

IRS e-file Signature Authorization

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.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2014

Submission Identification
Number (SID)

20075220153510000818

Taxpayer's name
LAURA F LYNCH

Social security number
831-02-0752

Spouse's name

Spouse's social security number

Part I Tax Return Information-Tax Year Ending December 31, 2014 (Whole Dollars Only)

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 36,990. |
| 2 | Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) | 2 | 2,367. |
| 3 | Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) | 3 | 2,080. |
| 4 | Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) | 4 | 1,141. |
| 5 | Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14) | 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, 2014, 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 VOLUNTEER FIRE CO 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 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 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 ▶ 12/11/2015

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 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 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 2014 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 ▶ S24051405 KINNELON VOLUNTEER FIR Date ▶ 12/11/2015

ERO Must Retain This Form - See Instructions

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

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

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning ,2014, ending ,20 See separate instructions.

Your first name and initial **LAURA F LYNCH** Last name Your social security number **831-02-0752**

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM** 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). **PLUCKEMIN NJ 07978-** Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. **4** Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **5** Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 Boxes checked on 6a and 6b **1**

| c Dependents: | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.) | No. of children on 6c who: |
|----------------|--------------|--|-------------------------------------|--|---|
| (1) First name | Last name | | | | lived with you |
| GEORGE | LYNCH | 832-02-0752 | SON | <input checked="" type="checkbox"/> | 1 |
| | | | | | did not live with you due to divorce or separation (see instructions) |
| | | | | | 0 |
| | | | | | Dependents on 6c not entered above |
| | | | | | 0 |

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

| | | | | |
|---|-----|---|-----|---------|
| Income | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 22,780. |
| | 8a | Taxable interest. Attach Schedule B if required | 8a | |
| | 8b | Tax-exempt interest. Do not include on line 8a | 8b | |
| Attach Forms(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. | 9a | Ordinary dividends. Attach Schedule B if required | 9a | |
| | 9b | 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 | 7,247. |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | IRA distributions | 15a | |
| | 15b | Taxable amount | 15b | 5,000. |
| | 16a | Pensions and annuities | 16a | |
| | 16b | Taxable amount | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Social security benefits | 20a | |
| | 20b | Taxable amount | 20b | |
| | 21 | Other income. List type and amount | 21 | |
| | 22 | Combine the amounts in the far right col for lines 7 through 21. This is your total income | 22 | 37,502. |

| | | | | |
|------------------------------|-----|--|-----|---------|
| 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 | 36,990. |

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (36,990), 39a (Total boxes checked), 40 (9,100), 41 (27,890), 42 (7,900), 43 (19,990), 44 (2,349), 45, 46, 47 (2,349), 48, 49 (526), 50, 51, 52 (1,000), 53, 54, 55 (1,526), 56 (823).

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, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 57 (1,024), 58 (20), 59 (500), 60a, 60b, 61, 62, 63 (2,367).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (2,080), 65, 66a (1,428), 66b, 67, 68, 69, 70, 71, 72, 73, 74 (3,508).

Refund

Direct deposit? See instructions

Table with 2 columns: Line number and Amount. Rows include 75 (1,141), 76a (1,141), 77.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 78, 79.

Third Party Designee

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

Sign Here

Joint return? See instructions 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.

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Includes AARP Foundation Tax-Aide, KINNELON VOLUNTEER FIRE CO, 103 KIEL AVENUE, KINNELON NJ 07405, 973-838-1321.

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2014

Name: LAURA F LYNCH

SSN: 831-02-0752

Child Tax Credit (CTC)

| | | | |
|---|---|---------|--------|
| 1 | \$1,000 X <input type="text" value="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 | 36,990. | |
| 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 | 2,349. | |
| 9 | Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy | 526. | |

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 | | 1,823. |
| 11 | Child tax credit | | 1,000. |

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2014 to 2015

| 1 | Section 179 expense disallowed, Form 4562, accumulative total | | | | | | | | | | | | | | |
|------------------------|---|--|------------------------|------|--------------|------|------|-----|-----|-----|--|--|--|--|--|
| 2 | Net operating loss from 2014 only, Form 1045 Amt. carried forward from 2013. Listed on Form 1040, line 21, or Form 1040NR, line 21 | | | | | | | | | | | | | | |
| 3 | 2014 charitable contributions. Organization limit: | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Cash or other property | | Capital Gain | | 50% | 30% | 30% | 20% | | | | | |
| Cash or other property | | Capital Gain | | | | | | | | | | | | | |
| 50% | 30% | 30% | 20% | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 4 | Investment interest expense, Form 4952, accumulative total | | | | | | | | | | | | | | |
| 5 | Foreign tax credit from 2014 only, Form 1116. Enter amount carried back, if any | | | | | | | | | | | | | | |
| 6 | Mortgage interest credit, Form 8396 | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th>2012</th> <th>2013</th> <th>2014</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | 2012 | 2013 | 2014 | | | | | | | | | | |
| 2012 | 2013 | 2014 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 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 2014 only | | | | | | | | | | | | | | |
| 10 | Nonrecaptured net section 1231 losses | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <th>2010</th> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | 2010 | 2011 | 2012 | 2013 | 2014 | | | | | | | | |
| 2010 | 2011 | 2012 | 2013 | 2014 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Name: LAURA F LYNCH

SSN: 831-02-0752

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2014, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment. For each individual, check the box in the column labeled "Full" if the individual had minimum essential coverage for the entire year, check the box labeled "None" if the individual did not have insurance all year, or check the box for each month that the individual did not have minimum essential coverage. If you are applying for an exemption or have been granted a full or partial exemption for an individual, check the box in the column labeled "Exm" and only check those months that are not covered by the exemption, if any. If you received insurance through the Marketplace, check the box labeled "Mkt".

| | Full | None | Mkt | Exm | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| LAURA F LYNCH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GEORGE LYNCH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| 1 Total number of boxes checked per month, maximum of 5..... | | | | | | | | | | | | |
| 2 Total number of boxes checked per month for individuals 18 or over | | | | | | | | | | | | |
| 3 One-half the number of boxes checked per month for individuals under 18 .. | | | | | | | | | | | | |
| 4 Add lines 3 and 4 for each month | | | | | | | | | | | | |
| 5 Multiply line 4 by \$95 for each month, maximum of \$285 | | | | | | | | | | | | |

| | |
|---|---------|
| 6 Sum of the number of boxes checked on line 1 above for the year | |
| 7 Household income | 36,990. |
| Enter the total modified AGI for any dependent included in this return who is required to file a tax return - F3 if zero | |
| 8 Filing threshold | |
| 9 Subtract line 8 from line 7 | 36,990. |
| 10 Multiply line 9 by 1% | 370. |
| 11 Is line 10 more than \$285? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the number of months for which line 1 is more than zero. <input type="checkbox"/> No. Amount calculated based on the flat dollar amount worksheet | |
| 12 Divide line 11 by 12 | |
| 13 Multiply line 6 by \$204 | |
| 14 Smaller of line 12 or line 13 | |

1099-R DETAIL REPORT - 2014

| Payer | EIN | T S | Box 7 | IRA/SEP Simple | Fed. With. | State With. | Gross | 1099R Taxable | Roll/ Exclude | Net | Cost | Cost Bal. |
|-----------------|------------|--------|----------|-------------------|---------------|----------------|-------|------------------|------------------|-------|------|--------------|
| ACME RETIREMENT | 81-7990752 | T 1 | | X | 750NJ | | 5000 | 5000 | | 5000 | | |
| ACME PENSIONS | 81-6990752 | T 3 | | | NJ | | 5400 | 5400 | | 5400 | | |
| | | | | | --- | | ----- | ----- | | ----- | | |
| | | | | | 750 | | 10400 | 10400 | | 10400 | | |

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

Name(s) shown on return
LAURA F LYNCH

Your social security number
831-02-0752

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) |
|----------------------------|--|--|---------------------------------------|
| ACME DAY CARE | 123 MAIN PLUCKEMIN NJ 07978- | 81-0990752 | 1,793. |
| EDNA LOY | 121 ELM PLUCKEMIN NJ 07978- | 834-02-0752 | 400. |

