

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.

2014

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

Submission Identification Number (SID) ▶ 20075220160060001350

Taxpayer's name
FRANK B FRY Social security number
811-02-0752

Spouse's name
PATRICIA B FRY Spouse's social security number
812-02-0752

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	52,303.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	1,703.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	2,380.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	677.
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 ▶ 01/06/2016

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 ▶ 01/06/2016

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

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

Your first name and initial **FRANK B FRY** Last name _____ See separate instructions.

Your social security number **811-02-0752**

If a joint return, spouse's first name and initial **PATRICIA B FRY** Last name _____ Spouse's social security number **812-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM % FRANK FRY** 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-**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

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. You Spouse

Filing Status

1 Single **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. ▶ _____

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

Boxes checked on 6a and 6b **2**

c Dependents:

(1) First name	Last name	(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:
MARY FRY		813-02-0752	GRANDCHILD		1
					0
					0
					0

did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above **0**
Add numbers on lines above **3**

d Total number of exemptions claimed **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	1,565.
b Qualified dividends	9b	875.
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/>	13	737.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	37,918.
b Taxable amount	16b	37,142.
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	20,028.
b Taxable amount	20b	11,659.
21 Other income. List type and amount GAMBLING WINNINGS	21	1,200.
22 Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	52,303.

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ▶ _____	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	52,303.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (52,303), 39a (Total boxes checked 2), 40 (21,794), 41 (30,509), 42 (11,850), 43 (18,659), 44 (1,703), 45, 46, 47 (1,703), 48-54, 55, 56 (1,703).

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, 58, 59, 60a, 60b, 61, 62, 63 (1,703).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (2,380), 65, 66a (NO), 66b, 67, 68, 69, 70, 71, 72, 73, 74 (2,380).

Refund

Direct deposit? See instructions

Table with 2 columns: Line number and Amount. Rows include 75 (677), 76a (677), 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

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: Preparer's name, signature, date, and PTIN. Includes AARP Foundation Tax-Aide, KINNELON VOLUNTEER FIRE CO, and phone number 973-838-1321.

Name: FRANK B & PATRICIA B FRY

SSN: 811-02-0752

Interest. List all interest on Schedule B, regardless of the amount.
Unemployment and/or state tax refund. Fill out 1099-G worksheet.

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	12,108.	7,920.	
Railroad tier 1 received this year			
Total	12,108.	7,920.	20,028.
Medicare to Schedule A	1,761.	1,269.	
Federal tax withheld	300.	300.	

Married Filing Separately

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

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 40,644.

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

Puerto Rico: _____ + 50% of the benefits received: 10,014.

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

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

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

85% of the social security and railroad benefits received is taxable **A** 17,024.

Modified AGI 50,658.

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

Subtract 6,658. X 85%= 5,659.

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

Add **B** 11,659.

Taxable social security and railroad retirement tier 1. Minimum of A or B. 11,659.

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2014			
Using the above modified AGI, this is the taxable amount of the 2014 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

Name: FRANK B & PATRICIA B FRY

SSN: 811-02-0752

	TSJ	Amount
1 Gambling winnings from Form W-2G		1,200.
2 Form 1099-MISC, lines 3, 7, and 8		
3 Taxable distributions from education savings accounts (ESAs) and QTPs		
4 Recovery of itemized deductions		
5 Foreign income exclusion from Form 2555, line 45		
6 Foreign income exclusion from Form 2555-EZ, line 18		
7 Income addition from Form 6478, line 2		
8 Income addition from Form 8814, line 12		
9 Taxable Archer MSA distributions from Form 8853, line 8		
10 Taxable Medicare Advantage MSA distributions from Form 8853, line 12		
11 Taxable long-term care insurance contract payments from Form 8853, line 26		
12 Taxable HSA distributions from Form 8889, line 16		
13 Income for failure to maintain HDHP coverage from Form 8889, line 20		
14 Jury duty pay	<input type="checkbox"/>	
15 NOL carried forward - enter as a negative amount	<input type="checkbox"/>	
16 Describe -	<input type="checkbox"/>	
17 Describe -	<input type="checkbox"/>	
18 Describe -	<input type="checkbox"/>	
19 Describe -	<input type="checkbox"/>	
20 Describe -	<input type="checkbox"/>	
21 Describe -	<input type="checkbox"/>	
22 Describe -	<input type="checkbox"/>	
23 Describe -	<input type="checkbox"/>	
24 Describe -	<input type="checkbox"/>	
25 Describe -	<input type="checkbox"/>	
26 Describe -	<input type="checkbox"/>	
27 Describe -	<input type="checkbox"/>	
28 Describe -	<input type="checkbox"/>	
29 Describe -	<input type="checkbox"/>	
30 Describe -	<input type="checkbox"/>	
31 Total other income		1,200.

Name: FRANK B & PATRICIA B FRY

SSN: 811-02-0752

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
FRANK B FRY	<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"/>
PATRICIA B FRY	<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"/>
MARY FRY	<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	52,303.
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	52,303.
10 Multiply line 9 by 1%	523.
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.
DEFENSE FINANCE & AC	11-2990752	T	7		1580	NJ	23919	23919		23919		
ACME RETIREMENT	81-7990752	T	7			NJ	13999	13223		13223		
					-----		-----	-----		-----		
					1580		37918	37142		37142		

US Schedule A

Itemized Deduction Detail Worksheet

2014

Name: FRANK B & PATRICIA B FRY

SSN: 811-02-0752

Medical Expenses		Medical miles: 1116	Deduction: 262.
Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	3,030.
Taxpayer		Remainder from worksheets	
Spouse		Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
DOCTORS	1,923.		
HOSPITALS	1,168.		
DRUGS	1,756.		
PRESCRIPTION EYEGLASSES	210.	Amount from additional worksheets	
		Total	8,349.

Cash Contributions		Other Charitable miles:	X .14 =
50% Limit Organizations			
CHURCH	850.		
PBS	201.		
		From Schedules K-1	
		Amount from additional worksheets	
		Total	1,051.

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

Other Than Cash Contributions		50% Limit Organizations	
SALVATION ARMY	350.	From Forms 8283	
		Amount from additional worksheets	
From Schedules K-1		Total	350.

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

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

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

	From years 2007 through 2013				To 2015 tax year			
	Cash and other property		Capital gain property		Cash and other property		Capital gain property	
	50%	30%	30%	20%	50%	30%	30%	20%
2009								
2010								
2011								
2012								
2013								
2014								

Contributions allowed this year			
50% of adjusted gross income		26,152.	
This year's 50% organization cash contributions allowed			1,401.
30% of adjusted gross income		15,691.	
This year's capital gain contributions to 50% organizations limited to 30%			
50% cash carryover allowed			
50% capital gain carryover limited to 30%			
This year's 30% organization cash and other property contributions allowed			
30% organizations cash and other property carryover			
20% of adjusted gross income		10,461.	
This year's capital gain contributions to 30% organizations limited to 20%			
30% capital gain carryover limited to 20% AGI			
Total contributions allowed this year			1,401.

US Schedule A

Sales Tax Worksheet

2014

Name: FRANK B & PATRICIA B FRY

SSN: 811-02-0752

1	Federal AGI.....		52,303.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest			
b	Social security	8,369.		
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers.....	776.	9,145.	
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		61,448.	
1	Enter the taxpayer's state of residency for 2014			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			822.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2014?			
	<input checked="" type="checkbox"/> No. Line 2 should be -0-.			
	<input type="checkbox"/> Yes. Enter the letter (A - D) for the optional local sales tax table you want to use			
	Local sales tax from the applicable table			
3	Did your locality impose a local general sales tax in 2014? Residents of California and Nevada, see the Schedule A instructions.			
	<input checked="" type="checkbox"/> No. Go to line 7.			
	<input type="checkbox"/> Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5			
4	Did you enter -0- on line 2 above?			
	<input type="checkbox"/> No. Skip to line 6.			
	<input type="checkbox"/> Yes. Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5			
5	Divide line 3 by line 4			
6	Did you enter -0- on line 2 above?			
	<input type="checkbox"/> No. Multiply line 2 by line 3.			
	<input type="checkbox"/> Yes. Multiply line 1 by line 5			
7	Total of lines 1 and 6 - prorated for part-year residents			822.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate			1,400.
9	Total sales tax using the sales tax chart			2,222.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			2,222.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2014
Attachment
Sequence No. **07**

