

**IRS e-file Signature Authorization**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

**2014**

Submission Identification  
Number (SID)

20075220152800000334

Taxpayer's name  
TROY H MCCOOK

Social security number  
751-02-0752

Spouse's name  
YVONNE MCCOOK

Spouse's social security number  
752-02-0752

**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	28,851.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) . . . . .	2	558.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) . . . . .	3	4,895.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) . . . . .	4	4,337.
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 ▶ 10/07/2015

**Spouse'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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 10/07/2015

**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 ▶ 10/07/2015

**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 **TROY H MCCOOK** Last name \_\_\_\_\_

Your social security number **751-02-0752**

If a joint return, spouse's first name and initial **YVONNE MCCOOK** Last name \_\_\_\_\_

Spouse's social security number **752-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **30911 CHARLES BUSBY ROAD** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **PATERSON NJ 07524-**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

▲ Make sure the SSN(s) above and on line 6c are correct.

**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:
					lived with you <b>0</b>
					did not live with you due to divorce or separation (see instructions) <b>0</b>
					Dependents on 6c not entered above <b>0</b>

If more than four dependents, see instructions and check here ▶

**Add numbers on lines above** **2**

**d Total number of exemptions claimed** **2**

**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	500.
b	Qualified dividends	9b	500.
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	100.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	25,473.
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	22,965.
b	Taxable amount	20b	2,778.
21	Other income. List type and amount	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your <b>total income</b>	22	28,851.

**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 <b>adjusted gross income</b>	37	28,851.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (28,851), 39a (Total boxes checked 2), 40 (14,800), 41 (14,051), 42 (7,900), 43 (6,151), 44 (558), 45, 46, 47 (558), 48-54, 55, 56 (558).

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 (558).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (4,895), 65, 66a, 66b, 67, 68, 69, 70, 71, 72, 73, 74 (4,895).

Refund

Direct deposit? See instructions

Table with 2 columns: Line number and Amount. Rows include 75 (4,337), 76a (4,337), 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: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Includes AARP Foundation Tax-Aide, KINNELON VOLUNTEER FIRE CO, 103 KIEL AVENUE, KINNELON NJ 07405.

Name: TROY H & YVONNE MCCOOK

SSN: 751-02-0752

**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 .....	12,765.	10,200.	
Railroad tier 1 received this year .....			
Total .....	12,765.	10,200.	22,965.
Medicare to Schedule A .....	1,259.	1,259.	
Federal tax withheld .....	1,277.	1,020.	

**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 26,073.

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

Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 11,483. .....

37,556.

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 .....

2,778.

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**

Modified AGI .....	
\$34,000 (\$44,000) .....	
Subtract .....	

X 85%=

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

Add ..... **B**

**Taxable social security and railroad retirement tier 1.** Minimum of A or B. ....

**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 .....			
<b>Taxable benefits using the lump-sum election method</b> .....			

Name: TROY H & YVONNE MCCOOK

SSN: 751-02-0752

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
TROY H MCCOOK	<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"/>
YVONNE MCCOOK	<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"/>
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	<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"/>	<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 .....	28,851.
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 .....	28,851.
10 Multiply line 9 by 1% .....	289.
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.
AMERITECH PENSION TR	75-8990752	T	7		1323NJ		13223	13223		13223		
PHOENIX INVESTMENT P	75-7990752	S	7		1225NJ		12250	12250		12250		
					----		-----	-----		-----		
					2548		25473	25473		25473		

Name: TROY H & YVONNE MCCOOK

SSN: 751-02-0752

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet			6,151.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	500.		
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-		500.	
7	Smaller of line 15 or line 16 of Schedule D	100.		
8	Smaller of line 3 or line 4			
9	Subtract line 8 from line 7. If -0- or less, enter -0-		100.	
10	Add lines 6 and 9			600.
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-			600.
14	Subtract line 13 from line 1. If -0- or less, -0-			5,551.
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	6,151.		
16	Smaller of line 1 or line 15			6,151.
17	Smaller of line 14 or line 16			5,551.
18	Subtract line 10 from line 1. If -0- or less, -0-	5,551.		
19	Larger of line 17 or line 18			5,551.
20	Subtract line 17 from line 16. This line is taxed at 0%			600.

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			558.
43	Add lines 29, 32, 38, 41, and 42			558.
44	Tax on line 1 amount			618.
45	Tax on all taxable income. Smaller of lines 43 or 44			558.

