

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.

2013

Submission Identification
Number (SID)

▶ 00200752000553

Taxpayer's name
CHARLES T CONWAY

Social security number
621-02-0752

Spouse's name
CAROL M CONWAY

Spouse's social security number
622-02-0752

Part I Tax Return Information-Tax Year Ending December 31, 2013 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	62,903.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	5,546.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	6,686.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	1,140.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	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, 2013, 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 PUBLIC LIBRARY 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 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 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 ▶ 08/24/2014

Spouse's PIN: check one box only

I authorize KINNELON PUBLIC LIBRARY 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 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 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 ▶ 08/24/2014

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 2013 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 PUBLIC LIBRAR Date ▶ 08/24/2014

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20

Your first name and initial **CHARLES T** Last name **CONWAY** Your social security number **621-02-0752**

If a joint return, spouse's first name and initial **CAROL M** Last name **CONWAY** Spouse's social security number **622-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **910 BIRCH ST** 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). **JERSEY CITY NJ 07310-** **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

Foreign country name _____ Foreign province/county _____ Foreign postal code _____

Filing Status

1 Single 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____ 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse

Boxes checked on 6a and 6b **2**

c Dependents:		(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:
(1) First name	Last name				lived with you
					did not live with you due to divorce or separation (see instructions)
					Dependents on 6c not entered above
d Total number of exemptions claimed					2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	53,043.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
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	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
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	9,860.
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	62,903.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	62,903.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	62,903.
	39a	Check <input type="checkbox"/> You were born before Jan. 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked ▶ 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1949, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,200.
	41	Subtract line 40 from line 38	41	50,703.
	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	7,800.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	42,903.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	5,546.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	5,546.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	5,546.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
	61	Add lines 55 through 60. This is your total tax	61	5,546.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	6,686.
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	6,686.
	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,140.
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	1,140.
Direct deposit? <input type="checkbox"/>	b	Routing number <u>123456789</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
See instructions <input type="checkbox"/>	d	Account number <u>12345678901</u>		
	75	Amount of line 73 you want applied to your 2014 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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

Joint return? <input type="checkbox"/>	Your signature _____	Date _____	Your occupation ENGINEER	Daytime phone number 201-999-9999
See instructions <input type="checkbox"/>	Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation TEACHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name AARP FOUNDATION TAX-AIDE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN S24051405
Firm's name ▶ KINNELON PUBLIC LIBRARY	Firm's EIN ▶		Phone no.	
Firm's address ▶				

Detail Sheet

2013

Name: CHARLES T & CAROL M CONWAY

ID: 621-02-0752

Description: NJ WKT F RENT

	Type	Amount
9 MONTHS HOBOKEN @ 2,000/MO		18,000.
3 MONTHS JERSEY CITY @ 1,000/MO		3,000.
Total		21,000.

1099G DETAIL REPORT - 2013

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	9860		986	NJ
		----		---	
		9860		986	

W-2 DETAIL REPORT - 2013

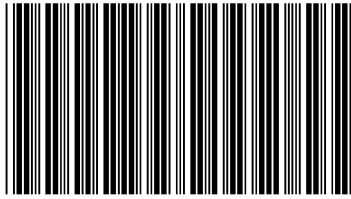
Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
VAMPIRE ENGINEERING	62-9020752	X	32867	4500	2100	491	NJ	32505	1020		
SMART KIDS CHARTER SCHOO	62-8020752	X	20176	1200	1251	293	NJ	20176	404		
			-----	-----	-----	---		-----	-----		
			53043	5700	3351	784		52681	1424		

Name: CHARLES T & CAROL M CONWAY

SSN: 621-02-0752

Gross Income	2011	2012	2013
Wages and salaries			53,043.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			9,860.
Other income			
Total gross income			62,903.
Adjustments to Income			
Adjusted gross income			62,903.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			12,200.
Exemptions			7,800.
Taxable Income	0	0	42,903.
Tax (2013 - 1040, line 44)	0	0	5,546.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			6,686.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			6,686.
Tax liability after credits			5,546.
Estimated tax penalty			
Refund or (Balance Due)			1,140.
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 568.
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 2013:



040MP02130

CONWAY CHARLES T & CAROL M

621020752

1045

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

FILING STATUS

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

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)

CHECKBOXES FOR EXEMPTIONS

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

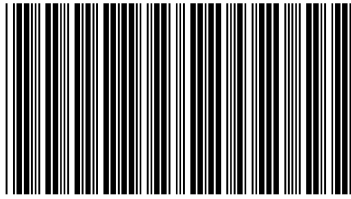
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, C, D.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO X
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO X

Main tax form table with 3 columns: Line number, Description, Amount. Includes lines 14-36 with amounts like 52681 and 2000.



040MP03130

CONWAY CHARLES T & CAROL M

621020752

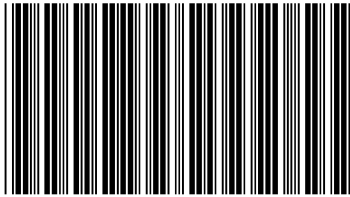
1045

37A	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	3780 .
37B.	FILL IN OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2013	37B.	
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	37C.	3780 .
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	38.	46901 .
39.	TAX (FROM TAX TABLES, PAGE 52)	39.	751 .
40.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	40.	
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	
41A	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	42.	751 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	751 .
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.	105 .
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.	856 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	1424 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2012 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.	1424 .
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.	568 .
58.	YOUR 2014 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.	568 .

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECK BOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	123456789
dd5.	ACCOUNT NUMBER	dd5.	12345678901
dnm	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

NJ - 1040
2013
Page 1



040MP01130

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2013 or Other Tax Year

Beginning _____, 2013 Month Ending _____
On-line Federal Extension Confirmation # _____

CONWAY CHARLES T & CAROL M

910 BIRCH ST

JERSEY CITY

NJ 07310

0906

1045 12 X

621020752 622020752

S24051405

.00



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)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 13)

Paid Preparer's Signature

Federal Identification Number

S24051405

Firm's Name KINNELON PUBLIC LIBRARY

Federal Employer Identification Number

Name(s) as shown on Form NJ-1040	Your Social Security Number
CONWAY CHARLES T & CAROL M	621-02-0752

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.	CHARLES T CONWAY	621-02-0752		
2.				
3.				
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)			4.

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)			4.

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (loss) from S Corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)			4.

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
 Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)	
1.					
2.					
3.					
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)				4.

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2013

Name: CHARLES T & CAROL M CONWAY

SSN: 621-02-0752

Tax Return Information

1 Refund	568.
2 Balance Due	

Direct Deposit and Direct Debit Information

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

Direct Debit of Balance Due

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.
Enter the date you want the balance due to be withdrawn from your account
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date **09/21/2014**
Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number 123456789
Account number 12345678901
Account type Checking Savings

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

Electronic Filing Only

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

RTN:

Account: