

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

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

▶ Keep this form for your records.

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

2014

Submission Identification
Number (SID)

20075220153370000632

Taxpayer's name
HILDA M RAMOS

Social security number
841-02-0752

Spouse's name

Spouse's social security number

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	60,692.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	1,464.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	6,830.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	6,366.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize KINNELON VOLUNTEER FIRE CO to enter or generate my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 12/02/2015

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2014 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ S24051405 KINNELON VOLUNTEER FIR Date ▶ 12/02/2015

ERO Must Retain This Form - See Instructions

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

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

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

Your first name and initial **HILDA M RAMOS** Last name _____ See separate instructions.

Your social security number **841-02-0752**

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

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM** Apt. no. _____ **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **PLUCKEMIN NJ 07978-**

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 **1**

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:
DELORIS RAMOS		844-02-0752	DAUGHTER	<input checked="" type="checkbox"/>	lived with you 3
EDNA RAMOS		842-02-0752	DAUGHTER	<input type="checkbox"/>	did not live with you due to divorce or separation (see instructions) 0
RONALD RAMOS		843-02-0752	SON	<input type="checkbox"/>	Dependents on 6c not entered above 0

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

Add numbers on lines above **4**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	35,965.
8a	Taxable interest. Attach Schedule B if required	8a	289.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
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 type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	5,000.
16a	Pensions and annuities	16a	17,585.
b	Taxable amount	16b	16,570.
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	1,754.
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount GAMBLING WINNINGS	21	1,500.
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income ▶	22	61,078.

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	386.
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	386.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	60,692.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (60,692), 39a (Total boxes checked 39a), 40 (12,400), 41 (48,292), 42 (15,800), 43 (32,492), 44 (3,964), 45, 46, 47 (3,964), 48, 49, 50 (1,500), 51, 52 (1,000), 53, 54, 55 (2,500), 56 (1,464).

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 (1,464).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (6,830), 65, 66a (NO), 66b, 67, 68 (1,000), 69, 70, 71, 72, 73, 74 (7,830).

Refund

Direct deposit? See instructions

Table with 2 columns: Line number and Amount. Rows include 75 (6,366), 76a (6,366), 77.

Amount You Owe

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

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

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

US Student Loan Interest, Coverdell ESA and QTP, Tuition and Fees 2014

Name: HILDA M RAMOS

SSN: 841-02-0752

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
1 Amount paid in 2014. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500.....	386.		386.
Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 <u>61,078.</u>			
Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$65,000 (\$130,000 married filing jointly) and is -0- when AGI exceeds \$80,000 (\$160,000 married filing jointly).			
2 Student loan interest deduction	386.		386.
Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI			
Education Savings Accounts (ESAs) and QTPs		Taxpayer	Spouse
1 Excess contributions			
2 Taxable distributions			

Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.

No deduction is allowed if filing Form 1040NR or married filing separately.

Some things to consider

Form 8863, Education Credits

- 40% of the American Opportunity Credit is refundable and is reduced once the AGI reaches \$80,000 single (\$160,000, married filing jointly), and is -0- when the AGI reaches \$90,000 single (\$180,000, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches \$54,000, single (\$108,000, married filing jointly), and is -0- when the AGI reaches \$64,000, single (\$128,000, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as \$2,500 credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to \$2,000.

Tuition and Fees as an AGI Deduction

- The deduction is limited to \$4,000, if AGI does not exceed \$65,000, single (\$130,000 married filing jointly).
- The deduction is limited to \$2,000, if AGI exceeds \$65,000, single (\$130,000 married filing jointly).
- The deduction is -0- when AGI exceeds \$80,000, single (\$160,000 married filing jointly).

Student's name	Social security number	Qualified expenses
HILDA RAMOS	841-02-0752	
DELORIS RAMOS	844-02-0752	
EDNA RAMOS	842-02-0752	
RONALD RAMOS	843-02-0752	
1 Total qualified expense		
2 Modified AGI		60,692.
3 Tuition and fees deduction..... (Spouse amount:)		

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

Name: HILDA M RAMOS

SSN: 841-02-0752

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	60,692.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	3,964.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy	1,500.	

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		2,464.
11	Child tax credit		1,000.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2014 to 2015

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2014 only, Form 1045 Amt. carried forward from 2013. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2014 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2014 only, Form 1116. Enter amount carried back, if any														
6	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <td>2012</td> <td>2013</td> <td>2014</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2012	2013	2014										
2012	2013	2014													
7	DC first-time homebuyer credit, Form 8859														
8	Prior year minimum tax credit, Form 8801, cumulative total														
9	AMT limited qualified electric vehicle credit from 2014 only														
10	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <td>2010</td> <td>2011</td> <td>2012</td> <td>2013</td> <td>2014</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2010	2011	2012	2013	2014								
2010	2011	2012	2013	2014											

Name: HILDA M RAMOS

SSN: 841-02-0752

	TSJ	Amount
1 Gambling winnings from Form W-2G		1,500.
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		1,500.

Name: HILDA M RAMOS

SSN: 841-02-0752

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
HILDA M RAMOS	<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"/>
DELORIS RAMOS	<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"/>
EDNA RAMOS	<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"/>
RONALD RAMOS	<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"/>
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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"/>

	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	60,692.
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	60,692.
10 Multiply line 9 by 1%	607.
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	

1099G DETAIL REPORT - 2014

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	1754		98	
		----		--	
		1754		98	

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.
OFFICE OF PERSONNEL	16-5990752	T	4		2250NJ		17585	16570		16570		
ACME RETIREMENT	81-7990752	T	1	X	500NJ	100	5000	5000		5000		
					-----	---	-----	-----		-----		
					2750	100	22585	21570		21570		

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.
HILDA M RAMOS

Your social security no.
841-02-0752

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.
City, town or post office, state, and ZIP code.	If you have a foreign address, also complete the spaces below (see instructions).	If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions

Complete this part if you took a taxable distribution before you reached age 59 1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1 Early distributions included in income. For Roth IRA distributions, see instructions	1	5,000.
2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: <u>08</u>	2	5,000.
3 Amount subject to additional tax. Subtract line 2 from line 1	3	
4 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4	
<i>Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).</i>		

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5 Distributions included in income from Coverdell ESAs and QTPs	5	
6 Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7 Amount subject to additional tax. Subtract line 6 from line 5	7	
8 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2014 than is allowable or you had an amount on line 17 of your 2013 Form 5329.

9 Enter your excess contributions from line 16 of your 2013 Form 5329 (see instructions). If zero, go to line 15	9	
10 If your traditional IRA contributions for 2014 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11 2014 traditional IRA distributions included in income (see instructions)	11	
12 2014 distributions of prior year excess contributions (see instructions)	12	
13 Add lines 10, 11, and 12	13	
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15 Excess contributions for 2014 (see instructions)	15	
16 Total excess contributions. Add lines 14 and 15	16	
17 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2014 than is allowable or you had an amount on line 25 of your 2013 Form 5329.

18 Enter your excess contributions from line 24 of your 2013 Form 5329 (see instructions). If zero, go to line 23	18	
19 If your Roth IRA contributions for 2014 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20 2014 distributions from your Roth IRAs (see instructions)	20	
21 Add lines 19 and 20	21	
22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23 Excess contributions for 2014 (see instructions)	23	
24 Total excess contributions. Add lines 22 and 23	24	
25 Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	

Education Credits (American Opportunity and Lifetime Learning Credits)

2014

Attachment
 Sequence No. **50**

▶ Attach to Form 1040 or Form 1040A.

▶ Information about form 8863 and its separate instructions is at www.irs.gov/form8863.

Name(s) shown on return
HILDA M RAMOS

Your social security number
841-02-0752



Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1 After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1		2,500.
2 Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000.	
3 Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	60,692.	
4 Subtract line 3 from line 2. If zero or less, stop you cannot take any education credit	4	29,308.	
5 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000.	
6 If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6. • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6		1.000
7 Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7		2,500.
8 Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8		1,000.

Part II Nonrefundable Education Credits

9 Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9		1,500.
10 After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero skip lines 11 through 17, enter -0- on line 18, and go to line 19	10		
11 Enter the smaller of line 10 or \$10,000	11		
12 Multiply line 11 by 20% (.20)	12		
13 Enter: \$128,000 if married filing jointly; \$64,000 if single, head of household, or qualifying widow(er)	13		
14 Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14		
15 Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		
16 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16		
17 If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17		
18 Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18		
19 Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19		1,500.

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

Name(s) shown on return
HILDA M RAMOS

Your social security number
841-02-0752



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) RONALD RAMOS	21 Student social security no. (as shown on page 1 of your tax return) 843-02-0752
--	--

22 Educational institution information (see instructions)	
a. Name of first educational institution ACME COLLEGE	b. Name of second educational institution (if any)
(1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 123 MAIN PLUCKEMIN NJ 07978-	(1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2013 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "No" in both (2) and (3), skip (4). (4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T). 81-5990752	If you checked "No" in both (2) and (3), skip (4). (4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2014?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2014 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recongnized postsecondary educational credential? (see instructions)	<input checked="" type="checkbox"/> Yes - Go to line 25.	<input type="checkbox"/> No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of post-secondary education before 2014?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Go to line 26.
26 Was the student convicted, before the end of 2014, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.



You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	4,000.
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	2,000.
29 Multiply line 28 by 25% (.25)	29	500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	2,500.

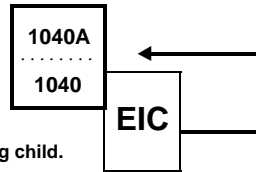
Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2014

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **43**

Name(s) shown on return

HILDA M RAMOS

Your social security number
841-02-0752

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name DELORIS RAMOS	First name Last name EDNA RAMOS	First name Last name RONALD RAMOS
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	844-02-0752	842-02-0752	843-02-0752
3 Child's year of birth	Year <u>2000</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>1996</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>1991</u> <i>If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4a Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2014?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a Go to line 5. qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER	DAUGHTER	SON
6 Number of months child lived with you in the United States during 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, enter "12".	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>

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

Schedule EIC (Form 1040A or 1040) 2014

US 1040

Three - Year Tax Summary

2014

Name: HILDA M RAMOS

SSN: 841-02-0752

Gross Income	2012	2013	2014
Wages and salaries			35,965.
Interest and dividends			289.
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			21,570.
Rents, royalties, etc			
Unemployment and social security			1,754.
Other income			1,500.
Total gross income			61,078.
Adjustments to Income			386.
Adjusted gross income			60,692.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			12,400.
Exemptions			15,800.
Taxable Income	0	0	32,492.
Tax (2014 - 1040, line 44)	0	0	3,964.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			2,500.
Withholding			6,830.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			1,000.
Total credits and payments			10,330.
Tax liability after credits			1,464.
Estimated tax penalty			
Refund or (Balance Due)			6,366.
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 62.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

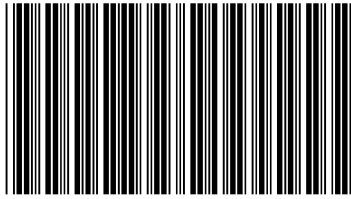
NOTES FOR 2014:

W-2 DETAIL REPORT - 2014

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
ACME INDUSTRIES	81-9990752	X	35965	3982	2333	546	NJ	36625	725		
			-----	-----	-----	-----		-----	-----		
			35965	3982	2333	546		36625	725		

W-2G DETAIL REPORT - 2014

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
ACME CASINO	81-1990752	X		1500		2000
				-----		-----
				1500		2000



040MP02140

RAMOS HILDA M

841020752

1045

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

FILING STATUS

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

EXEMPTIONS

- 6. REGULAR 1
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 3
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 1
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 3

CHECKBOXES FOR EXEMPTIONS

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

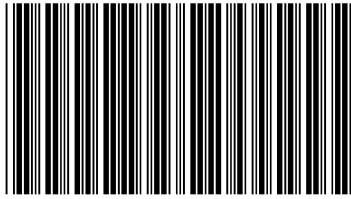
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows include RAMOS DELORIS, RAMOS EDNA, RAMOS RONALD.

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

Main tax form table with 3 columns: Line number, Description, Amount. Includes lines 14-36 for income, deductions, and exemptions.



040MP03140

RAMOS HILDA M

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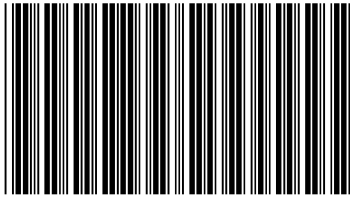
1045

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	1728 .
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.	50304 .
40. TAX (FROM TAX TABLES, PAGE 52)	40.	813 .
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.	813 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	.
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	813 .
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.	813 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	825 .
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.	875 .
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.	62 .
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.	62 .

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 # _____

RAMOS HILDA M

123 ELM

PLUCKEMIN

NJ 07978

1801

1045 12

841020752

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 RAMOS HILDA M	Your Social Security Number 841-02-0752
---	--

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.	HILDA M RAMOS	841-02-0752	
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:** HILDA M RAMOS**SSN:** 841-02-0752

First name	MI	Last name	SSN	Birth year
DELORIS		RAMOS	844-02-0752	2000
EDNA		RAMOS	842-02-0752	1996
RONALD		RAMOS	843-02-0752	1991

Name: RAMOS HILDA M

SSN: 841-02-0752

Part I

1	Value of IRA on December 31, 2014	45,000.
2	Total distributions from IRA during the tax year	5,000.
3	Total value of IRA	50,000.
Unrecovered contributions: Complete either line 4a or 4b.		
4 a	First year of withdrawal from IRA, enter the total of IRA contributions that were previously taxed	20,000.
b	After first year of withdrawal from IRA. Amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2014	30,000.
6	Divide line 5 by line 3	0.60
7	Taxable portion of this year's withdrawal	3,000.
8	Excludable portion of this year's withdrawal	2,000.

Part II: Unrecovered Contributions for Second and Later Years

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