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

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 | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2014 for the person listed in column (a) |
|------------------------------|-------|--|--|
| First | Last | | |
| JOHN | LYNCH | 833-02-0752 | 1,103. |
| GEORGE | LYNCH | 832-02-0752 | 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 | 29,515. |
| 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | 5 | 29,515. |
| 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 | 36,990. |
| 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7 | 8 | X. 0.24 |
| 9 Multiply line 6 by the decimal amount on line 8. If you paid 2013 expenses in 2014, see the instructions | 9 | 526. |
| 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 | 2,349. |
| 11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 | 11 | 526. |

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

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.

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

LAURA F LYNCH

Social security number
831-02-0752

| 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 | ACME DINER | 81-8990752 | 838. | 588. |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| 2 Total cash and charge tips you received in 2014. Add the amounts from line 1, column (c) | | | 2 838. | |
| 3 Total cash and charge tips you reported to your employer(s) in 2014. 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 |
| 6 Unreported tips subject to Medicare tax. Subtract line 5 from line 4 | | | | 6 250. |
| 7 Maximum amount of wages (including tips) subject to social security tax | | | 7 117,000 | |
| 8 Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) and railroad retirement (RRTA) compensation (subject to 6.2% rate) (see instructions) | | | 8 17,130. | |
| 9 Subtract line 8 from line 7. If line 8 is more than line 7, enter -0- | | | | 9 99,870. |
| 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) | | | | 10 250. |
| 11 Multiply line 10 by .062 (social security tax rate) | | | | 11 16. |
| 12 Multiply line 6 by .0145 (Medicare tax rate) | | | | 12 4. |
| 13 Add lines 11 and 12. Enter the result here and on Form 1040, line 58; Form 1040NR, line 56; or Form 1040NR-EZ, line 16 (Form 1040-SS and 1040-PR filers, see instructions.) | | | | 13 20. |

**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

2014

Attachment
Sequence No. **09**

| | |
|--|--|
| Name of proprietor LAURA F LYNCH | Social security number (SSN) 831-02-0752 |
| A Principal business or profession, including product or service (see instructions) EDITING SERVICES | B Enter code from instructions ▶ 561410 |
| 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) Cash (2) Accrual (3) Other (specify) ▶ _____

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses. . . . Yes No

H If you started or acquired this business during 2014, check here

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions). Yes No

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

Part I Income

| | | |
|--|----------|---------|
| 1 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 <input type="checkbox"/> | 1 | 12,176. |
| 2 Returns and allowances | 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 | |
| 9 Car and truck expenses (see instructions) | 9 | 131. | 19 | |
| 10 Commissions and fees | 10 | | 20a | |
| 11 Contract labor (see instructions) | 11 | | 20b | |
| 12 Depletion | 12 | | 21 | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 22 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 23 | |
| 15 Insurance (other than health) | 15 | | 24a | |
| 16 Interest: | | | 24b | |
| a Mortgage (paid to banks, etc.) | 16a | | 25 | |
| b Other | 16b | | 26 | |
| 17 Legal and professional services | 17 | | 27a | 4,798. |
| | | | 27b | |

| | | |
|--|-----------|--------|
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | 4,929. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 7,247. |

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

| | | |
|---|-----------|--------|
| 31 Net profit or (loss). Subtract line 30 from line 29. • 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. | 31 | 7,247. |
|---|-----------|--------|

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 line 31 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 | <input type="checkbox"/> | All investment is at risk. |
| | 32b | <input type="checkbox"/> | Some investment is not at risk. |

For Paperwork Reduction Act Notice, see the separate instructions.

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) ▶ 07/01/2011

44 Of the total number of miles you drove your vehicle during 2014, 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

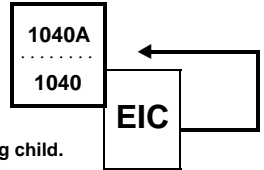
Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

| | |
|--|------------------|
| 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)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2014

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **43**

Name(s) shown on return

LAURA F LYNCH

Your social security number
831-02-0752

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, 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.



