Form **8879**

IRS e-file Signature Authorization

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

| Department of the Treasury Internal Revenue Service | Neep this form for your rect | | 2013 |
|--|--|---|---|
| Submission Identifica | Information about Form 8879 and its instructions | is at www.irs.gov/iorinoo/9. | |
| Number (SID | 20075220143280000637 | | |
| Taxpayer's name | , =::::================================ | Social secur | rity number |
| HILDA M MOOR | E | 311-02 | |
| Spouse's name | | Spouse's so | ocial security number |
| Part I Tax Retu | rn Information-Tax Year Ending December 31 | 2013 (Whole Dollars Onl | |
| | ncome (Form 1040, line 38; Form 1040A, line 22; Form | | |
| | 1040, line 61; Form 1040A, line 35; Form 1040EZ, line | • | 2 1,546. |
| | tax withheld (Form 1040, line 62; Form 1040A, line 36 | • | 3 6,830. |
| | 10, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Fo | | 4 6,284. |
| · · | e (Form 1040, line 76; Form 1040A, line 45; Form 1040 | | . 5 |
| | Declaration and Signature Authorization (Be | · | copy of your return) |
| statements for the tax ye clare that the amounts in transmitter, or electronic son for rejection of the transmitter, or electronic son for rejection of the transmitter, or electronic son for rejection of the transmitter, and the function institution account indicatax, and the financial insacreasury Financial Ager 1-888-353-4537. Payme authorize the financial in answer inquiries and resignature for my electron taxpayer's PIN: check I authorize KINN as my signature on the I will enter my PIN at the control of the | ry, I declare that I have examined a copy of my electronic indear ending December 31, 2013, and to the best of my knowle are redurn originator (ERO) to send my return to the IRS and to return originator (ERO) to send my return to the IRS and to reasonsission, (b) the reason for any delay in processing the reasony and its designated Financial Agent to initiate an ACH elated in the tax preparation software for payment of my federal attitution to debit the entry to this account. This authorization is not to terminate the authorization. To revoke (cancel) a payment and cancellation requests must be received no later than 2 bus stitutions involved in the processing of the electronic payment solve issues related to the payment. I further acknowledge the inic income tax return and, if applicable my Electronic Funds verification. The probability of the processing of the electronic funds to the payment of the payment of the electronic funds to the payment of the payment of the electronic funds to the payment of the electronic funds to the payment of the payment o | dge and belief, it is true, correct, a return. I consent to allow my intreceive from the IRS (a) an acknown and (c) the date of ectronic funds withdrawal (direct at taxes owed on this return and/or to remain in full force and effect and, I must contact the U.S. Treasing siness days prior to the payment at of taxes to receive confidential at the personal identification nume. Withdrawal Consent. to enter or generate my PIN are tax return. Check this box only | and complete. I further determediate service provider, owledgment of receipt or reasof any refund. If applicable, a debit) entry to the financial or a payment of estimated a until I notify the U.S. aury Financial Agent at (settlement) date. I also information necessary to aber (PIN) below is my 12345 Enter five numbers, but do not enter all zeros ly if you are |
| Spouse's PIN: check o | ne box only | | |
| I authorize | | to enter or generate my PIN | |
| | ERO firm name | | Enter five numbers, but |
| _ ` ` | my tax year 2013 electronically filed income tax return. | | do not enter all zeros |
| | s my signature on my tax year 2013 electronically filed incom | | |
| entering your own P Spouse's signature ▶ | IN and your return is filed using the Practitioner PIN method | Date ► | II below. |
| | | | |
| | Practitioner PIN Method Returns | Only-continue below | ! |
| Part III Certificat | tion and Authentication-Practitioner PIN Meth | od Only | |
| ERO's EFIN/PIN. Enter | your six-digit EFIN followed by your five-digit self-selected PI | N. 2007 | 75298765 |
| | | Do not | enter all zeros |
| I certify that the above n | umeric entry is my PIN, which is my signature for the tax yea | r 2013 electronically filed income | e tax return |

ERO Must Retain This Form - See Instructions

for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method

Date ▶ 11/24/2014

and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► S24051405 KINNELON PUBLIC LIBRAR