**US 1040**

**Three - Year Tax Summary**

**2014**

Name: TROY H & YVONNE MCCOOK

SSN: 751-02-0752

Gross Income	2012	2013	2014
Wages and salaries .....			
Interest and dividends .....			500 .
Business income .....			
Sale of assets - gain or loss .....			100 .
Pension and IRA distributions .....			25,473 .
Rents, royalties, etc .....			
Unemployment and social security .....			2,778 .
Other income .....			
Total gross income .....			28,851 .
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			28,851 .
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			
Taxes .....			
Interest .....			
Contributions .....			
Miscellaneous deductions .....			
Other itemized deductions .....			
Total deductions .....			14,800 .
<b>Exemptions</b> .....			7,900 .
Taxable Income .....	0	0	6,151 .
<b>Tax (2014 - 1040, line 44)</b> .....	0	0	558 .
Alternative minimum tax .....			
Other taxes .....			
<b>Credits and Payments</b>			
Credits .....			
Withholding .....			4,895 .
EIC and Additional Child Tax Credit .....			
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			4,895 .
Tax liability after credits .....			558 .
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			4,337 .
Federal marginal tax bracket .....	0.0 %	0.0 %	10.0 %
Tax preparation fee .....			
<b>State refund or (balance due)</b>			
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:**

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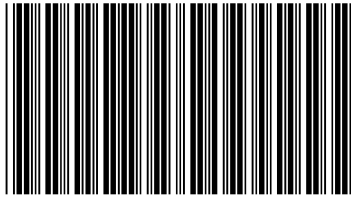


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040MP02140

MCCOOK TROY H & YVONNE

751020752

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
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)

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

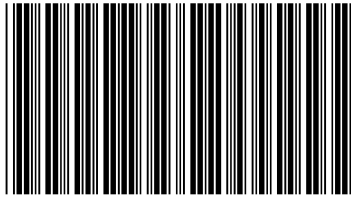
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, 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 X NO

Table with 3 columns: Line number, Description, Amount. Lines 14-36 including WAGES, TAXABLE INTEREST INCOME, DIVIDENDS, etc.



040MP03140

MCCOOK TROY H & YVONNE

751020752

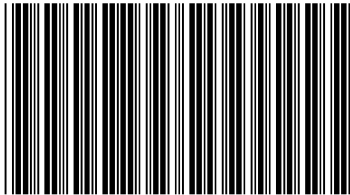
1045

37A	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	2250 .
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.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECK BOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	325070760
dd5.	ACCOUNT NUMBER	dd5.	987123654
dnm	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

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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 # \_\_\_\_\_

MCCOOK TROY H & YVONNE

30911 CHARLES BUSBY ROAD

PATERSON NJ 07524 1608

1045 12

751020752 752020752

S24051405



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> \_\_\_\_\_  
Your Signature Date

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

Fill in if NJ-1040-O is enclosed

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

Paid Preparer's Signature

Federal Identification Number  
S24051405

Firm's Name KINNELON VOLUNTEER FIRE CO  
KINNELON NJ 07405

Federal Employer Identification Number

Name(s) as shown on Form NJ-1040 MCCOOK TROY H & YVONNE	Your Social Security Number 751-02-0752
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**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.	TROY H MCCOOK	751-02-0752	
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 Direct Deposit or Direct Debit Worksheet for Electronic Filing 2014**

Name: TROY H & YVONNE MCCOOK

SSN: 751-02-0752

**Tax Return Information**

1 Refund .....	50.
2 Balance Due .....	

**Direct Deposit and Direct Debit Information**

- Check here if you had a Federal refund and want the state refund deposited to the same bank account as listed on the Federal return. This information will not appear below, but will be transmitted to New Jersey with the electronic return.
- Check here if you want the state refund deposited into a different account.
- Check here to have a refund check mailed to you.

**Direct Debit of Balance Due**

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.  
Enter the date you want the balance due to be withdrawn from your account  
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date **10/14/2015**  
Check here if you will mail your balance due to New Jersey.

**Bank Account Information**

Routing number 325070760  
Account number 987123654  
Account type  Checking Savings

Will the refund or debit you are requesting involve a foreign bank account? Yes  No

**Electronic Filing Only**

If you used a different account for direct deposit of your state tax refund or requested electronic funds withdrawal for your state tax balance due, rekey the account information below from the check or other document for verification.

RTN:

Account:

**SCHEDULES**  
**A & B**  
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX**

**2014**

Name(s) as shown on Form NJ-1040 MCCOOK TROY H & YVONNE	Your Social Security Number 751-02-0752
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**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		%
<b>IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.</b>		<b>COLUMN A</b>		<b>COLUMN B</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). <b>(The credit may not exceed your New Jersey tax on Line 39).</b>	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 .....					100.
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) ..					100.

**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.