TAX YEAR: 2017 PROCESS DATE: 08/19/2018

CLIENT : 711-00-0752 ANDREA ANDERSON BIRTH DATE : 07/21/1981 / Age: 36

ADDRESS: 127 HARBOR AVENUE PREPARER : 995

: EDGEWATER NJ 07020

Home : (973) 555-0001 PREPARER FEE: Work : -ELECTRONIC : TOTAL FEES : Cell : -

STATUS : 1

FED TYPE: Electronic Mail ST TYPE : Electronic Mail

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040EZ

FORM W-2

SCHEDULE B (INTEREST/DIVIDEND INCOME)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

| SUMMARY | FEDERAL | NJ RESIDENT | |
|-----------------------|---------|-------------|--|
| FILING STATUS | 1 | 1 | |
| TOTAL INCOME | 27231 | 27231 | |
| TOTAL ADJUSTMENTS | 0 | 0 | |
| ADJUSTED GROSS INCOME | 27231 | 27231 | |
| DEDUCTIONS | 6350 | 0 | |
| EXEMPTIONS | 4050 | 1000 | |
| TAXABLE INCOME | 16831 | 26231 | |
| TAX | 2058 | 389 | |
| CREDITS | 0 | 0 | |
| PAYMENTS | 2600 | 451 | |
| EARNED INCOME CREDIT | 0 | 0 | |
| REFUND | 542 | 62 | |
| AMOUNT DUE | 0 | 0 | |

* W-2 INCOME FORMS SUMMARY *

| | T/S | EMPLOYER | WAGES | FED | WITH | FICA | MED | TAX | STATE | WITH | ST_ |
|----|-----|---------------|---------|-----|------|------|-----|-----|-------|------|-----|
| 1. | T | BILLINGS MARK | E 26298 | | 2600 | 1630 | | 381 | | 401 | NJ |
| | | | | | | | | | | | |
| | | TOTALS | 26298 | | 2600 | 1630 | | 381 | | 401 | |

| | | | e's social security number -00-0752 | OMB No. 1545 | | Safe, accurate, FAST! Use | (RSE) | ≁ file | | IRS website at gov/efile | |
|---------------|-------------------------------|------------|--|----------------|---|------------------------------|----------------------|-----------------|--------------|------------------------------|--|
| b Emp | loyer identification number | | | | 1 Wag | jes, tips, other con | pensation | 2 Federal | income ta | x withheld | |
| 7 | 1-9000752 | | | | | 2.6 | 298 | | | 2600 | |
| | loyer's name, address, and | ZIP code | | | 3 Soc | ial security wage | | 4 Social s | security tax | | |
| BIL | LINGS MARKET | | | | | 26 | 298 | | | 1630 | |
| | RIVER ROAD | | | | 5 Med | dicare wages and | | 6 Medica | re tax with | | |
| | EWATER NJ 07 | 020 | | | | 26 | 298 | | | 381 | |
| LDO. | | 020 | | | 7 Soc | ial security tips | 1290 | 8 Allocate | ed tips | 301 | |
| | | | | | | | | | · | | |
| d Con | trol number | | | | 9 Veri | fication code | | 10 Depend | dent care b | penefits | |
| e Emp | loyee's first name and initia | Last nam | ne | Suff. | 11 Nor | nqualified plans | | 12a See ins | structions | for box 12 | |
| AND: | REA | ANDE: | RSON | | | | | C od e | | | |
| | HARBOR AVEN | | | | 13 Statu emple | tory Retirement oyee plan | Third-party sick pay | 12b | | | |
| | EWATER NJ 07 | | | | | pian | Sick pay | C od e | | | |
| | | 000 | | | 14 Othe | er | | 12c | | | |
| | | | | | DI | 63 | | C od e | | | |
| | | | | | | | 12 | 12d | | | |
| | | | | | WD | | | I c | | | |
| f Emp | loyee's address and ZIP cod | 40 | | | FL] | I 26 |) | o d e | | | |
| | | | 40.00 | 47 01-1-1-1-1 | | | | 10 1 1: | . 1 | 00 1 10 | |
| 15 State | | nber | 16 State wages, tips, etc. | 17 State incom | | 18 Local wages, | tips, etc. | 19 Local incon | ne tax | 20 Locality name | |
| NJ | 719000752 | | 26298 | 4 | 101 | | | | | | |
| | | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| | i | | | | | | | | | | |
| | | | | | | | | | | | |
| • | N-2 Wage an Stateme | d Tax | _ | 1017 |] | De | epartment c | f the Treasury- | -Internal F | Revenue Service | |
| Form | Stateme | nt | | . L L I | | | | | | | |
| | | a Employee | e's social security number | OMB No. 1545 | | Safe, accurate, FAST! Use | (RSE) | ≁file | | e IRS website at s.gov/efile | |
| b Emp | loyer identification number | (EIN) | | | 1 Wag | ges, tips, other cor | npensation | 2 Federa | I income t | ax withheld | |
| c Emp | loyer's name, address, and | ZIP code | | | 3 Soc | cial security wage | es | 4 Social | security ta | x withheld | |
| | | | | | 5 Medicare wages and tips 6 Medicare tax withheld | | | | | nheld | |
| | | | | | 3 Medicale wages and tips | | | | | | |
| | | | | | 7 Social security tips 8 Allocated tip | | | | | S | |
| d Cont | rol number | | | | 9 Ver | 9 Verification code 10 Depen | | | | benefits | |
| e Empl | loyee's first name and initia | Last nam | ne | Suff. | 11 No | nqualified plans | | 12a See in | structions | for box 12 | |
| | | | | | 40 State | utory Retirement | Third-party | od e | | | |
| | | | | | 13 Statu empl | loyee plan | sick pay | 12b | | | |
| | | | | | | | | d e | | | |
| | | | | | 14 Oth | er | | 12c | | | |
| | | | | | | | | d e | | | |
| | | | | | | | | 12d ○ | | | |
| | | | | | | | | o d e | | | |
| f Empl | oyee's address and ZIP cod | le | 1 | 1 | | 1 | | | | | |
| 15 State | Employer's state ID nun | nber | 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages | , tips, etc. | 19 Local inco | me tax | 20 Locality name | |
| | | | | | | | | | | | |
| | · | | | | | İ | | | | 1 | |
| | | | | | | L | | | | L | |
| | | | | | | | | | |] | |
| | | | | | | 1 | | L | | | |
| | / | | | T | | · | | | | | |

Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites

Federal Disclosure

Federal law required this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use of distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I ANDREA ANDERSON do not authorize The Practice Lab:

Terms Global Carry Forward-of data allows TaxSlayer, LLC, the provider of the software, to make your tax return information available to any active volunteer site participating in the IRS's VITA/TCE that you select to prepare a tax return in the next filing season.

Meaning:-You will be able to visit any active volunteer site using TaxSlayer Pro Online next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year.

Duration of Consent-Valid through November 9, 2019

Disclosure of Tax return information includes but not limited to-demographic, financial and other personally identifiable information, about you, your tax return and your sources of income which was input for the purposes of preparing your return.

Examples of Taxpayer Information:-your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address and sources of income, deductions and credits claimed on the tax return.

Dependent Information includes, but not limited to:-The name, SSN, date of birth,, and relationship of any dependent claimed on the tax return.

Limitation of the Duration of Consent:-I, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above. If I wish to limit the duration to an earlier date, I will deny consent.

Limitation of the Scope of Disclosure:-I, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I wish to limit the scope of the disclosure of tax return information further, I will deny consent.

Explanation of Denial-Taxpayer does not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA/TCE Site next year.

Taxpayer PIN: 12345 PIN Date 8/14/2018

| Signature: | Date: | |
|------------|-------|--|
| | | |

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2017

Department of the Treasury Internal Revenue Service

Submission Identification Number (SID)

► Return completed Form 8879 to your ERO. (Do not send to IRS.)

► Go to www.irs.gov/Form8879 for the latest information.