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space For the year Jan. 1-Dec. 31, 2013, or other tax year beginning .2013. endina See separate instructions. Your first name and initial Your social security number Last name HILDA M MOORE 311-02-0752 Spouse's social security number If a joint return, spouse's first name and initial Last name Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above 2621 TUDOR AVENUE and on line 6c are correct. Presidential Election Campaign City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Check here if you, or your spouse if filing LIVINGSTON NJ 07039jointly, want \$3 to go to this fund. Check-Foreign country name Foreign province/county ing a box below will not change your tax You Spouse Head of household (with qualifying person). (See instructions.) Filing Status 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter Married filing separately. Enter spouse's SSN above this child's name here. Check only one box. Qualifying widow(er) with dependent child and full name here. ▶ **Exemptions** 6a Yourself. If someone can claim you as a dependent, do not check box 6a Boxes checked on 6a and 6b b Spouse (4) Vif child under No. of children С Dependents: (2) Dependent's (3) Dependent's under age 17 qualifying for child ax credit (see instr on 6c who: (1) First name Last name social security number relationship to you 3 If more than lived with you did not live with you due to divorce or separation (see instructions) four depen-314-02-0752DAUGHTER DELORIS MOORE dents, see 0 EDNA MOORE 312-02-0752DAUGHTER instructions Dependents on 6c not entered above 313-02-0752SON RONALD MOORE 0 and check here ▶ Add numbers Total number of exemptions claimed on lines above 35,965 Income Wages, salaries, tips, etc. Attach Form(s) W-2 289 8a Taxable interest. Attach Schedule B if required 8a Tax-exempt interest. Do not include on line 8a 8b Attach Forms(s) Ordinary dividends. Attach Schedule B if required 9a W-2 here. Also b Qualified dividends . 9b attach Forms 10 Taxable refunds, credits, or offsets of state and local income taxes 10 W-2G and 11 11 1099-R if tax was withheld. 12 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 If you did not Other gains or (losses). Attach Form 4797 14 get a W-2, 5,000 IRA distributions 15a **b** Taxable amount 15b see instructions. 16,570 17,585. Pensions and annuities 16a **b** Taxable amount 16b Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 1,754. 19 Unemployment compensation 19 Social security benefits 20a 20a **b** Taxable amount 20b GAMBLING WINNINGS 21 Other income. List type and amount 21 1,500 61,078 22 Combine the amounts in the far right col for lines 7 through 21. This is your total income 22 23 Educator expenses 23 **Adjusted** 24 Certain business expenses of reservists, performing artists, **Gross** and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24 Income 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 Penalty on early withdrawal of savings 30 30 31a Alimony paid b Recipient's SSN▶ 31a 32 IRA deduction 32 358. 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917

Add lines 23 through 35

Domestic production activities deduction. Attach Form 8903

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

35

36

37

358

35

36

| Form 1040 (201 | 3) | ΗI | LDA | M MO | ORE | | | | | 311 | -02 | 2-0 | 752 | 2 | Page 2 |
|-------------------------------------|----------------------------|---------------|--|-----------------|------------------|----------------|---|--------------------------|--------------------------|--------------------------|---|----------|---------|------------------------------------|--------|
| Tax and | 38 | 8 Ar | mount fr | om line 3 | 37 (adjus | ted gross | income) | | | | | | 38 | 6 | 0,720. |
| Credits | 39 | | heck | | | _ | e Jan. 2, 1949, | Blind. | . T. | Total boxes | | | | | |
| | | if: | : 1 | | | | fore Jan. 2, 1949, | Blind. | | checked ▶ 39a | ı | | | | |
| Standard | | b If y | your spou | use itemiz | es on a se | eparate retu | urn or you were a dual | <u>-</u> ·status alie | en, ch | eck here > 39b | , <u> </u> | | | | |
| Deduction for- | 40 | O Ite | emized o | deductio | ns (fro | m Schedu | ile A) or your stand | ard dedu | ıctio | n (see left margi | n) . | | 40 | 1 | 2,200. |
| People who | 4 | _ 1 Տւ | ubtract li | ine 40 fro | m line 3 | 8 | | | | | · | | 41 | 4 | 8,520. |
| check any box on line | 42 | 2 E) | Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions | | | | | | | | | 42 | 1 | 5,600. | |
| 39a or 39b or | 43 | 3 Ta | axable ii | ncome. | Subtrac | t line 42 fi | rom line 41. If line 4 | 2 is more | thai | n line 41, enter - | 0 | | 43 | 3 | 2,920. |
| who can be claimed as a | 44 | 4 Ta | ax (see i | instruction | s). Check | if any from | n: a Form(s) 88 | 14 b F | Form | 4972 c | | | 44 | | 4,046. |
| dependent, see | 4: | 5 AI | Iternativ | ve minim | um tax | (see ins | tructions). Attach F | orm 625 | 1 . | | | . – | 45 | | |
| instructions. | 46 | 6 Ad | dd lines | 44 and 4 | 5 | | | | | | | .▶ | 46 | | 4,046. |
| All others: | 47 | 7 Fo | oreign ta | ax credit. | Attach F | orm 1116 | if required | 4 | 7 | | | | | | |
| Single or Married filing | 48 | B Cr | redit for cl | hild and d | ependent | care exper | nses. Attach Form 244 | 1 4 | 8 | | | | | | |
| separately, | 49 | 9 Ed | ducation | credits f | rom For | m 8863, li | ne 19 | 4 | 9 | 1,5 | 00. | | | | |
| \$6,100 Married filing | 50 | 0 Re | etiremen | nt saving | s contrib | utions cre | edit. Attach Form 88 | 80 5 | 0 | | | | | | |
| jointly or | 5 | 1 Ch | hild tax o | credit. A | ttach Sc | hedule 88 | 112, if required | 5 | 1 | 1,0 | 00. | | | | |
| Qualifying widow(er), | 52 | 2 Re | esidentia | al energy | credits. | Attach Fo | orm 5695 | 5 | 2 | | | | | | |
| \$12,200 | 53 | 3 Ot | ther credit | ts from Fo | rm: a | 3800 b | 8801 c | 5 | 3 | | | | | | |
| Head of household, | 54 | 4 Ac | dd lines | 47 throu | gh 53. 1 | hese are | your total credits | | | | | | 54 | | 2,500. |
| \$8,950 | 5 | 5 Su | ubtract li | ine 54 fro | m line 4 | 6. If line | 54 is more than line | 46, ente | er -0- | | | .▶ | 55 | | 1,546. |
| Other | 56 | 6 Se | elf-emplo | oyment to | ax. Atta | ch Sched | ule SE | | | | | | 56 | | |
| Taxes | 57 | 7 Ur | Inreporte | ed social | security | and Medi | care tax from Form: | a 🔲 🗸 | 4137 | b 8919 | | | 57 | | |
| | 58 | B Ac | dditional | tax on If | RAs, oth | er qualifie | d retirement plans, | etc. Atta | ach F | orm 5329 if requ | uired | | 58 | | |
| | 59 | 9a Ho | lousehold | d employ | ment ta | xes from S | Schedule H | | | | | | 59a | | |