Name(s) shown on Form 1040 FRANK B & PATRICIA B FRY		Your social security number 811-02-0752		
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1	8,349.	
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> <input type="text" value="52,303."/>			
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1950, multiply line 2 by 7.5% (.075) instead	3	3,923.	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	4,426.	
Taxes You Paid	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	5	2,222.	
	6 Real estate taxes (see instructions)	6	10,315.	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ▶ _____	8		
	9 Add lines 5 through 8	9	12,537.	
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	2,164.
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶ _____	11	
		12 Points not reported to you on Form 1098. See instructions for special rules	12	
13 Mortgage insurance premiums (see instructions)		13		
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
15 Add lines 10 through 14		15	2,164.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,051.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	350.	
	18 Carryover from prior year	18		
	19 Add lines 16 through 18	19	1,401.	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21		
	22 Tax preparation fees	22		
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ <u>SAFE DEPOSIT BOX</u> <u>INVESTMENT EXPENSE</u>	23	1,112.	
	24 Add lines 21 through 23	24	1,112.	
	25 Enter amount from Form 1040, line 38 <input type="text" value="25"/> <input type="text" value="52,303."/>	25	52,303.	
	26 Multiply line 25 by 2% (.02)	26	1,046.	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	66.	
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount ▶ <u>GAMBLING LOSSES</u>	28	1,200.	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	21,794.	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>	

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2014

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

OMB No. 1545-0074

2014

Attachment
Sequence No. **08**

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

Name(s) shown on return **FRANK B & PATRICIA B FRY** Your social security number **811-02-0752**

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

Part II		Amount
Ordinary Dividends (See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.) Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	5 List name of payer ▶ <u>ACME FINANCIAL</u> _____ _____ _____ _____ _____	1,565.
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a Note. If line 6 is over \$1,500, you must complete Part III.	
		Amount

Part III Foreign Accounts and Trusts (See instructions on back.)	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
	7a At any time during 2014, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instr. . . . If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN form 114 and its instructions for filing requirements and exceptions to those requirements			
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ _____				
8 During 2014, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back				X

Name: FRANK B & PATRICIA B FRY

SSN: 811-02-0752

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet			18,659.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	875.		
3	Line 4g of Form 4952			
4	Line 4e of Form 4952			
5	Subtract line 4 from line 3			
6	Subtract line 5 from line 2. If -0- or less, enter -0-		875.	
7	Smaller of line 15 or line 16 of Schedule D	737.		
8	Smaller of line 3 or line 4			
9	Subtract line 8 from line 7. If -0- or less, enter -0-		737.	
10	Add lines 6 and 9			1,612.
11	Add lines 18 and 19 of Schedule D			
12	Smaller of line 9 or line 11			
13	Subtract line 12 from line 10. If -0- or less, -0-			1,612.
14	Subtract line 13 from line 1. If -0- or less, -0-			17,047.
15	Smaller of line 1 or \$73,800 if married filing jointly or qualifying widow(er); \$36,900, if single or married filing separately; \$49,400 if head of household	18,659.		
16	Smaller of line 1 or line 15			18,659.
17	Smaller of line 14 or line 16			17,047.
18	Subtract line 10 from line 1. If -0- or less, -0-	17,047.		
19	Larger of line 17 or line 18			17,047.
20	Subtract line 17 from line 16. This line is taxed at 0%			1,612.

