

US Schedule EIC Earned Income Credit Worksheet 2012

Name: ANNA E FLEMING **SSN:** 241-02-0752

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1	22,780.
	Enter the amount included in line 1 that was received	
a	by penal institution inmates for their work	
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above	
2	Taxable scholarship or fellowship grant not reported on Form(s) W2	
3	Line 1 minus line 1a, line 1b, and line 2	22,780.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check ☐	6,736.

		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				29516.	29,516.
6	Credit from EIC table on line 5 income				2617.	
7	Adjusted gross income				38753.	
8	Credit from EIC table on line 7 income, if line 7 greater than • $7,799 ($12,999 if married filing jointly) and no qualifying children • $17,099 ($22,299 if married filing jointly) and 1 or more qualifying children				669.	
9	**Earned inc. credit.** If line 7 is less than $7,800 ($13,000, $17,100, $22,300), line 6. Otherwise the smaller of line 6 or line 8				669.	669.

Name of person with **self-employment** income (as shown on Form 1040)	Social security number of person with **self-employment** income ▶	
ANNA E FLEMING		241-02-0752

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶		☐
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers & members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions)	2	7,248.
3	Combine lines 1a, 1b, and 2	3	7,248.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	6,694.
	Note. If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income**, enter -0- and continue ▶	4c	6,694.
5 a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (.9235). If less than $100, enter -0-	5b	
6	Add lines 4c and 5b	6	6,694.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012	7	110,100 00
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $110,100 or more, skip lines 8b through 10, and go to line 11 — 8a 17,130.		
b	Unreported tips subject to social security tax (from Form 4137, line 10) — 8b 176.		
c	Wages subject to social security tax (from Form 8919, line 10) — 8c		
d	Add lines 8a, 8b, and 8c	8d	17,306.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	92,794.
10	Multiply the **smaller** of line 6 or line 9 by 10.4% (.104)	10	696.
11	Multiply line 6 by 2.9% (.029)	11	194.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 56,** or **Form 1040NR, line 54**	12	890.
13	**Deduction for employer-equivalent portion of self-employment tax.** Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** — 13 512.		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] was not more than $6,780 **or** **(b)** your net farm profits[2] were less than $4,894.

14	Maximum income for optional methods	14	4,520 00
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1](not less than zero) **or** $4,520. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $4,894 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4](not less than zero) **or** the amount on line 16. Also include this amount on line 4b above	17	

[1] From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
[2] From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.
[3] From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
[4] From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Detail Sheet 2012

Name: ANNA E FLEMING ID: 241-02-0752

Description: NJ 2450 BUTLER NJSDI

Type	Amount
DI - PRIVATE PLAN	42.
Total	42.

US 1040 State Tax Refund Worksheet 2012

Name: ANNA E FLEMING **SSN:** 241-02-0752

Use the spouse column if this is a married joint return for this year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
1 NJ 2011 state/local income tax refund	502.		
___ 2011 state/local income tax refund			
Total state/local income tax refund for 2011	502.		
2 Enter the amounts from the 2011 tax return If the itemized deductions were reduced due to the AGI limitation, be sure to enter the reduced amounts			
Schedule A, line 5a, income taxes	890.		
Schedule A, line 5b, general sales tax	655.		
Difference - the state tax refund is only taxable to the extent the state tax deduction exceeds the sales tax deduction	235.		
3 Net state/local income tax refund	235.		
4 Enter the total of all other Schedule A refunds or reimbursements			
5 Add lines 3 and 4	235.		
On the 2011 tax return, If itemized deductions are reduced due to income limitations, AMT is included, or there are unused credits, see Publication 525. Some or all of the state tax refund may be tax-free. Check here if the ENTIRE state tax refund is nontaxable. Stop here	☐	☐	
6 2011 itemized deductions	8,695.		
7 Filing status for 2011. Enter 1, 2, 3, 4, or 5. 1 = Single 4 = Head of household 2 = Married filing jointly 5 = Qualifying widow(er) 3 = Married filing separately	4	☐	
If the 2011 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here	☐	☐	
8 Age 65 or blind, enter amount from the 2011 Form 1040, page 2, line 39a	☐	☐	
9 Standard deduction	8,500.		
10 Subtract line 9 from line 6	195.		
11 Smaller of line 5 or line 10	195.		
12 Enter the taxable income for 2011, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number	(120.)		
13 Amount to include in income for 2012	75.		
14 Taxable state/local income tax refund	75.		75.
15 Taxable amount of other income			

