1040 g	epartment o	f the Treasury - Internal Reve	nue Service (99 Tax Return	2015	OMB No. 15	545-0074 IF	RS Use Only	-Do not w	rite or staple in this sp	ace.
		r other tax year beginning		,2015, ending	,	20	-	See se	eparate instructions	S.
Your first name and i			Last name						ocial security number - 0 2 - 0 7 5 2	er
If a joint return, spour		ame and initial	Last name						e's social security no -02-0752	umber
Home address (number 123 ELM	ber and str	reet). If you have a P.O. b	ox, see instructions.			Apt	. no.		ake sure the SSN(s) a and on line 6c are corr	
City, town or post off PLUCKEMI		and ZIP code. If you have $07978-$	a foreign address,	also complete space	es below (see	instructions).		Check he	ential Election Camp re if you, or your spouse int \$3 to go to this fund. C	if filing
Foreign country nar	ne		Foreign province	ce/state/county		n postal code		or refund.	You X S	pouse
Filing Status Check only one box.	1 <u>2</u> 3 <u>[</u>	Married filing sepa and full name here	rately. Enter spou . ▶	e had income) se's SSN above	If the this of Qual	e qualifying po child's name lifying widow(erson is a d here.► (er) with de	child but	erson). (See instru not your dependen child	
Exemptions	6a	Ѿ	meone can claim	•	•				Boxes checked or	۱ م
	b		<u> </u>				(4)√	f child under	6a and 6b No. of children	
If more than (1)	C First name		name	(2) Dependent' social security num		Dependent's ationship to you	age 1 for ch	7 qualifying ild tax credit	on 6c who:	1
		JONES		802-02-0				nstructions)	 lived with you did not live with 	
dents, see ——									you due to divorce or separation (see instructions)	Ċ
instructions and check									Dependents on 6c not entered above	C
here ▶										
	d	Total number of exer	nptions claimed .						Add numbers on lines above	3
Attach Forms(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	b 9a b 10 11 12 13 14	Ordinary dividends. Qualified dividends Taxable refunds, cree Alimony received Business income or (Capital gain or (loss) Other gains or (losse IRA distributions Pensions and annuiti Rental real estate, ro Farm income or (losse Unemployment comp Social security benef Other income. List ty Combine the amount	tach Schedule B is Do not include Attach Schedule B is Do not include B is Do	f required on line 8a B if required state and local incomplete C or C-EZ end D if required. If the	9b come taxes not required b Tax s, trusts, etc	I, check here kable amount Attach Sch		11 12 13 14 15b 16b 17 18	(3,00 26,00 10,93 8,09	00.) 00. 16.
Adjusted Gross Income	24 25 26 27 28 29 30 31a 32 33 34 35 36 37	Certain business exp and fee-basis gov. of Health savings accord Moving expenses. A Deductible part of se Self-employed SEP, Self-employed health Penalty on early with Alimony paid b Recip IRA deduction Student loan interest	enses of reservis ficials. Attach Fo unt deduction. Att ttach Form 3903 If-employment tax SIMPLE, and qua insurance deduc drawal of savings pient's SSN deduction activities deduction 35	ts, performing artirm 2106 or 2106- cach Form 8889 c. Attach Schedule diffied plans ction	sts, EZ 24 25 26 e SE 27 28 29 30 31 32 33 34 903 35			36 > 37	47,9	70-
	3/	Subtract line 30 HOM	mic ZZ. IIIIS IS Y	our aujusteu gro	es illuulile			- J1	- 1 , 2	,