| | | b Fi | irst-time | homebu | yer cred | it repayme | ent. Attach Form 54 | 05 if requ | uired | | | | 59b | | |
| | 60 | 0 Ta | axes from | ı: a 🔲 F | orm 8959 | b For | m 8960 c Instruc | tions; ente | er cod | e(s) | | | 60 | | |
| | 6′ | 1 Ac | dd lines | 55 throu | gh 60. 1 | his is you | ır total tax | | | | | | 61 | | 1,546. |
| Payments | 62 | 2 Fe | ederal in | come ta: | withhe | ld from Fo | orms W-2 and 1099 | 6 | 2 | 6,8 | 30. | | | FORM | 1099 |
| If you have a | 63 | 3 20 | 013 estima | ated tax p | ayments | and amoun | t applied from 2012 re | turn 6 | 3 | | | | | | |
| qualifying | 64 | 4a Ea | arned in | ncome ci | edit (El | C) | | 64 | 4a | | | | | | |
| child, attach Schedule EIC | | b No | ontaxable | combat p | ay election | on 64b | | | | | | | | | |
| | 6 | 5 Ad | dditional | child tax | credit. | Attach Fo | orm 8812 | 6 | 5 | | | | | | |
| | 66 | 6 Ar | merican | opportur | nity cred | it from Fo | rm 8863, line 8 . | 6 | 6 | 1,0 | 00. | | | | |
| | 67 | 7 Re | eserved | | | | | 6 | 7 | | | | | | |
| | 68 | B Ar | mount pa | aid with r | equest f | or extens | ion to file | 6 | 8 | | | | | | |
| | 69 | 9 E> | xcess so | ocial secu | irity and | tier 1 RR | TA tax withheld | 6 | 9 | | | | | | |
| | 70 | | | | | | Form 4136 | 7 | 0 | | | | | | |
| | 7′ | 1 Cr | redits fro | om Form | : a 22 | 139 b s | Re- erved c 8885 d | 7 | 1 | | | | | | |
| | 72 | 2 Ac | dd lines | 62, 63, 6 | 4a, and | 65 throug | h 71. These are yo | ır total p | oaym | nents | | .▶ | 72 | | 7,830. |
| Refund | 73 | 3 If I | line 72 is | s more th | nan line | 61, subtra | ct line 61 from line | 72. This | is th | e amount you o | verpa | id | 73 | | 6,284. |
| | 74 | | | f line 73 | you wan | t refunde | d to you. If Form 8 | 888 i <u>s a</u> t | tach | ed, chec <u>k h</u> ere▶ | | | 74a | | 6,284. |
| Direct deposit? | > | D nui | outing umber | | | | ▶ c T | ype: | Che | cking Sav | ings | | | | |
| See instructions | > | d Ac | ccount umber | | | | | ┙. | | | | | | | |
| | 7 | 5 An | mount of I | line 73 you | ı want ap | plied to yo | our 2014 estimated ta | x ▶ 7 | 5 | | | | | | |
| Amount | 76 | 6 Aı | mount y | ou owe | . Subtra | ct line 72 fro | om line 61. For details | on how to | pay, | see instructions | | • | 76 | | |
| You Owe | 77 | 7 Es | stimated | l tax pena | alty (see | instructio | ns) | 7 | 7 | | | | | | |
| Third Party Designee | Do you Designed name | | nt to allow | v anothe | r person | to discus | s this return with the | e IRS (se | e ins | tructions)? | <u></u> Y | Perso | | olete below entification (N) | . X N |
| Sign | Under pe | enalties | of perjury, | I declare th | at I have e | xamined this | return and accompanying parer (other than taxpaye | schedules | and sta | atements, and to the l | pest of r | my kno | owledge | and | |
| Here | Your sig | | | it, and comp | nete. Deci | aration of pre | Date | Your | | | iepaiei | iias ai | | rtime phone i | number |
| Joint return? | NURSE | | | | | | | | 352 | -111-11 | L11 | | | | |
| See instructions Keep a copy for | | | | | | | | | e IRS sent you | an Identity | | | | | |
| your records. | | | | | | | | | ection PIN, r it here | | | | | | |
| | | | | | | | | <u> </u> | | | | | | inst.) | |
| | Print/Type p | repare | er's name | | | Preparer | 's signature | | | Date | | Check | k | if PTIN | |
| | AARP F | OUNI | DATIO | N TAX | -AIDE | | | | | | | | mploye | |)51405 |
| Preparer | Firm's name | | KINNE | ELON F | UBLI | C LIBR | ARY | | | | Firn | n's Ell | N ► | | |
| Use Only | Firm's addre | ess 🕨 | | | | | | | | | Pho | ne no | D. | | |

