## 8879

IRS e-file Signature Authorization

▶ 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.

OMB No. 1545-0074 2014

Department of the Treasury Internal Revenue Service Submission Identification

20075220152780000296

Number (SID Taxpayer's name Social security number ANDREA ANDERSON 711-02-0752 Spouse's name Spouse's social security number

Pa	rt I Tax Return Information-Tax Year Ending December 31, 2014 (Whole Dollars O	าly)	
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	. 1	26,298.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	. 2	1,965.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	. 3	2,600.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	. 4	635.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	. 5	
B	All Tarmarian Dealaration and Cinnatura Authorization (Dealaration and Incom		(

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		
X   authorize KINNELON VOLUNTEER FIRE CO	to enter or generate my PIN	12345
ERO firm name	_	Enter five numbers, but
as my signature on my tax year 2014 electronically filed income tax return.		do not enter all zeros
I will enter my PIN as my signature on my tax year 2014 electronically filed income	e tax return. Check this box only	if you are
entering your own PIN and your return is filed using the Practitioner PIN method.		
Your signature ▶	Date ▶ 10/05/2	015
Spouse's PIN: check one box only		
I authorize	to enter or generate my PIN	
ERO firm name		Enter five numbers, but
as my signature on my tax year 2014 electronically filed income tax return.		do not enter all zeros
I will enter my PIN as my signature on my tax year 2014 electronically filed income	e 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 (	-	
Octanication and Addictitional Fractitional Fire Method	, a Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	N. 2007	5298765
	Do not e	enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the tax year for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordand <b>Publication 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual In	dance with the requirements of the come Tax Returns.	e Practitioner PIN method

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space See separate instructions. Your first name and initial Your social security number Last name ANDREA ANDERSON 711-02-0752 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. Apt. no. Make sure the SSN(s) above 127 HARBOR AVENUE 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). **Presidential Election Campaign** Check here if you, or your spouse if filing EDGEWATER NJ 07020jointly, want \$3 to go to this fund. Check-Foreign country name ing a box below will not change your tax Foreign province/state/county You Spouse Х Head of household (with qualifying person). (See instructions.) 2 Filing Status Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter Married filing separately. Enter spouse's SSN above this child's name here. Check only one and full name here. ▶ Qualifying widow(er) with dependent child 6a **Exemptions** Yourself. If someone can claim you as a dependent, do not check box 6a Boxes checked on 6a and 6b 1 b Spouse (4) √ if child under No. of children Dependents: С (2) Dependent's (3) Dependent's under age 17 qualifying for child on 6c who: If more than (1) First name social security number relationship to you 0 Last name lived with you did not live with you due to divorce or separation (see instructions) four dependents, see 0 instructions Dependents on 6c not entered above 0 and check here 🕨 Add numbers on lines above **d** Total number of exemptions claimed . . . . . . . . . 26,298 Income Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 8a Tax-exempt interest. Do not include on line 8a 8b Attach Forms(s) Ordinary dividends. Attach Schedule B if required 9a W-2 here. Also b Qualified dividends . 9b attach Forms 10 Taxable refunds, credits, or offsets of state and local income taxes 10 W-2G and 11 11 1099-R if tax was withheld. 12 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 If you did not Other gains or (losses). Attach Form 4797 14 14 get a W-2, IRA distributions 15b see instructions. . 16a 16b Pensions and annuities **b** Taxable amount 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 Social security benefits . . 20a 20a **b** Taxable amount 20b 21 Other income. List type and amount 21 26,298 22 Combine the amounts in the far right col for lines 7 through 21. This is your total income 22 23 23 **Adjusted** 24 Certain business expenses of reservists, performing artists, **Gross** and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24 Income 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 Penalty on early withdrawal of savings 30 30 31a Alimony paid b Recipient's SSN▶ 31a 32 IRA deduction 32

33

35

Tuition and fees. Attach Form 8917 . . . . . .