Tax and	38	Amount from line 37 (adjusted gross income)		38	47 , 970.
Credits	39a	Check You were born before Jan. 2, 1951, Blind. Total boxes			
		if: Spouse was born before Jan. 2, 1951, Blind. checked ▶ 39a	1		
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b			
for-	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	[40	13,850.
People who	41	Subtract line 40 from line 38	[41	34,120.
check any box on line	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	, . L	42	12,000.
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	[43	22,120.
claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	2,396.
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	· ·	45	
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
• All others:	47	Add lines 44, 45, and 46	. ▶	47	2,396.
Single or Married filing	48	Foreign tax credit. Attach Form 1116 if required 48			
separately,	49	Credit for child and dependent care expenses. Attach Form 2441 . 49			
\$6,300	50	Education credits from Form 8863, line 19 50			
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	\neg		
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52	-		
\$12,600	53	Residential energy credits. Attach Form 5695 53	\dashv		
Head of	54	Other credits from Form: a 3800 b 8801 c 54	\dashv		
household, \$9,250				-	
, , , , ,	55	Add lines 48 through 54. These are your total credits		55	2,396.
	56		· •	56	2,390.
0.11	57	Self-employment tax. Attach Schedule SE	• • -	57	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919 .	-	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if require	-	59	
	60a	Household employment taxes from Schedule H	-	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	_	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage X	_	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		62	
	63	Add lines 56 through 62. This is your total tax		63	2,396.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 5, 200	υ.		FORM 1099
If you have a	65	2015 estimated tax payments and amount applied from 2014 return 65			
qualifying	66a	Earned income credit (EIC) NO 66a			
child, attach Schedule EIC.	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Form 8812 67			
	68	American opportunity credit from Form 8863, line 8 68			
	69	Net premium tax credit. Attach Form 8962 69			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld 71			
	72	Credit for federal tax on fuels. Attach Form 4136 72			
	73	Credits from Form: a 2439 b Re-served c 8885 d 73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	. ▶	74	5,200.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you over	paid	75	2,804.
riciana	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶		76a	2,804.
Direct deposit?	▶ b	Routing number	s		<u> </u>
See instructions.	▶ d	Account number			
oco monuciono.	77	Amount of line 75 you want applied to your 2016 estimated tax > 77			
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions		78	
You Owe	70 79	Estimated tax penalty (see instructions)	. [70	
Third Party		ant to allow another person to discuss this return with the IRS (see instructions)?	Voc	Comp	lete below.
Designee	Designee's	Phone	Pers	sonal ider	ntification
	nume ,	no. no. ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best		nber (PII	
Sign	they are true	, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	s any kno	owledge.	
Here	Your signa	·		1	time phone number
Joint return? See instructions.		RETIRED			-555-1111
Keep a copy for	Spouse's s	signature. If a joint return, both must sign. Date Spouse's occupation		Prote	IRS sent you an Identity ection PIN, enter
your records.		WORKER		it her	e (see inst.)
- · ·	int/Type prep		Chec		
	ARP Fou	ndation Tax-Aide	self-e	employe	d S24051405
Haa Only —	m's name		Firm's E	IN ▶	
Use Only Fir	m's address	▶103 Kiel Avenue	Phone n	10.	
		BUTLER N.I 07405	973_	838_	1321

JAMES & JULIA JONES

Form 1040 (2015)

890-02-0752

Page 2

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 **2015**

Attachment Sequence No. **07**

Name(s) shown on	Form 104	0			You	social security number
JAMES & J	JULIA	A JONES			89	0-02-0752
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1	4,000.		
Dental	2	Enter amount from Form 1040, line 38 2 47,970.				
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was $$				
		born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead	3	3,598.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	402.
Taxes You	5	State and local				
Paid		a Income taxes	5	718.		
		b X Reserved				
	6	Real estate taxes (see instructions)	6			
	7	Personal property taxes	7			
	8	Other taxes. List type and amount				
			8			710
	9	Add lines 5 through 8			9	718.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10			
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions				
		and show that person's name, identifying no., and address▶				
			44			
Note. Your mortgage	40	Deinte not reported to you as Forms 1000. Can instructions for	11			
interest	12	Points not reported to you on Form 1098. See instructions for	12			
deduction may	10	special rules	13			
be limited (see instructions).	13 14	Reserved	14			
,	15	Add lines 10 through 14	L!		15	
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,			.0	
Charity		see instructions	16			
-	17	Other than by cash or check. If any gift of \$250 or more, see				
If you made a gift and got a		instructions. You must attach Form 8283 if over \$500	17			
benefit for it,	18	Carryover from prior year	18			
see instructions.	19	Add lines 16 through 18			19	
Casualty and						
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expense	S 21	Unreimbursed employee expenses - job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.				
Miscellaneou	IS	(See instructions.) ▶	21			
Deductions	22	Tax preparation fees	22			
	23	Other expenses - investment, safe deposit box, etc. List type				
		and amount	00			
	0.4	Add the se O4 through O0	23			
	24	Add lines 21 through 23	24			
	25 26	<u></u>	26	959.		
	27	Multiply line 25 by 2% (.02)			27	
Other	28	Other - from list in the inst. List type and amount	-0			
Miscellaneou						
Deductions					28	
Total	29	Is Form 1040, line 38, over \$154,950?				
Itemized	-	\overline{X} No. Your deduction is not limited. Add the amounts in the far	right co	olumn		
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040,	29	1,120.		
		Yes. Your deduction may be limited. See the Itemized Deduc				
		Worksheet in the instructions to figure the amount to enter.				
	30	If you elect to itemize deductions even though they are less than	your st	andard		
		deduction, check here		▶		



JONES JAMES & JULIA

890020752 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		EXEMPTIONS					
1. SINGLE		6. REGULAR			2		
2. MARRIED/CU COUPLE FILING JOINT RETURN	X	7. AGE 65 OR OVER				1	
3. MARRIED/CU COUPLE FILING SEPARATE RETURN		8. BLIND OR DISABLED					
4. HEAD OF HOUSEHOLD		9. NUMBER OF QUALIFIED DEPENDENT CHILDREN				1	
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER		10. NUMBER OF OTHER DEPENDE	NTS				
CHECKBOXES FOR EXEMPTIONS		11. DEPENDENTS ATTENDING COL	LEGE				
REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER		12A. TOTAL (LINE 12A - ADD LINES 6	, 7, 8, AND	11)		3	
AGE 65 OR OLDER YOURSELF X SPOUSE/CU PARTNER		12B. TOTAL (LINE 12B - ADD LINES 9	AND 10)			1	
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER							
DEPENDENT'S INFORMATION FROM LINES 9 AND 1	`	,					
LAST NAME, FIRST NAME, MIDDLE INITIAL	SO	CIAL SECURITY NUMBER	BIRTH Y			HEALTH INS IND)
A. JONES JONAS		802-02-0752	199	/			
В.							
C.							
D.							
GUBERNATORIAL ELECTIONS FUND DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES I	OR THIS E	LIND2	YES		NO	X	
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTN			YES	Х	NO	77	
ii doiltí the foliut, bolo fodit di dodlado i filtitu	LIK WIOIT IS	S BESIGNATE WT:	120	21	110		
14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W	(-2) BE SURE TO U	SE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE IN	ISTR.)	14.		6000	
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (E			,	15A.			
15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A							•
16. DIVIDENDS							•
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)							•
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)							•
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE	INSTRUCTION	ON PAGE 20)		19A.		36916	•
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS						1084	•
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, L	INE 4) (SEE INSTR	PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)		20.			•
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART	III, LINE 4)(SEE INS	STR. PAGE 24)(ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH.	<-1)	21.			•
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PA	TENTS & CO	PYRIGHTS (SCHEDULE NJ-BUS-1, PART I	V, LINE 4)	22.			•
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE	,			23.			•
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS				24.			•
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PA	,			25.		42016	•
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, Al	ND 20 THROU	JGH 25)		26.		42916	•
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)	DIVOLIEET AN	ID INCTELLETION DAGE ON		27A.		20000	•
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WO		ID INSTRUCTION PAGE 26)		27B. 27C.		20000	•
•	27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)					20000 22916	
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)						4500	
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6) 20. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27)						3542	
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27) 31. ALIMONY AND SEDABATE MAINTENANCE DAYMENTS						3342	•
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS 32. OHALIEIED CONSERVATION CONTRIBUTION							•
32. QUALIFIED CONSERVATION CONTRIBUTION33. HEALTH ENTERPRISE ZONE DEDUCTION							•
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMEN	T (SCHEDUIL	F N.I-BUS-2 INF 11)		33. 34.			•
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)						8042	•
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY						14874	
	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36.		110/1	•



PAGE 3

1045



JONES JAMES & JULIA

890020752

27.4	TOTAL DEODEDTY TAYES DAID (SEE INSTRUCTION DAGE 20)	37A.	3780	
	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A. 37B.	3700	•
	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37Б. 37С.		
370.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1) PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	37C. 38.	3780	
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	11094	•
	TAX (FROM TAX TABLES, PAGE 53)	40.	155	•
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	133	•
	JURISDICTION CODE (SEE INSTRUCTIONS)	41 A .		-
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	155	
	SHELTERED WORKSHOP TAX CREDIT	43.		
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	155	
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) 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.	155	•
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	160	•
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.		•
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2014 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 39) (ENCLOSE FORM NJ-2450)	52.		•
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	53.		•
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	54.		•
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	160	•
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	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.	5	•
58.	YOUR 2016 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 40)	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.	5	•

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.	