| raxpayer's name | | Social security number | | |
|--|--|---|---|--|
| ANDREA ANDERSON | | 711-00-0752 | | |
| Spouse's name | | Spouse's social security | number | |
| | | | | |
| Part I Tax Return Information — Tax Ye | ar Ending December 31, 2017 (V | Whole dollars only) | | |
| 1 Adjusted gross income (Form 1040, line 38; | Form 1040A, line 22; Form 1040EZ, li | ine 4; Form 1040NR, | | |
| line 37) | | | 1 2 | 27231 |
| 2 Total tax (Form 1040, line 63; Form 1040A, li | ne 39; Form 1040EZ, line 12; Form 10 | 040NR, line 61) | 2 | 2058 |
| 3 Federal income tax withheld from Forms W | /-2 and 1099 (Form 1040, line 64; F | orm 1040A, line 40; | | |
| Form 1040EZ, line 7; Form 1040NR, line 62a | | | 3 | 2600 |
| 4 Refund (Form 1040, line 76a; Form 1040A, line | | | | |
| | | | 4 | 542 |
| 5 Amount you owe (Form 1040, line 78; Form 10 | | · · · · · · · · · · · · · · · · · · · | 5 | |
| Part II Taxpayer Declaration and Signatu | ure Authorization (Be sure you <u>g</u> | et and keep a cop | y of your retu | rn) |
| intermediate service provider, transmitter, or electronic return of receipt or reason for rejection of the transmission, (b) the reauthorize the U.S. Treasury and its designated Financial Ag account indicated in the tax preparation software for payme institution to debit the entry to this account. This authorization authorization. To revoke (cancel) a payment, I must contact received no later than 2 business days prior to the payment (spayment of taxes to receive confidential information necessal personal identification number (PIN) below is my signature for | eason for any delay in processing the return of the pent to initiate an ACH electronic funds with the office of my federal taxes owed on this return in its to remain in full force and effect until I not the U.S. Treasury Financial Agent at 1-88 ettlement) date. I also authorize the financial ary to answer inquiries and resolve issues re | or refund, and (c) the date hdrawal (direct debit) entrand/or a payment of estivatify the U.S. Treasury Finals-353-4537. Payment cal institutions involved in the elated to the payment. I find | of any refund. If ap ry to the financial is mated tax, and the ancial Agent to term ncellation requests processing of the courther acknowledge | plicable, institutio financia financia finate the must be electroni that the |
| Taxpayer's PIN: check one box only | my oloculomo mocine tax rotam and, ii applic | sasio, my Electrome i anac | | ,,,,,,, |
| | to enter or o | generate my PIN 1 | 0 7 5 2 | |
| ERO firm na | | | er five digits, but | |
| as my signature on my tax year 2017 electi | onically filed income tax return. | don | 't enter all zeros | |
| I will enter my PIN as my signature on my entering your own PIN and your return is fil | | | | |
| Your signature ▶ | Date | ▶ 08/19/201 | 8 | |
| O | | | | |
| Spouse's PIN: check one box only | | | | |
| I authorize ERO firm na | | generate my PIN | | |
| as my signature on my tax year 2017 electi | | | er five digits, but 't enter all zeros | |
| | • | | | |
| | ed using the Practitioner PIN method | . The ERO must comp | this box only if plete Part III belo | you are |
| Spouse's signature ▶ | Date | • | | |
| | | | | |
| | IN Method Returns Only—continu | | | |
| Part III Certification and Authentication - | - Practitioner PIN Method Unity | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed | by your five-digit self-selected PIN. | | 8 9 8 7 6 er all zeros | 5 |
| I certify that the above numeric entry is my PIN, whe taxpayer(s) indicated above. I confirm that I am method and Pub. 1345, Handbook for Authorized IF | submitting this return in accordance | with the requirements | | |
| ERO's signature ► IRS PREPARER | Date | | 8 | |
| | | | | |
| | Retain This Form — See Instruction Form to the IRS Unless Reques | | | |