Domestic production activities deduction. Attach Form 8903

Subtract line 36 from line 22. This is your adjusted gross income

Student loan interest deduction

Add lines 23 through 35

36

37

33

34

35

36

Form 1040 (2014)	I	ANDREA ANDERSON 711-02-	0752	Page <b>2</b>
Tax and	38	Amount from line 37 (adjusted gross income)	38	26,298.
Credits	39a	Check You were born before Jan. 2, 1950, Blind. Total boxes		
		if: Spouse was born before Jan. 2, 1950, Blind. checked ▶ 39a		
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	6,200.
People who	41	Subtract line 40 from line 38	41	20,098.
check any box on line	42	<b>Exemptions.</b> If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	3,950.
39a or 39b <b>or</b> who can be	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	16,148.
claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	1,965.
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	1 065
<ul><li>All others:</li><li>Single or</li></ul>	47	Add lines 44, 45, and 46	47	1,965.
Married filing	48	Foreign tax credit. Attach Form 1116 if required	-	
separately, \$6,200	49	Credit for child and dependent care expenses. Attach Form 2441 . 49	-	
Married filing	50	Education credits from Form 8863, line 19	-	
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880 51	-	
widow(er), \$12,400	52	Child tax credit. Attach Schedule 8812, if required	-	
Head of	53	Residential energy credits. Attach Form 5695	-	
household, \$9,100	54	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 54		
ψ9,100	55	Add lines 48 through 54. These are your <b>total credits</b>	55	1 065
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	1,965.
	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 required	59	
		Household employment taxes from Schedule H	60a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)  Full-year coverage	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	1,965.
Povmonto	63	Add lines 56 through 62. This is your <b>total tax</b>	63	1,905.
Payments	64		-	
If you have a qualifying	65	2014 estimated tax payments and amount applied from 2013 return  Earned income credit (EIC)	-	
child, attach	66a		-	
Schedule EIC.	b 67	Nontaxable combat pay election 66b  Additional child tax credit. Attach Form 8812 67	4	
	68	American opportunity credit from Form 8863, line 8 68	-	
	69	Net premium tax credit. Attach Form 8962	-	
	70	Amount paid with request for extension to file	-	
	70 71	Excess social security and tier 1 RRTA tax withheld 71	-	
	72	Credit for federal tax on fuels. Attach Form 4136	-	
	73	Credits from Form: a 2439 b served c served d 73	-	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	74	2,600.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	635.
Keruna		Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶	76a	635.
Direct deposit?	▶ b	Routing number	7 0 0	
See instructions	▶ d	Account number		
	77	Amount of line 75 you want applied to your 2015 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	79	Estimated tax penalty (see instructions)		
Third Party	Do you w	cent to allow another person to discuss this return with the IPS (see instructions)?	. Comple	te below. X No
Designee ´	Designee's name	Phone no.	ersonal identif umber (PIN)	fication
Sign	they are true	ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k	nowledge.	
Here	Your signa	· · · · · · · · · · · · · · · · · · ·	'	ne phone number
Joint return? See instructions	. ———	CLERK		555-0001 RS sent you an Identity
Keep a copy for your records.	Spouse's	signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation	Protecti	ion PIN, enter (see inst.)
	nt/Type prep	parer's name Preparer's signature Date Chr	eck if	PTIN
	RP Fou		f-employed	S24051405
Preparer Firm	n's name	► KINNELON VOLUNTEER FIRE CO Firm's	EIN ▶	
Use Only ${Firm}$	n's address	▶103 KIEL AVENUE Phone	no.	
		KINNELON NI 07405	-838-1	321

SSN: 711-02-0752 Name: ANDREA ANDERSON 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". Aug Full None Mkt Exm Jan Feb Mar Apr Mav Jun Jul Oct Nov Dec Sept ANDREA ANDERSON Jan Feb Mar Apr Mav 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 ...... 26,298. 7 Household income 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 ..... 26,298. 9 Subtract line 8 from line 7 263. **10** Multiply line 9 by 1% 11 Is line 10 more than \$285? Yes. Multiply line 10 by the number of months for which line 1 is more than zero. No. Amount calculated based on the flat dollar amount worksheet ..... **12** Divide line 11 by 12 ..... **13** Multiply line 6 by \$204.....