- 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 the 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

| | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit. | First name Last name JOHN LYNCH | First name Last name GEORGE LYNCH | First name Last name |
| 2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 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. | 833-02-0752 | 832-02-0752 | |
| 3 Child's year of birth | Year <u>2010</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | Year <u>2007</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | Year _____ <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> |
| 4a Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)? | <input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b. |
| b Was the child permanently and totally disabled during any part of 2014? | <input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child. | <input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child. |
| 5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) | SON | SON | |
| 6 Number of months child lived with you in the United States during 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12". | <u>12</u> months <i>Do not enter more than 12 months.</i> | <u>12</u> months <i>Do not enter more than 12 months.</i> | _____ months <i>Do not enter more than 12 months.</i> |

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

Schedule EIC (Form 1040A or 1040) 2014

US Schedule EIC

Earned Income Credit Worksheet

2014

Name: LAURA F LYNCH

SSN: 831-02-0752

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 <input type="checkbox"/> | | | | | 6,735. |
| | Nontaxable combat pay included? | | | | |
| | Taxpayer | Spouse | Both | No | |
| Nontaxable combat pay | | | | | |
| 5 Earned income | | | | 29515. | 29,515. |
| 6 Credit from EIC table on line 5 income | | | | 2997. | |
| 7 Adjusted gross income | | | | 36990. | |
| 8 Credit from EIC table on line 7 income, if line 7 greater than | | | | | |
| • \$7,999 (\$13,349 if married filing jointly) and no qualifying children | | | | | |
| • \$17,549 (\$22,899 if married filing jointly) and 1 or more qualifying children | | | | 1428. | |
| 9 Earned income credit. If line 7 is less than \$8,000 (\$13,350, \$17,550, \$22,900), line 6. Otherwise the smaller of line 6 or line 8 | | | | 1428. | 1,428. |

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person

LAURA F LYNCH

with self-employment income ▶

831-02-0752

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

| | | |
|--|---------------|------------|
| 1a 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 Z | 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 and 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 | 7,247. |
| 3 Combine lines 1a, 1b, and 2 | 3 | 7,247. |
| 4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | 4a | 6,693. |
| 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 | 6,693. |
| 5a 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 | 6,693. |
| 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2014 | 7 | 117,000 00 |
| 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$117,000 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 | 250. |
| c Wages subject to social security tax (from Form 8919, line 10) | 8c | |
| d Add lines 8a, 8b, and 8c | 8d | 17,380. |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 | 99,620. |
| 10 Multiply the smaller of line 6 or line 9 by 12.4% (.124) | 10 | 830. |
| 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 57, or Form 1040NR, line 55 | 12 | 1,024. |
| 13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). 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 \$7,200, or (b) your net farm profits ² were less than \$5,198. | | |
| 14 Maximum income for optional methods | 14 | 4,800 00 |
| 15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,800. 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 \$5,198 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.

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.

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.

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.

US

Detail Sheet

2014

Name: LAURA F LYNCH

ID: 831-02-0752

Description: 2441 2A JOHN

| | Type | Amount |
|--------------------|------|--------|
| ACME DAY CARE | | 903. |
| EDNA LOY | | 200. |
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| | | |
| Total | | 1,103. |

US

Detail Sheet

2014

Name: LAURA F LYNCH

ID: 831-02-0752

Description: NJ 2450 TP LINE 1B COL B

| | Type | Amount |
|---------------------------|------|--------|
| PP DI FROM ACME DINER W-2 | | 72. |
| | | |
| | | |
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| Total | | 72. |

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Name: LAURA F LYNCH

SSN: 831-02-0752

| 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 <u>NJ</u> 2013 state/local income tax refund | 502. | | |
| ___ 2013 state/local income tax refund | | | |
| Total state/local income tax refund for 2013 | 502. | | |
| 2 Enter the amounts from the 2013 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 2013 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 2013 itemized deductions | 9,145. | | |
| 7 Filing status for 2013. 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 If the 2013 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8 Age 65 or blind, enter amount from the 2013 Form 1040, page 2, line 39a | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 Standard deduction | 8,950. | | |
| 10 Subtract line 9 from line 6 | 195. | | |
| 11 Smaller of line 5 or line 10 | 195. | | |
| 12 Enter the taxable income for 2013, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number | (120.) | | |
| 13 Amount to include in income for 2014 | 75. | | |
| 14 Taxable state/local income tax refund | 75. | | 75. |
| 15 Taxable amount of other income | | | |

US 1040

Three - Year Tax Summary

2014

Name: LAURA F LYNCH

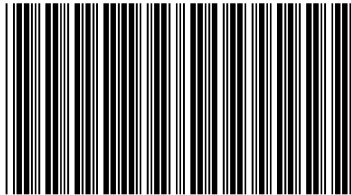
SSN: 831-02-0752

| Gross Income | 2012 | 2013 | 2014 |
|--|-------|-------|---------|
| Wages and salaries | | | 22,780. |
| Interest and dividends | | | |
| Business income | | | 7,247. |
| Sale of assets - gain or loss | | | |
| Pension and IRA distributions | | | 5,000. |
| Rents, royalties, etc | | | |
| Unemployment and social security | | | |
| Other income | | | 2,475. |
| Total gross income | | | 37,502. |
| Adjustments to Income | | | 512. |
| Adjusted gross income | | | 36,990. |
| Itemized or Standard Deductions | | | |
| Medical expense deduction | | | |
| Taxes | | | |
| Interest | | | |
| Contributions | | | |
| Miscellaneous deductions | | | |
| Other itemized deductions | | | |
| Total deductions | | | 9,100. |
| Exemptions | | | 7,900. |
| Taxable Income | 0 | 0 | 19,990. |
| Tax (2014 - 1040, line 44) | 0 | 0 | 2,349. |
| Alternative minimum tax | | | |
| Other taxes | | | 1,544. |
| Credits and Payments | | | |
| Credits | | | 1,526. |
| Withholding | | | 2,080. |
| EIC and Additional Child Tax Credit | | | 1,428. |
| Estimated tax payments | | | |
| Other payments | | | |
| Total credits and payments | | | 5,034. |
| Tax liability after credits | | | 2,367. |
| Estimated tax penalty | | | |
| Refund or (Balance Due) | | | 1,141. |
| 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 777. |
| 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 2014:

W-2 DETAIL REPORT - 2014

| Employer | EIN | TP SP | Gross Wages | Federal With. | FICA | Medicare | St | State Wages | State With. | Locality | Local With. |
|-----------------|------------|-------|----------------|------------------|-------|----------|----|----------------|----------------|----------|----------------|
| ACME INDUSTRIES | 81-9990752 | X | 14598 | 1002 | 905 | 212 | NJ | 14598 | 575 | | |
| ACME DINER | 81-8990752 | X | 2532 | 328 | 157 | 37 | NJ | 2532 | 201 | | |
| | | | ----- | ----- | ----- | ----- | | ----- | ----- | | |
| | | | 17130 | 1330 | 1062 | 249 | | 17130 | 776 | | |



040MP02140

LYNCH LAURA F

831020752

1045

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

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

EXEMPTIONS

- 6. REGULAR 1
7. AGE 65 OR OVER
8. BLIND OR DISABLED 1
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1

CHECKBOXES FOR EXEMPTIONS

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

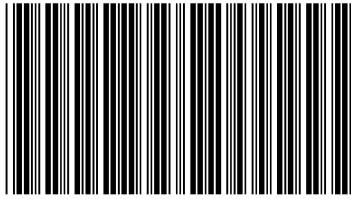
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows include LYNCH GEORGE and LYNCH JOHN.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES X NO
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax schedule table with 3 columns: Line number, Description, Amount. Includes lines 14 through 36 with various income and deduction items.



040MP03140

LYNCH LAURA F

831020752

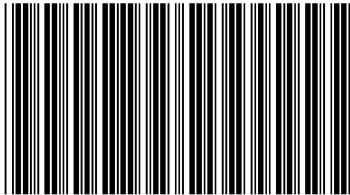
1045

| | | |
|---|------|---------|
| 37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29) | 37A. | 2160 . |
| 37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1) | 37B. | |
| 37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1) | 37C. | |
| 38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32) | 38. | . |
| 39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | 39. | 23527 . |
| 40. TAX (FROM TAX TABLES, PAGE 52) | 40. | 342 . |
| 41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS | 41. | . |
| 41A. JURISDICTION CODE (SEE INSTRUCTIONS) | 41A. | |
| 42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40) | 42. | 342 . |
| 43. SHELTERED WORKSHOP TAX CREDIT | 43. | . |
| 44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) | 44. | 342 . |
| 45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) IF NO USE TAX, ENTER ZERO | 45. | . |
| 46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX | 46. | . |
| 46A. FILL IN IF FORM 2210 IS ENCLOSED | 46A. | |
| 47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46) | 47. | 342 . |
| 48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099) | 48. | 776 . |
| 49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32) | 49. | 50 . |
| 50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2013 TAX RETURN | 50. | . |
| 51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38) | 51. | 286 . |
| 51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT | 51B. | |
| 51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT | 51C. | |
| 52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450) | 52. | . |
| 53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450) | 53. | 7 . |
| 54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450) | 54. | . |
| 55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54) | 55. | 1119 . |
| 56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE <small>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT</small> | 56. | . |
| 57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO: | 57. | 777 . |
| 58. YOUR 2015 TAX | 58. | . |
| 59. NEW JERSEY ENDANGERED WILDLIFE FUND | 59. | . |
| 60. NEW JERSEY CHILDREN'S TRUST FUND | 60. | . |
| 61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND | 61. | . |
| 62. NEW JERSEY BREAST CANCER RESEARCH FUND | 62. | . |
| 63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND | 63. | . |
| 64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39) | 64. | . |
| 64C. DESIGNATION CODE | 64C. | |
| 65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64) | 65. | . |
| 66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57) | 66. | 777 . |

DIRECT DEPOSIT INFORMATION

| | | |
|---|------|---|
| dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) | dd1. | 4 |
| dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) | dd2. | |
| dd3. FILL IN THE CHECK BOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES | dd3. | |
| dd4. ROUTING NUMBER | dd4. | |
| dd5. ACCOUNT NUMBER | dd5. | |
| dnm. DO NOT MAIL INDICATOR | dnm. | |
| pa. POWER OF ATTORNEY INDICATOR | pa. | |
| pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR | pdr. | |

NJ - 1040
2014
Page 1



040MP01140

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2014 or Other Tax Year

Beginning _____, 2014 Month Ending _____
On-line Federal Extension Confirmation # _____

LYNCH LAURA F

123 ELM

PLUCKEMIN

NJ 07978

1801

1045 12

831020752

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.

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 instruction page 11.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature

Federal Identification Number
S24051405

Firm's Name KINNELON VOLUNTEER FIRE CO
KINNELON NJ 07405

Federal Employer Identification Number

NJ-2450

**EMPLOYEE'S CLAIM FOR CREDIT
FOR EXCESS UI/WF/SWF, DISABILITY INSURANCE, AND/OR
FAMILY LEAVE INSURANCE CONTRIBUTIONS FOR CALENDAR YEAR 2014**

| | |
|---|--|
| Claimant Social Security No. 831-02-0752 | Name: LAURA F LYNCH |
| Note on Joint NJ-1040 Return: Each spouse/CU partner must file a separate form when claiming a refund for excess contributions. | Address: 123 ELM City, State, Zip Code: PLUCKEMIN NJ 07978- |