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

| 1040 | | ent of the Treasury—Internal I | | | 201 | 7 | OMB N | o. 1545-0074 | IRS Use 0 | On l v—D | o not write or staple in th | is space. |
|----------------------------------|----------------|--|----------------|--|----------------|----------------------|------------|---------------------------|----------------|-----------------|---|---------------------------|
| For the year Jan. 1-De | | 7, or other tax year beginning | | | , 2017, 6 | ending | | | 20 | _ | e separate instruct | |
| Your first name and | | <u>, , , , , , , , , , , , , , , , , , , </u> | Last nan | ne | , , , | | | | | You | ur social security nu | mber |
| ANDREA | | | ANDE | RSON | | | | | | 72 | 11-00-0752 |) |
| If a joint return, spo | ouse's first | name and initial | Last nan | ne | | | | | | Spo | ouse's social security r | number |
| Home address (nur | mber and s | street). If you have a P.O. | oox, see ins | structions. | | | | | Apt. no. | | Make sure the SSN(s | |
| 127 HARBO | | | | | | | | | | | and on line 6c are o | correct. |
| • | | nd ZIP code. If you have a fo | reign addres | ss, also complete s | paces below (s | see inst | ructions). | | | | residential Election Ca | |
| EDGEWATER | | 7 07020 | | | | | | Familian | | — iointh | ck here if you, or your spous y, want \$3 to go to this fund | |
| Foreign country nar | me | | | Foreign pro | vince/state/c | ounty | | Foreign | postal code | a box | x below will not change you id. You | r tax or Spouse |
| Filing Status | 1 | ⊠ Single | | | | 4 | ☐ Hea | d of household | (with qual | lifying p | person). (See instruction | ns.) |
| i iliiig Status | 2 | ☐ Married filing jointly | (even if c | only one had in | come) | | If th | e qualifying pe | rson is a cl | nild but | t not your dependent, o | enter this |
| Check only one | 3 | Married filing separ | - | er spouse's SS | N above | | | d's name here. | | | | |
| box. | | and full name here | | | | 5 | <u> </u> | alifying widow | (er) (see i | nstruc | | |
| Exemptions | 6a | Yourself. If some | eone can d | claim you as a | dependent, | do no | t chec | k box 6a . | | . } | Boxes checked on 6a and 6b | 1 |
| | b | ☐ Spouse | | | | | | (4) \(\sigma \) if child | under and 1 | | No. of children on 6c who: | |
| | C (1) First | Dependents: name Last nam | | (2) Dependent's social security num | 1 ' ' |) Depend tionship | | qualifying for o | child tax cred | | lived with you | 0 |
| | (1) 11151 | Hallie Last Hall | ie | <u> </u> | | <u> </u> | | (see inst | 1 | | did not live with you due to divorce | |
| If more than four | | | | | | | | |] | | or separation (see instructions) | 0 |
| dependents, see instructions and | | | | | | | | |] | | Dependents on 6c not entered above | 0 |
| check here ▶ | | | | | | | | | | | Add numbers on | |
| | d | Total number of exer | nptions cl | aimed | | | | | | | lines above | 1_ |
| Income | 7 | Wages, salaries, tips | , etc. Atta | ch Form(s) W-2 | | | | | | 7 | 26 | 5298 |
| | 8a | Taxable interest. Atta | | • | | | | | | 8a | | 933 |
| Attach Form(s) | b | Tax-exempt interest | | | | 8b |) | | | | | |
| W-2 here. Also | 9a | Ordinary dividends. | | | ired | a. | | | | 9a | | |
| attach Forms | b 10 | Qualified dividends Taxable refunds, cree | | | | 9b | | | | 10 | | |
| W-2G and 1099-R if tax | 11 | Alimony received . | · | seis oi state ar | | ome ta | | | | 11 | | |
| was withheld. | 12 | Business income or (| | | | | | | | 12 | | |
| | 13 | Capital gain or (loss). | • | | | | | | | 13 | | |
| If you did not | 14 | Other gains or (losse | | | | | | | | 14 | | |
| get a W-2, see instructions. | 15a | IRA distributions . | 15a | | | b Ta | axable a | mount . | [| 15b | | |
| | 16a | Pensions and annuitie | | | | | axable a | | + | 16b | | |
| | 17 | Rental real estate, ro | | | | | | | ı | 17 | | |
| | 18 | Farm income or (loss | • | | | | | | 1 | 18 | | |
| | 19 | Unemployment comp | 1 1 | | | | | | 1 | 19 | | |
| | 20a 21 | Social security benefit Other income. List ty | | acunt | | | | mount . | İ | 20b 21 | | - |
| | 22 | Combine the amounts | | | es 7 through | 121. Th | nis is vo | ur total incom | ie ▶ | 22 | 27 | 7231 |
| | 23 | Educator expenses | | | | | | | | | 2, | 201 |
| Adjusted | 24 | Certain business expen | ses of rese | rvists, performing | artists, and | | | | | | | |
| Gross | | fee-basis government o | fficials. Atta | ach Form 2106 or | 2106-EZ | 24 | | | | | | |
| Income | 25 | Health savings accou | ınt deduct | tion. Attach For | m 8889 . | 25 | 5 | | | | | |
| | 26 | Moving expenses. At | | | | | | | | | | |
| | 27 | Deductible part of self- | | | | | | | | | | |
| | 28 | Self-employed SEP, | | | | | | | | | | |
| | 29 30 | Self-employed health Penalty on early with | | | | | | | | | | |
| | 30 31a | Alimony paid b Rec | | | | 31 | | | | | | |
| | 31 <i>a</i> | IRA deduction | | | | | | | | | | |
| | 33 | Student loan interest | | | | | - | | | | | |
| | 34 | Tuition and fees. Atta | | | | | - | | | | | |
| | 35 | Domestic production a | ctivities de | duction. Attach | Form 8903 | 35 | | | | | | |
| | 36 | Add lines 23 through | | | | | | | | 36 | | |
| | 37 | Subtract line 36 from | line 22. T | his is your adj u | isted gross | s inco | me . | | . ▶ | 37 | 1 27 | 7231 |