Name: ANDREA ANDERSON			<b>SSN</b> : 711-02-0752
Gross Income	2012	2013	2014
Wages and salaries			26,298.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			
Total gross income			26,298.
Adjustments to Income			
Adjusted gross income			26,298.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			6,200.
Exemptions			3,950.
Taxable Income	0	0	16,148.
Tax (2014 - 1040, line 44)	0	0	1,965.
Alternative minimum tax			·
Other taxes			
Credits and Payments			
Credits			
Withholding			2,600.
EIC and Additional Child Tax Credit			•
Estimated tax payments			
Other payments			
Total credits and payments			2,600.
Tax liability after credits			1,965.
Estimated tax penalty			•
Refund or (Balance Due)			635.
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 79.
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:			
11012010K 2014.			

W-2 DETAIL REPORT - 2014

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St 	State Wages	State With.	Locality	Local With.
BILLINGS MARKET	71-9990752	Х	26298  26298	2600  2600	1630  1630	381  381	NJ	26298  26298	401  401		

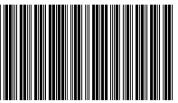


ANDERSON ANDREA

711020752 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

1, SINCLE	FILI	NG STATUS		EXEMPTIONS				
3. MARRIEDOUL COUPLE FILING SEPARATE RETURN   8. BLIND OR DISSABLED   4. HEAD OF HOUSEHOLD   9. NUMBER OF HOUSEHOLD THILDREN   5. QUALIFYING WIDOWICE RYSIGNIVING OU PARTNER   10. NUMBER OF OTHER DEPENDENTS   5. QUALIFYING WIDOWICE RYSIGNIVING OU PARTNER   10. NUMBER OF OTHER DEPENDENTS   5. QUALIFYING WIDOWICE RYSIGNIVING OU PARTNER   10. NUMBER OF OTHER DEPENDENTS ATTENDING COLLEGE   5. WOURSELD WIND SHAPPING   10. DEPENDENTS ATTENDING COLLEGE   5. WOURSELD WIND SHAPPING   10. DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR) 1. LAST NAME, FIRST NAME, MIDDLE INITIAL   SOCIAL SECURITY NUMBER   BIRTH YEAR   HEALTH INS IND   6. C.   DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR) 1. LAST NAME, FIRST NAME, MIDDLE INITIAL   SOCIAL SECURITY NUMBER   BIRTH YEAR   HEALTH INS IND   6. C.   DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR) 1. WIND SHAPPING SHAPPING SHAPPING   YES   NO   X   1. STAN FROM DISPANCE   SECURITY NUMBER   SOCIAL SECURITY NUMBER   SIRTH YEAR   HEALTH INS IND   1. STAN FROM DISPANCE   SECURITY NUMBER   SIRTH YEAR   HEALTH INS IND   1. STAN FROM DISPANCE   SECURITY NUMBER   SIRTH YEAR   HEALTH INS IND   1. STAN FROM DISPANCE   SECURITY NUMBER   SIRTH YEAR   SIRTH YEAR   1. STAN FROM DISPANCE   SECURITY NUMBER   SIRTH YEAR   SIRTH YEAR   SIRTH YEAR   1. STAN FROM DISPANCE   SECURITY NUMBER   SIRTH YEAR   SIRTH YEAR   1. STAN FROM DISPANCE   SIRTH YEAR   S	1. SII	NGLE	X	6. REGULAR		1	L	
S. NUMBER OF JOUALIFICN DEPENDENT CHILDREN   S. NUMBER OF QUALIFIED DEPENDENTS   CHECKBOXES FOR EXEMPTIONS   DEPENDENTS ATTENDING COLLEGE   S. P. A. NAID 11)   S. P. COLLEGE	2. M	ARRIED/CU COUPLE FILING JOINT I	RETURN	7. AGE 65 OR OVER				
S. QUALIFYINC WIDOW(ER/SURVIVING CU PARTNER   10. NUMBER OF OTHER DEPENDENTS   1. DEPENDENTS ATTENDING COLLEG   1.	3. M	ARRIED/CU COUPLE FILING SEPAR	ATE RETURN	8. BLIND OR DISABLED				
MECILIAR   STATE SEMBITIONS   SOMESTIC MATTERS   SOMESTIC MATTERS   12A TOTAL (LINE 12A- ADD LINES 6, 7, 8, AND 11)   1	4. HE	EAD OF HOUSEHOLD		<ol><li>NUMBER OF QUALIFIED DEPEN</li></ol>	IDENT CHILDREN			
MARCIE AND LINES & SPANSION PRAINER   12A TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)   1   1   1   1   1   1   1   1   1	5. Ql	JALIFYING WIDOW(ER)/SURVIVING	CU PARTNER	10. NUMBER OF OTHER DEPENDE	NTS			
AGE 00 OF OLDER   YOUNGBLE   SPOUSBED   PARTNER   12B. TOTAL (LINE 12B - ADD LINE 9 AND 10)	CHE	CKBOXES FOR EXEMPTIONS		11. DEPENDENTS ATTENDING CO	LEGE			
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)   LAST NAME, FIRST NAME, MIDDLE INITIAL   SOCIAL SECURITY NUMBER   BIRTH YEAR   HEALTH INIS IND     A	REGU	LAR SPOUSE/CU PARTNER	DOMESTIC PARTNER	12A. TOTAL (LINE 12A - ADD LINES 6	5, 7, 8, AND 11)	1	Ĺ	
LAST NAME, FIRST NAME, MIDDLE INITIAL   SOCIAL SECURITY NUMBER   BIRTH YEAR   HEALTH INS IND RESERVANCE, FIRST NAME, MIDDLE INITIAL   SOCIAL SECURITY NUMBER   BIRTH YEAR   HEALTH INS IND RESERVANCE, FIRST NAME, MIDDLE INITIAL   SOCIAL SECURITY NUMBER   BIRTH YEAR   HEALTH INS IND RESERVANCE, FIRST NAME, MIDDLE INITIAL   SOCIAL SECURITY NUMBER   BIRTH YEAR   BIRTH Y	AGE 6	5 OR OLDER YOURSELF	SPOUSE/CU PARTNER	12B. TOTAL (LINE 12B - ADD LINES 9	AND 10)			
A.   A.   A.   A.   A.   A.   A.   A.	BLIND	OR DISABLED YOURSELF	SPOUSE/CU PARTNER					
A. B. C. C. D. 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 IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO 15. NO 1	DEF	ENDENT'S INFORMATION FRO	OM LINES 9 AND 10 (AT	TACH RIDER IF MORE THAN FOUR)				
B. C.	LAS	T NAME, FIRST NAME, MIDDLE	INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HE	ALTH INS IND	
C.	A.							
D.	B.							
COUNTING	C.							
DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?	D.							
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?   14.     26298	GUE	BERNATORIAL ELECTIONS FU	ND					
14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCLOSE SURE TO USE STATE WAGES FROM BOX 18 OF YOUR W-2(8) (SEE INSTR.)  15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)  15A. 15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A  15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A  16. DIVIDENDS  16. 16. DIVIDENDS  17. NET PROFITS FROM BUSINNESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)  17. NET PROFITS FROM BUSINNESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)  17. 18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)  18. 2 19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 20)  19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS  20. DISTRIBUTIVE SHARE OF PARTINERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)  21. NET FROM AND AND SEPARATE MAINTENANCE (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)  21. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)  22. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)  23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)  24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED  25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24)  26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)  27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)  27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)  27D. TOTAL EXCRUSION AMOUNT (ADD LINE 27A AND LINE 27B)  27C. TOTAL EXCRUSION AMOUNT (SEE INSTRUCTION PAGE 27)  28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)  29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27)  20. LINGUAGE AND AND LINE 27A AND LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)  21. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS  22. 10AL LEMPTION AMOUNT (SEE INSTR	DO	YOU WISH TO DESIGNATE \$1 (	OF YOUR TAXES FOR 1	THIS FUND?	YES	NO	X	
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32.QUALIFIED CONSERVATION CONTRIBUTION3233.HEALTH ENTERPRISE ZONE DEDUCTION3334.ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)3435.TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)35.1000.		·		•			•	
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<ul> <li>34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)</li> <li>34</li> <li>35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)</li> <li>35. 1000 .</li> </ul>							•	
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34) 35. 1000 .				HEDULE NJ-BUS-2, LINE 11)			•	
	35.		·	·			1000 .	
25250	36.		•	·	36.		25298 .	