US 1040 Three - Year Tax Summary 2012

Name: ANNA E FLEMING **SSN:** 241-02-0752

Gross Income	2010	2011	2012
Wages and salaries			22,780.
Interest and dividends			417.
Business income			7,248.
Sale of assets - gain or loss			
Pension and IRA distributions			5,000.
Rents, royalties, etc			
Unemployment and social security			1,345.
Other income			2,475.
Total gross income			39,265.
Adjustments to Income			512.
Adjusted gross income			38,753.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			8,700.
Exemptions			7,600.
Taxable Income	0	0	22,453.
Tax (2012 - 1040, line 44)	0	0	2,751.
Alternative minimum tax			
Other taxes			1,400.
Credits and Payments			
Credits			1,504.
Withholding			2,254.
EIC and Additional Child Tax Credit			669.
Estimated tax payments			
Other payments			
Total credits and payments			4,427.
Tax liability after credits			2,647.
Estimated tax penalty			
Refund or (Balance Due)			276.
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 635.
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.
OAKWOOD WORLD-HERALD	23-5990752	X	14598	1002	613	212	NJ	14598	575		
BUTLER INC	23-6990752	X	2532	328	106	37	NJ	2532	201		
			-----	----	---	---		-----	---		
			17130	1330	719	249		17130	776		

FLEMING ANNA E

241020752 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		EXEMPTIONS	
1. SINGLE		6. REGULAR	1
2. MARRIED/CU COUPLE FILING JOINT RETURN		7. AGE 65 OR OVER	0
3. MARRIED/CU COUPLE FILING SEPARATE RETURN		8. BLIND OR DISABLED	1
4. HEAD OF HOUSE HOLD	X	9. NUMBER OF QUALIFIED DEPENDENT CHILDREN	1
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER		10. NUMBER OF OTHER DEPENDENTS	0
		11. DEPENDENTS ATTENDING COLLEGE	0
		12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)	2
		12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)	1

CHECK BOXES FOR EXEMPTIONS

REGULAR	SPOUSE/ CU PARTNER		DOMESTIC PARTNER
AGE 65 OR OLDER	YOURSELF		SPOUSE/ CU PARTNER
BLIND OR DISABLED	YOURSELF	X	SPOUSE/ 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	FLEMING GRETE	243-02-0752	2005	
B	FLEMING JAMES	242-02-0752	2006	
C				
D				

GUBERNATORIAL ELECTIONS FUND

	YES		NO
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

14.	WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCLOSE W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTRUCTIONS)	17,380 .
15A.	TAXABLE INTEREST INCOME(SEE INSTRUCTIONS) ENCLOSE FED SCH B IF OVER $1,500)	417 .
15B.	TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A	418 .
16.	DIVIDENDS	0 .
17.	NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)	7,248 .
18.	NET GAINS FROM DISPOSITION OF PROPERTY(SCHEDULE B, LINE 4)	0 .
19.	PENSIONS, ANNUITIES, AND IRA WITHDRAWS (SEE INSTRUCTIONS)	5,000 .
20.	DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTRUCTION) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)	0 .
21.	NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (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 GAMBLIING WINNINGS (SEE INSTRUCTIONS)	0 .
24.	ALIMONY AND SEPARATE MATINENCE PAYMENTS RECEIVED	2,400 .
25.	OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTIONS)	0 .
26.	TOTAL INCOME (ADD LINES 14, 15A, 16 THROUGH 25)	32,445 .
27A.	PENSION EXCLUSION (SEE INSTRUCTIONS)	5,000 .
27B.	OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTRUCTIONS)	0 .
27C.	TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)	5,000 .
28.	NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTIONS)	27,445 .
29.	TOTAL EXEMPTION AMOUNT (SEE INSTRUCTIONS TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTIONS)	3,500 .
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)	3,500 .
36.	TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	23,945 .
37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTIONS)	2,160 .

FLEMING ANNA E

241020752 1045

37B.	FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012	
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)	0 .
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	23,945 .
39.	TAX (FROM TAX TABLES.)	349 .
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)	349 .
43.	SHELTERED WORKSHOP TAX CREDIT	0 .
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	349 .
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)	349 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	776 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTIONS)	50 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN	0 .
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)	134 .
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)	24 .
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)	0 .
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	984 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 58, 59, 60, 61, 62 AND OR 64 AND ADDING THIS TO YOUR PAYMENT	0 .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT	635 .
	DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	
58.	YOUR 2013 TAX	0 .
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	0 .
60.	NEW JERSEY CHILDRENS TRUST FUND	0 .
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	0 .
62.	NEW JERSEY BREAST CANCER REASEACH FUND	0 .
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	0 .
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION)	0 .
64C.	DESIGNATION CODE	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	0 .
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	635 .

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

PAGE 1

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 # ____________

FLEMING ANNA E

356 WILKES DRIVE

JERSEY CITY NJ 07302-0000 0906

1045 12 0

241020752

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.

NJ-2450

EMPLOYEE'S CLAIM FOR CREDIT

FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2012

Claimant Social Security No. 241-02-0752	Name: ANNA E FLEMING
Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions.	Address: 356 WILKES DRIVE City, State, Zip Code: JERSEY CITY NJ 07302-

To establish a right to this credit, claimants are required to complete the items below (information is to be transcribed from W-2 forms enclosed with your New Jersey State Income Tax return). Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for the Unemployment Insurance/Workforce Development/Supplemental Workforce Funds, disability insurance, and the amount of Family Leave Insurance withheld must be reported separately on all W-2 statements.

	TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or Family Leave Insurance, insert the maximum in the appropriate Column(s) and contact that employer for a refund of the balance of the deduction.	**COLUMN A** UI/WF/SWF DEDUCTED	**COLUMN B** DISABILITY INSURANCE DEDUCTED	**COLUMN C** FAMILY LEAVE INSURANCE DEDUCTED
1A.	Employer's Name: OAKWOOD WORLD-HERALD Fed. Emp. I.D. #: 23-5990752 Private Plan #: Wages: 14,598.	62.	43.	12.
B.	Employer's Name: BUTLER INC Fed. Emp. I.D. #: 23-6990752 Private Plan #: 9786654 Wages: 2,532.	11.	42.	2.
C.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
D.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
E.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
F.	Employer's Name: Fed. Emp. I.D. #: Private Plan #: Wages:			
G.	* If additional space is required, enclose a rider and enter the total on this line			
2.	Total Deducted: Add Lines 1A through 1G. Enter here.	73.	85.	14.
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions	128.78	60.60	24.24
4.	Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 51 of the NJ-1040.			
5.	Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 52 of the NJ-1040.		24.	
6.	Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 53 of the NJ-1040			

I hereby apply for a credit for worker contributions deducted in excess of $128.78 for N.J. UI/WF/SWF and/or in excess of $60.60 for N.J. Disability Insurance and/or in excess of $24.24 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: ______________________ Date: __________

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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	Your Social Security Number
FLEMING ANNA E	241-02-0752

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.	ANNA E FLEMING	241-02-0752	7,248.	
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.	7,248.	

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.		

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SCHEDULE
NJ-BUS-2
(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX
ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT

2012

Name(s) as shown on Form NJ-1040	Your Social Security Number
FLEMING ANNA E	241-02-0752

			Column A		Column B
PART I INCOME (LOSS)			Reportable Regular Business Income		Alternative Business Income/(Loss)
1.	Net Profits From Business	1a.	7,248.	1b.	7,248.
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.		4b.	
5.	Totals	5a.	7,248.	5b.	7,248.
PART II ADJUSTMENT CALCULATION					
6.	Total Regular Business Income	6.	7,248.		
7.	Total Alternative Business Income/(Loss). (If loss, enter zero)	7.	7,248.		
8.	Business Increment (Line 6 minus Line 7)	8.			
9.	Adjustment Percentage	9.	0.10		
10.	Alternative Business Calculation Adjustment (Line 8 x 0.10)	10.			
PART III LOSS CARRYFORWARD TO TAX YEAR 2013					
11.	Loss Carryforward to Tax Year 2013			11.	( )

Instructions

Line 1a.	Enter the amount from Line 17 of Form NJ-1040.
Line 1b.	Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
Line 2a.	Enter the amount from Line 20 of Form NJ-1040.
Line 2b.	Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
Line 3a.	Enter the amount from Line 21 of Form NJ-1040.
Line 3b.	Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
Line 4a.	Enter the amount from Line 22 of Form NJ-1040.
Line 4b.	Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
Line 5a.	Enter the total of Lines 1a through 4a.
Line 5b.	Enter the total of Lines 1b through 4b, netting gains with losses.
Line 6.	Enter the amount from Line 5a of this schedule.
Line 7.	Enter the amount from Line 5b of this schedule. If loss, enter zero here.
Line 8.	Subtract Line 7 from Line 6. If the result is zero, enter zero on Line 10 and continue with Line 11.
Line 9.	The adjustment percentage for tax year 2012 is 10% (0.10).
Line 10.	Multiply the amount on Line 8 by 10% (0.10). Enter here and Line 34 of Form NJ-1040.
Line 11.	If the amount on 5b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

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NJ	Dependents Information	2012

Name: ANNA E FLEMING **SSN:** 241-02-0752

First name	MI	Last name	SSN	Birth year
GRETE		FLEMING	243-02-0752	2005
JAMES		FLEMING	242-02-0752	2006

NJ IRA Withdrawal Worksheet 2012

Name: FLEMING ANNA E **SSN:** 241-02-0752

Part I

1	Value of IRA on December 31, 2012	
2	Total distributions from IRA during the tax year	5,000.
3	Total value of IRA	5,000.
	***Unrecovered contributions: Complete either line 4a or 4b**	
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2012	5,000.
6	Divide line 5 by line 3	1.00
7	**Taxable portion of this year's withdrawal**	5,000.

Part II: Unrecovered contributions (For Second and Later Years)

1	Last year's unrecovered contributions	
2	Amount withdrawn last year	
3	Taxable portion of last year's withdrawal	
4	Contributions recovered last year	
5	This year's unrecovered contributions	
6	Contributions to IRA during current tax year	
7	Total unrecovered contributions	