711-00-0752

ANDERSON

| Form 1040 (2017 |) | | | Page 2 |
|----------------------------------|-----|---|-----------------|--------------------------------------|
| | 38 | Amount from line 37 (adjusted gross income) | 38 | 27231 |
| Toy and | 39a | Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Tax and | | if: ☐ Spouse was born before January 2, 1953, ☐ Blind. ☐ Checked ▶ 39a | | |
| Credits | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b | | |
| Standard | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 6350 |
| Deduction for— | 41 | Subtract line 40 from line 38 | 41 | 20881 |
| People who | 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 4050 |
| check any box on line | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 | 43 | 16831 |
| 39a or 39b or | 44 | Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ | 44 | 2058 |
| who can be claimed as a | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| dependent, see | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| instructions. | 47 | Add lines 44, 45, and 46 | 47 | 2058 |
| All others: | 48 | Foreign tax credit. Attach Form 1116 if required 48 | | |
| Single or Married filing | 49 | Credit for child and dependent care expenses. Attach Form 2441 49 | | |
| separately, \$6,350 | 50 | Education credits from Form 8863, line 19 | | |
| Married filing | 51 | Retirement savings contributions credit. Attach Form 8880 51 | | |
| jointly or Qualifying | 52 | Child tax credit. Attach Schedule 8812, if required 52 | | |
| widow(er), | 53 | Residential energy credits. Attach Form 5695 53 | | |
| \$12,700 Head of | 54 | Other credits from Form: a 3800 b 8801 c 54 | | |
| household, | 55 | Add lines 48 through 54. These are your total credits | 55 | |
| \$9,350 | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0 | 56 | 2058 |
| - | 57 | Self-employment tax. Attach Schedule SE | 57 | |
| Other | 58 | Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 | 58 | |
| | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| Taxes | 60a | Household employment taxes from Schedule H | 60a | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| | 61 | Health care: individual responsibility (see instructions) Full-year coverage X | 61 | |
| | 62 | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) | 62 | |
| | 63 | Add lines 56 through 62. This is your total tax | 63 | 2058 |
| Payments | 64 | Federal income tax withheld from Forms W-2 and 1099 64 2600 | | |
| | 65 | 2017 estimated tax payments and amount applied from 2016 return 65 | | |
| If you have a | 66a | Earned income credit (EIC) 66a | | |
| qualifying child, attach | b | Nontaxable combat pay election 66b | | |
| Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 67 | | |
| | 68 | American opportunity credit from Form 8863, line 8 68 | | |
| | 69 | Net premium tax credit. Attach Form 8962 69 | | |
| | 70 | Amount paid with request for extension to file | | |
| | 71 | Excess social security and tier 1 RRTA tax withheld 71 | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 72 | | |
| | 73 | Credits from Form: a 2439 b Reserved c 8885 d 73 | | |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 2600 |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 542 |
| | 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ □ | 76a | 542 |
| Direct deposit? | ▶ b | Routing number X X X X X X X X X X X X X X S ▶ c Type: ☐ Checking ☐ Savings | | |
| See instructions. | ► d | Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | |
| | 77 | Amount of line 75 you want applied to your 2018 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 | | by you want to allow another person to discuss this return with the IRS (see instructions)? Yes signee's Phone Personal iden | | plete below. X No |
| Designee | | me ► no. ► number (PIN) | tilleatio | · |
| Sign | | enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle ely list all amounts and sources of income I received during the tax year, Declaration of preparer (other than taxpayer) is based on all infor | | |
| Here | | ur signature Date Your occupation | 1 | me phone number |
| Joint return? See | 10 | 08/19/18 CLERK | | 3-555-0001 |
| instructions. Keep a copy for | Sn | ouse's signature. If a joint return, both must sign. Date Spouse's occupation | _ | RS sent you an Identity Protection |
| your records. | | opodoo o ooodpation | PIN, en | nter it |
| | Pri | nt/Type preparer's name | | ee inst.) PTIN |
| Paid | | 08/19/2018 | Check self-e | k ∐if 11111 mployed S23051413 |
| Preparer | | m's name ▶PRACTICE LAB | | SEIN ► - |
| Use Only | | m's address \$15 PRACTICE LAB WAY WASHINGTON DC 20005 | | ano 202-202-2022 |