#### **NJ-1040** (2014)

PAGE 3

#### ANDERSON ANDREA

711020752

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.	25298	
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	372	
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.	372	
43.	SHELTERED WORKSHOP TAX CREDIT	43.		
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	372	
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.	372	•
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	401	
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.	451	•
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE	56.		•
	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  IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT			
57.	DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	79	•
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.	79	•

#### 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.	

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Page 1



#### 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 Exte	nsion Con	firmation #	

ANDERSON ANDREA

127 HARBOR AVENUE

EDGEWATER NJ 07020 0213

1045 12

711020752

S24051405



Under the penalties of perjury, statements, and to the best of taxpayer, this declaration is based to the statements of the statement of	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		
Your Signature	Date Sp	pouse/CU Partner's Signature (If filed jointly both must sign)	and use the label for PO Box 111.
Fill in if NJ-1040-O is enclosed			If not, use the label for PO Box 555.
If enclosing copy of death certificate	for deceased taxpayer, check box (See instr	ruction page 11)	You may also pay by e-check or credit card. See instruction page 11.
Paid Preparer's Signature		Federal Identification Number	instruction page 11.
		S24051405	
Firm's NameKINNELON V	JOLUNTEER FIRE CC	Federal Employer Identification Number	
KINNELON	NJ 07405		



# NEW JERSEY GROSS INCOME TAX BUSINESS INCOME SUMMARY SCHEDULE

Na	me(s) as shown on Form NJ-1040				Your Social Security Number		
Δ	NDERSON ANDREA				711-02-0752		
7.1	NELICON TRADICET				711 02 0732		
P	ART I NET PROFITS FROM BUSINESS		List the net profit	(loss) from busin	ness(es). See instructions.		
	Puninaga Nama		Social Security	/ Number/	Drofit or (Loop)		
	Business Name		Federal		Profit or (Loss)		
1	ANDREA ANDERSON		711-02-	-0752			
1.	ANDREA ANDERSON		711 02	0732			
2.							
_							
3.	Net Profit or (Loss). (Add Lines 1, 2, and 3.)						
4.	(Enter here and on Line 17. If loss, make no entry on Li	ine 17.)		4.			
P	PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME  List the distributive share of income (loss) from partnership(s). See instructions.						
	Davinavskia Nama		Fadaral	FINI	Share of Partnership		
	Partnership Name		Federal	EIIN	Income or (Loss)		
1.							
2.							
3.	Distributive Share of Partnership Income or (Loss). (Add	ld Lines 1 2 :	and 3 )				
4.	(Enter here and on Line 20. If loss, make no entry on Li			4.			
	ART III NET PRO RATA SHARE OF S CORPORATION		List the pro rata	share of income	(loss) from S Corporation(s).		
Г	ANT III NEI PRO RATA SHARE OF S CORPORATIO	ON INCOME	See instructions.				
	S Corporation Name		Federal	EIN	Pro Rata Share of S Corporation		
	C Co.porano		1 odorar Env		Income or (Loss)		
1.							
2.							
2							
3.	Net Pro Rata Share of S Corporation Income or (Loss).	(Add Lines 1	. 2. and 3.)				
4.	(Enter here and on Line 21. If loss, make no entry on Li			4.			
			List the not going	or not income. I	ess net loss, derived from or in the fo	orm of	
P	ART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS		Ü	,	yrights. See instructions.	JIIII OI	
	ROTALTIES, PATENTS, AND COFTRIGHTS	•			estate 2-Royalties 3-Patents 4-Copy	yrights	
	Source of Income or Loss. If rental real estate,	Social Sec	urity Number/	Type - Enter number from	Income or (Loss)		
	enter physical address of property.	Fede	eral EIN	list above	(/		
1.							
•••							
2.							
_							
3.	Net Income or (Loss). (Add Lines 1, 2, and 3.)						
4.	(Enter here and on Line 22. If loss, make no entry on Li	ine 22.)		4.			