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42.
Otherwise, go to line 21.

21	Smaller of line 1 or line 13			
22	Amount from line 20			
23	Subtract line 22 from line 21			
24	\$406,750 if single; \$228,800 if married filing separately; \$457,600 if married filing jointly or qualifying widow(er); or \$432,200 if head of household			
25	Smaller of line 1 or line 24			
26	Add lines 19 and 20			
27	Subtract line 26 from line 25			
28	Smaller of line 23 or line 27			
29	Multiply line 28 by 15%			
30	Add lines 22 and 28			

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42.
Otherwise, go to line 31.

31	Subtract line 30 from line 21			
32	Multiply line 31 by 20%			

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39.
Otherwise, go to line 33.

33	Smaller of line 9 above or Schedule D, line 19			
34	Add lines 10 and 19			
35	Amount from line 1			
36	Subtract line 35 from line 34. If -0- or less, -0-			
37	Subtract line 36 from line 33. If -0- or less, -0-			
38	Multiply line 37 by 25%			

If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 42.
Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31 and 37			
40	Subtract line 39 from line 1			
41	Multiply line 40 by 28%			
42	Tax on line 19 amount			1,703.
43	Add lines 29, 32, 38, 41, and 42			1,703.
44	Tax on line 1 amount			1,894.
45	Tax on all taxable income. Smaller of lines 43 or 44			1,703.

US

Detail Sheet

2014

Name: FRANK B & PATRICIA B FRY

ID: 811-02-0752

Description: NJ 1040 LINE 19B

Type	Amount
ACME RETIREMENT BOX 1	13,999.
ACME RETIREMENT BOX 2A (MINUS)	(13,223.)
Total	776.

US 1040

Three - Year Tax Summary

2014

Name: FRANK B & PATRICIA B FRY

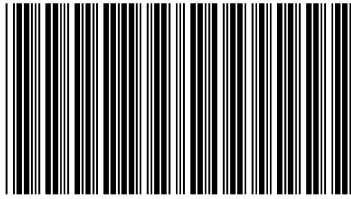
SSN: 811-02-0752

Gross Income	2012	2013	2014
Wages and salaries			
Interest and dividends			1,565.
Business income			
Sale of assets - gain or loss			737.
Pension and IRA distributions			37,142.
Rents, royalties, etc			
Unemployment and social security			11,659.
Other income			1,200.
Total gross income			52,303.
Adjustments to Income			
Adjusted gross income			52,303.
Itemized or Standard Deductions			
Medical expense deduction			4,426.
Taxes			12,537.
Interest			2,164.
Contributions			1,401.
Miscellaneous deductions			66.
Other itemized deductions			1,200.
Total deductions			21,794.
Exemptions			11,850.
Taxable Income	0	0	18,659.
Tax (2014 - 1040, line 44)	0	0	1,703.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			2,380.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			2,380.
Tax liability after credits			1,703.
Estimated tax penalty			
Refund or (Balance Due)			677.
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 50.
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-2G DETAIL REPORT - 2014

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
NEW JERSEY LOTTERY	81-4990752	X	200	1200		2550
			---	----		----
			200	1200		2550



040MP02140

FRY FRANK B & PATRICIA B

811020752

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

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER 2
8. BLIND OR DISABLED
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) 4
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1

CHECKBOXES FOR EXEMPTIONS

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

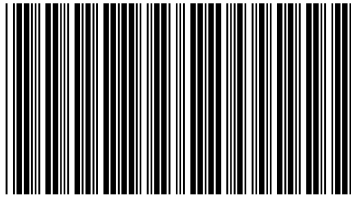
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL; SOCIAL SECURITY NUMBER; BIRTH YEAR; HEALTH INS IND. Row 1: A. FRY MARY, 813-02-0752, 1997.

GUBERNATORIAL ELECTIONS FUND

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

Main tax schedule table with 36 rows. Columns include line number, description, and amount. Total taxable income (line 36) is 13849.