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) **Itemized Deductions**

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

Attachment Sequence No. **07**

| Name(s) shown on | Form | 1040 | | 1 | ur social security number |
|------------------------|------|---|-------------------|----|---------------------------|
| ANDREA | AN | DERSON | | 7: | 11-00-0752 |
| Medical | | Caution: Do not include expenses reimbursed or paid by others. | | | |
| and | 1 | Medical and dental expenses (see instructions) | 1 | | |
| Dental | 2 | Enter amount from Form 1040, line 38 2 | | | |
| Expenses | 3 | Multiply line 2 by 7.5% (0.075) | 3 | | |
| LAPENSES | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | |
| Taxes You | 5 | State and local (check only one box): | | | |
| Paid | | a 🛚 Income taxes, or) | 5 602 | | |
| | | b ☐ General sales taxes } | | | |
| | 6 | Real estate taxes (see instructions) | 6 | | |
| | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount ▶ | | | |
| | | | 8 | | |
| | 9 | Add lines 5 through 8 | | 9 | 602 |
| Interest | 10 | | 10 | | |
| You Paid | 11 | Home mortgage interest not reported to you on Form 1098. If paid | | | |
| | | to the person from whom you bought the home, see instructions | | | |
| Note: | | and show that person's name, identifying no., and address ▶ | | | |
| Your mortgage interest | | | | | |
| deduction may | | | 11 | | |
| be limited (see | 12 | Points not reported to you on Form 1098. See instructions for | | | |
| instructions). | | special rules | 12 | | |
| | 13 | Mortgage insurance premiums (see instructions) | 13 | | |
| | | Investment interest. Attach Form 4952 if required. See instructions | 14 | | |
| | | Add lines 10 through 14 | | 15 | |
| Gifts to | | Gifts by cash or check. If you made any gift of \$250 or more, | | | |
| Charity | | see instructions | 16 | | |
| If you made a | 17 | Other than by cash or check. If any gift of \$250 or more, see | | | |
| gift and got a | | instructions. You must attach Form 8283 if over \$500 | 17 | | |
| benefit for it, | 18 | Carryover from prior year | 18 | | |
| see instructions. | 19 | Add lines 16 through 18 | | 19 | |
| Casualty and | 20 | | | | |
| Theft Losses | | enter the amount from line 18 of that form. See instructions . | | 20 | |
| Job Expenses | 21 | Unreimbursed employee expenses-job travel, union dues, | | | |
| and Certain | | job education, etc. Attach Form 2106 or 2106-EZ if required. | | | |
| Miscellaneous | | See instructions. ▶ | 21 | | |
| Deductions | 22 | Tax preparation fees | 22 | | |
| | 23 | Other expenses—investment, safe deposit box, etc. List type | | | |
| | | and amount ▶ | | | |
| | | | 23 | | |
| | | Add lines 21 through 23 | 24 | | |
| | | Enter amount from Form 1040, line 38 25 | | | |
| | | Multiply line 25 by 2% (0.02) | 26 | | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter | ′ - 0 | 27 | |
| Other | 28 | Other—from list in instructions. List type and amount ▶ | | | |
| Miscellaneous | | | | | |
| Deductions | | | | 28 | |
| Total | 29 | Is Form 1040, line 38, over \$156,900? | | | |
| Itemized | | $oxed{oxed}$ No. Your deduction is not limited. Add the amounts in the far | | | |
| Deductions | | for lines 4 through 28. Also, enter this amount on Form 1040, | , | 29 | 602 |
| | | ☐ Yes. Your deduction may be limited. See the Itemized Deduc | ctions | | |
| | | Worksheet in the instructions to figure the amount to enter. | J | | |
| | 30 | If you elect to itemize deductions even though they are less the | nan your standard | | |
| | | deduction, check here | 🕨 🔲 | | |

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040A or 1040. ▶ Go to www.irs.gov/ScheduleB for instructions and the latest information. Attachment Sequence No. 08

| Name(s) shown on r | | RSON | 1 | social secur i 1 – 0 0 – 0 ' | • | ber |
|---|-------|---|----------|--|------|-----|
| Part I | 1 | List name of payer. If any interest is from a seller-financed mortgage and the | | | ount | |
| Interest | | buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ | | | | |
| (See instructions and the instructions for Form 1040A, or Form 1040, line 8a.) | | BIG CITY BANK | | | | 933 |
| Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest | | | 1 | | | |
| shown on that form. | 2 | Add the amounts on line 1 | 2 | | | 933 |
| | 3 | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | | | |
| | 4 | Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a | 4 | | | 933 |
| | Note: | If line 4 is over \$1,500, you must complete Part III. | <u> </u> | Am | ount | |
| Part II | 5 | List name of payer ▶ | | | | , |
| Ordinary Dividends (See instructions and the instructions for | | | | | | |
| Form 1040A, or Form 1040, line 9a.) | | | 5 | | | |
| Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, | | | | | | |
| list the firm's name as the payer and enter | | | | | | |
| the ordinary dividends shown on that form. | 6 | Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a | 6 | | | |
| | | If line 6 is over \$1,500, you must complete Part III. | | | | |
| Part III | | nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a forei | | | Yes | No |
| Foreign | 7a | At any time during 2017, did you have a financial interest in or signature authority of | | | | |
| Accounts | | account (such as a bank account, securities account, or brokerage account) locat country? See instructions | ed in | a foreign | | Х |
| and Trusts | | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank | ond | · · · · | | |
| (See instructions. |) | Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements. | CEN F | Form 114 | | |
| | b | If you are required to file FinCEN Form 114, enter the name of the foreign countinancial account is located ▶ | | | | |
| | 8 | During 2017, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions | ransfe | eror to, a | | X |

NJ-1040 2017 Page 1



STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning ______, 20___ Month Ending ______, 20__
On-line Federal Extension Confirmation #_____

ANDERSON ANDREA

127 HARBOR AVENUE

EDGEWATER NJ 07020- 0213

1038 12

711000752

S23051413



| If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12) If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12) 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 12) Paid Preparer's Signature Federal Identification Number \$23051413 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 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. | and statements, and to the best of m | 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 | | |
| roll signature Fill in if NJ-1040-O is enclosed If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12) Paid Preparer's Signature Federal Identification Number \$23051413 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. | > | | > | If you have an amount due on Line 56, enclose your |
| If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12) Paid Preparer's Signature Federal Identification Number \$23051413 | Your Signature | Date | Spouse/CU Partner's Signature (If filed jointly both must sign) | |
| If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12) Paid Preparer's Signature Federal Identification Number \$23051413 You may also pay by e-check or credit card. See instruction page 11. | Fill in if NJ-1040-O is enclosed | | | If not, use the label for PO Box 555. |
| Paid Preparer's Signature Federal Identification Number \$23051413 | If enclosing copy of death certificate for | deceased taxpayer, check | box (See instruction page 12) | You may also pay by e-check or credit card. See |
| | Paid Preparer's Signature | | Federal Identification Number | instruction page 11. |
| Firm's Name PRACTICE LAB Federal Employer Identification Number | | | S23051413 | |
| | Firm's Name PRACTICE LAB | | Federal Employer Identification Nur | mber |
| 15 PRACTICE LAB WAY WASHINGTON DC 20005 | 15 PRACTICE LAB WAY | WASHINGTON | DC 20005 | |



ANDERSON ANDREA

711000752 1038

IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY **Residency Status** FROM TO FILING STATUS EXEMPTIONS 1 Χ 1. SINGLE REGULAR 2. MARRIED/CU COUPLE FILING JOINT RETURN 7. AGE 65 OR OVER 3. MARRIED/CU COUPLE FILING SEPARATE RETURN BLIND OR DISABLED 4. HEAD OF HOUSEHOLD 9 NUMBER OF OUALIFIED DEPENDENT CHILDREN 5. OUALIFYING WIDOW(ER)/SURVIVING CU PARTNER NUMBER OF OTHER DEPENDENTS CHECKBOXES FOR EXEMPTIONS DEPENDENTS ATTENDING COLLEGE REGULAR SPOUSE/CU PARTNER DOMESTIC PARTNER 12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 1 AGE 65 OR OLDER YOURSELF SPOUSE/CIJ PARTNER 12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER 12C. VETERAN EXEMPTION VETERAN EXEMPTION YOURSELE SPOUSE/CU PARTNER 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 INS IND В C. D GUBERNATORIAL ELECTIONS FUND DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO Χ IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO 26298 WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.) 14. 933 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. DIVIDENDS 16. 16. 17. 17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040) NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4) 18. 19A. 19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 22) 19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS 19B. 20. 20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1) NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1) 21. 21. 22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4) 22. 23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 25) 23. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED 24. 24. 25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25) 25. 27231 26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25) 27A. 27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 26) 27B. 27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26) 27C. 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B) 27231 28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 28) 28. 1000 29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 28 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7) 29. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28) 30. 30. 31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS 31. 32. 32. **OUALIFIED CONSERVATION CONTRIBUTION** HEALTH ENTERPRISE ZONE DEDUCTION 33. 33. 34. 34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NI-BUS-2, LINE 11) 1000 TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34) 35. 26231 TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY 36. 36.