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: ACME INDUSTRIES Fed. Emp. I.D. #: 81-9990752 Private Plan #: _____ Wages: 14,598. | 62. | 55. | 15. |
| B. | Employer's Name: ACME DINER Fed. Emp. I.D. #: 81-8990752 Private Plan #: 9786654 Wages: 2,532. | 11. | 72. | 3. |
| 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. | 127. | 18. |
| 3. | Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions. | 133.86 | 119.70 | 31.50 |
| 4. | Deduct Line 3 Col. A from Line 2 Col. A. Enter on Page 3, Line 52 of the NJ-1040. | | | |
| 5. | Deduct Line 3 Col. B from Line 2 Col. B. Enter on Page 3, Line 53 of the NJ-1040. | | 7. | |
| 6. | Deduct Line 3 Col. C from Line 2 Col. C. Enter on Page 3, Line 54 of the NJ-1040. | | | |

I hereby apply for a credit for worker contributions deducted in excess of \$133.86 for N.J. UI/WF/SWF and/or in excess of \$119.70 for N.J. Disability Insurance and/or in excess of \$31.50 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: _____
1045

| | |
|---|--|
| Name(s) as shown on Form NJ-1040 LYNCH LAURA F | Your Social Security Number 831-02-0752 |
|---|--|

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. | LAURA F LYNCH | 831-02-0752 | 7,247. |
| 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. 7,247. |

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. |

| | | | | | | | |
|--|---|-----|--------|--|--------|---|---|
| Name(s) as shown on Form NJ-1040 LYNCH LAURA F | | | | Your Social Security Number 831-02-0752 | | | |
| PART I INCOME (LOSS) | | | | Column A | | Column B | |
| | | | | Reportable Regular Business Income | | Alternative Business Income/(Loss) | |
| 1. | Net Profits From Business | 1a. | 7,247. | 1b. | 7,247. | | |
| 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. | Loss Carryforward From Tax Year 2013 | | | 5b. | (| |) |
| 6. | Totals | 6a. | 7,247. | 6b. | 7,247. | | |
| PART II ADJUSTMENT CALCULATION | | | | | | | |
| 7. | Total Regular Business Income | 7. | 7,247. | | | | |
| 8. | Total Alternative Business Income/(Loss). (If loss, enter zero) | 8. | 7,247. | | | | |
| 9. | Business Increment (Line 7 minus Line 8) | 9. | | | | | |
| 10. | Adjustment Percentage | 10. | | 0.30 | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.30) | 11. | | | | | |
| PART III LOSS CARRYFORWARD TO TAX YEAR 2015 | | | | | | | |
| 12. | Loss Carryforward to Tax Year 2015 | | | 12. | (| |) |

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 5b. Enter the amount from Line 12 of your 2013 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for tax year 2014 is 30% (0.30).
- ~~Line 11.~~ Multiply the amount on Line 9 by 30% (0.30). Enter here and Line 34 of Form NJ-1040.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

NJ

Dependents Information

2014

Name: LAURA F LYNCH

SSN: 831-02-0752

| First name | MI | Last name | SSN | Birth year |
|------------|----|-----------|-------------|------------|
| GEORGE | | LYNCH | 832-02-0752 | 2007 |
| JOHN | | LYNCH | 833-02-0752 | 2010 |

Name: LYNCH LAURA F

SSN: 831-02-0752

Part I

| | |
|--|--------|
| 1 Value of IRA on December 31, 2014 | |
| 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 | |
| b After first year of withdrawal from IRA. Amount of unrecovered contributions from Part II, line 7 | |
| 5 Accumulated earnings in IRA on December 31, 2014 | 5,000. |
| 6 Divide line 5 by line 3 | 1.00 |
| 7 Taxable portion of this year's withdrawal | 5,000. |
| 8 Excludable portion of this year's withdrawal | |

Part II: Unrecovered Contributions for Second and Later Years

| | |
|---|--|
| a Last year's unrecovered contributions, from line 4 of last year's worksheet | |
| b Amount withdrawn last year, from line 2 of last year's worksheet | |
| c Taxable portion of last year's withdrawal, from line 7 of last year's worksheet | |
| d Contributions recovered last year | |
| e This year's unrecovered contributions | |
| f Contributions to IRA during current tax year, do not include tax free rollovers | |
| g Total unrecovered contributions | |