040MP03140

FRY FRANK B & PATRICIA B

811020752

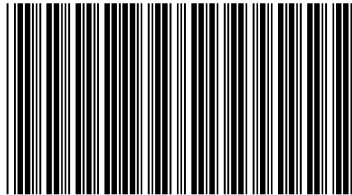
1045

37A	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	7498 .
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.	.
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	.
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.	.
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	.
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.	.
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
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.	.
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.	.
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.	50 .
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.	50 .
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.	50 .

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 # _____

FRY FRANK B & PATRICIA B DECD

% FRANK FRY

123 ELM

PLUCKEMIN NJ 07978 1801

1045 12

811020752 812020752

S24051405

50001 00002



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

> DECD 06-21-2014
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

Name(s) as shown on Form NJ-1040 FRY FRANK B & PATRICIA B	Your Social Security Number 811-02-0752
--	--

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.	FRANK B FRY	811-02-0752	
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4.

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (loss) from S Corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4.

NJ

Dependents Information

2014

Name: FRANK B & PATRICIA B FRY

SSN: 811-02-0752

First name	MI	Last name	SSN	Birth year
MARY		FRY	813-02-0752	1997

Name: FRY FRANK B & PATRICIA B **SSN:** 811-02-0752

Is your gross income, combined income if filing jointly, for the entire year before subtracting any pension exclusion more than \$100,000?
 If "Yes", do not complete Part I. Enter "0" on line 9 and continue with Part II. Yes No

Part I

1 Amount from NJ-1040, line 14 or NJ-1040NR, line 14, column A	
2 Amount from NJ-1040, line 17 or NJ-1040NR, line 17, column A	
3 Amount from NJ-1040, line 20 or NJ-1040NR, line 22, column A	
4 Amount from NJ-1040, line 21 or NJ-1040NR, line 23, column A	
5 Add lines 1, 2, 3, and 4	
Is the amount on line 5 more than \$3,000?	
<input type="checkbox"/> Yes. Enter "0" on line 9 and continue to Part II.	
<input checked="" type="checkbox"/> No. Continue to line 6.	
6 Enter \$20,000 if married filing a joint return, \$15,000 if single, head of household, or qualifying widow(er), or \$10,000 if married filing a separate return	20,000.
7 Amount from NJ-1040, line 19b or NJ-1040NR, line 21a	13,223.
8 Subtract line 7 from line 6	6,777.

Part II

9 Unclaimed pension exclusion	6,777.
10 a Are you and/or your spouse, if filing jointly, now receiving, or will you and/or your spouse, if filing jointly, ever be eligible to receive social security or railroad retirement benefits? <input type="checkbox"/> No. Continue to line 10b. <input checked="" type="checkbox"/> Yes. Enter "0" on line 10 and continue to line 11.	
b Would you and/or your spouse, if filing jointly, be receiving, or ever be eligible to receive social security or railroad retirement benefits if you had participated in either program? <input type="checkbox"/> No. Enter "0" on line 10 and continue to line 11. <input type="checkbox"/> Yes. Enter on line 10 the amount of exclusion for your filing status shown below and continue to line 11.	
c \$6,000 for if married filing a joint return, head of household, or qualifying widow(er), or \$3,000 if single or married filing a separate return	
11 Other retirement income exclusion	6,777.

SCHEDULES
A & B
(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2014

Name(s) as shown on Form NJ-1040 FRY FRANK B & PATRICIA B	Your Social Security Number 811-02-0752
---	---

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1. Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.			
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.			
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1)	3.	1 2		%
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.		4.	
5. Property Tax Enter in Box 5a the amount from Worksheet and Deduction F line 1. See instructions page 33. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33.	5a.		5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.		6.	
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.		7.	
8. Allowable Credit (Line 3 times Line 7)	8.		8.	
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39).	9a.		9.	

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet I on page 43 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
2. Capital Gains Distributions					737.
3. Other Net Gains					
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					737.

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.