ANDERSON ANDREA

711000752

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| 37A. | TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30) | 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 33) | 38. | | • |
| 39. | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | 39. | 26231 | • |
| 40. | TAX (FROM TAX TABLES, PAGE 52) | 40. | 389 | • |
| 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. | 389 | • |
| 43. | SHELTERED WORKSHOP TAX CREDIT | 43. | | • |
| 44. | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) | 44. | 389 | • |
| 45. | USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, EN | NTER ZERO 45. | 0 | • |
| 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. | 389 | • |
| 48. | TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099) | 48. | 401 | • |
| 49. | PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30) | 49. | 50 | • |
| 50. | NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 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. | 4 - 1 | • |
| 55. | TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54) | 55. | 451 | • |
| 56. | IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYME | 56. ENT AMOUNT | | • |
| 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 2018 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 | | | |
| | | _ | | |
| | REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) dd | - | | |
| | ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) dd | | | |
| | FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd | | | |
| | ROUTING NUMBER dd | | | |
| dd5. | ACCOUNT NUMBER dd | 15. | | |
| dnm. | DO NOT MAIL INDICATOR dn | um. X | | |
| pa. | POWER OF ATTORNEY INDICATOR pa | ı . | | |
| pdr. | PRESIDENTIAL DISASTER RELIEF INDICATOR pd | | | |
| | | | | |

Form 8879

Department of the Treasury Division of Revenue

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.

► See instructions.

2017

| Taxpayer's name | So | cial security | numbe | er | |
|--|----------|---------------|---------|-------------------|-------------------|
| ANDREA ANDERSON | | | 711 | 1-00-07 | 52 |
| spouse's name or Civil Union Prtnr's | Sp | ouse's socia | l secur | rity number or Ci | vil Union Prtnr's |
| Part Tax Return Information-Tax Year Ending December 31, 2017 (Whole Dollars Onl | | | | | |
| 1 New Jersey Taxable income | | | 1 | | 2623 |
| 2 Total tax | | | 2 | | 38 |
| 3 New Jersey income tax withheld | | | . 3 | | 40 |
| 4 Refund | | | _ | | 6. |
| 5 Amount you owe | | | . 5 | | |
| Pait II Declaration and Signature Authorization of Taxpayer | | 4 | | | • |
| Under penalties of perjury, I declare that I have examined a copy of my electronic individual i | | | | | ing |
| schedules and statements for the tax year ending December 31, 2017, and to the best of my I correct, and complete. I further declare that the amounts in Part I above are the amounts sho | | _ | | | |
| income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable | | | _ | | nnsant |
| included on the copy of my electronic income tax return and I agree to the provisions contain | | | | | |
| identification number (PIN) as my signature for my electronic income tax return and, if applic | | | | - | |
| mentineation number (1 liv) as my signature for my electronic modific tax retain and, if applie | abic, ii | iy Licono | 1110 1 | unus Withur | awai oonsen |
| Taxpayer's PIN: check one box only | | | | | |
| X I authorize PRACTICE LAB to enter my | PIN | 1075 | 52 | as my s | signature |
| ERO firm name | do | not enter | all ze | eros | _ |
| on my tax year 2017 electronically filed income tax return. | | | | | |
| I will enter my PIN as my signature on my tax year 2017 electronically filed income tax ro | eturn. (| Check this | s box | only if you a | ıre |
| entering your own PIN and your return is filed using the Practitioner PIN method. The ER | RO mus | t complet | te Pai | rt III below. | |
| Your signature ▶ | | Date ► | | 08/19 | /2018 |
| Spouse's PIN: check one box only | | _ Date | | 00/13 | /2010 |
| (or Civil Union Prtnr's PIN) | | | | | |
| I authorize to enter my | _ | | | | signature |
| ERO firm name on my tax year 2017 electronically filed income tax return. | do | not enter | all ze | eros | |
| I will enter my PIN as my signature on my tax year 2017 electronically filed income tax ro | eturn. (| Check this | s box | only if you a | ıre |
| entering your own PIN and your return is filed using the Practitioner PIN method. The ER | RO mus | t complet | te Pai | rt III below. | |
| Spouse's signature | | Date ► | | | |
| or Civil Union Prtnr's | | _ | | | |
| Practioner PIN Method Returns Only - continu | ue bel | ow | | | |
| Part III Certification and Authentication - Practioner PIN Method | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | 36925 | 58 (| 98765 | |
| Ello o El III/ III Ello your oix digit El III followed by your live digit cell collocted i | | | | all zeros | |
| I certify that the above numeric entry is my PIN, which is my signature on the tax year 2017 e | electror | | | | |
| return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accord | | | | | |
| the Practioner PIN method. | | | • | | |
| ERO's signature ▶ | | Date ► | | 08/19 | /2018 |
| - | | =, | | , | <u> </u> |
| ERO Must Retain This Form - See Instru | ction | s | | | |
| Do Not Submit This Form to New Jersey Unless F | Reque | sted To | Do | So | |
| • | • | | | | |
| Form NJ-8879 (2017) | | | | | |