311-02-0752 Name: HILDA M MOORE SSN: Student Loan Interest (Postsecondary Education) Taxpayer Spouse Total 1 Amount paid in 2013. See instructions for limitations and definition of 386. 386. qualified student loan interest. Total column is limited to \$2,500..... Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded 61,078. adoption benefits from Form 8839, line 30 Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$60,000 (\$125,000 married filing jointly) and is -0- when AGI exceeds \$75,000 (\$155,000 married filing jointly). 358 358. 2 Student loan interest deduction **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 Excess contributions 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 \$53,000, single (\$107,000, married filing jointly), and is -0- when the AGI reaches \$63,000, single (\$127,000, 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 | Social security | Qualified |
|-------------------|---------------|-----------------|-----------|
| | name | number | expenses |
| HILDA | MOORE | 311-02-0752 | |
| DELORIS | MOORE | 314-02-0752 | |
| EDNA | MOORE | 312-02-0752 | |
| RONALD | MOORE | 313-02-0752 | |
| | | | |
| | | | |
| 1 Total qualified | d expense | | |
| 2 Modified AGI | | 60,720. | |
| 3 Tuition and f | ees deduction | (Spouse amount: | |

 US
 Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet
 2013

 Name: HILDA M MOORE
 SSN: 311-02-0752

| Chi | ld Tax Credit (CT | C) | | | | | | |
|-----|--|------------------------|----------------------------|-------------------------|---------------------------------------|--------------|--------|--------|
| 1 | \$1,000 X 1 q | ualifying children | | | | | | 1,000. |
| 2 | Modified AGI is A | GI plus excluded in | come from Forms 25 | 555 (EZ) and 4563, | | | | |
| | and excluded inco | ome from Puerto Ri | co | | | 60 | ,720. | |
| 3 | Modified AGI limit | tation \$110,000 ma | rried filing jointly; \$55 | 5,000 married filing | | | | |
| | | | | | | 75 | ,000. | |
| 4 | | | | | | | | |
| | | _ | | | | | | |
| | • | · · | | | | | | |
| | | tax credit. Subtract | | | | | | |
| • | | the credit if this amo | | | | | | 1,000. |
| | | | | r Form 1040NR, line | | Δ | .,046. | 1,000. |
| | | | | • | | | .,010. | |
| 9 | | | | n, retirement savings, | | 1 | ,500. | |
| | adoption, mortgag | ge interest, DC first | time nomebuyers ar | nd residential energy | | | .,500. | |
| | CT(Form | | | | | | | |
| | 1 Foreign tax | | | | | | | |
| | retirement s | savings credit | | | | | | |
| | 2 Amount from | m line 7 above | | | | | | |
| | 3 Social secu | ırity or RR tier 1 + N | ledicare | | | | | |
| | 4 Form 1040, | , line 27 + line 59; o | r Form 1040NR, line | 54 + uncollected soc | ial | | | |
| | security and | | | | | | | |
| | 5 Add lines 3 | | | | | | | |
| | 6 Earned inco | | | | | | | |
| | 7 Subtract lin | | | | | | | |
| | 8 Maximum o worksheet of figuring For tax credit at | | | | | | | |
| | | | - | C first-time homebuy | | | | |
| | | | | | | | | |
| | | | | | | | | 0.546 |
| 10 | Subtract line 9 fro | om line 8 | | | | | | 2,546. |
| | Child tax credit | | | | | | | 1,000. |
| | • | • | Form 4868 or 2350) | | | | | I. |
| Car | ryovers from 201 | 13 to 2014 | | | | | - | |
| | • | • | · | ve total | | | | |
| 2 | , - | • | orm 1045 | | · · · · · · · · · · · · · · · · · · · | | | |
| | Amt. carried forward | ard from 2012. Liste | ed on Form 1040, line | e 21, or Form 1040N | R, line 21 | | | |
| 3 | 2013 charitable c | ontributions. Organ | zation limit: | | | | | |
| | | | Cash or oth | er property | | Capital Gain | | |
| | | | 50% | 30% | 30% | | 20% | |
| | | | | | | | | |
| 4 | Investment intere | st expense, Form 4 | 952, accumulative to | otal | <u></u> | | | |
| 5 | Foreign tax credit | from 2013 only, Fo | rm 1116. Enter amo | unt carried back, if ar | ıy | | | |
| 6 | Mortgage interest | t credit, Form 8396 | | | | | | |
| | | | | 2011 | 2012 | | 2013 | |
| | | | | | | | | |
| 7 | DC first-time hom | ebuyer credit, Form | n 8859 | | | | | |
| | | • | 8801, cumulative tota | | | | | |
| | • | • | • | y | | | | |
| | | et section 1231 loss | | | | | | |
| | · F | 2009 | 2010 | 2011 | 2012 | | 2013 | |
| | | | | | | | | |

| Na | ame: HILDA M MOORE SS | N: | 31 | L1-02-0752 |
|----|---|----|-----|------------|
| | | TS | 3J | 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 | • | | | |
| 12 | Taxable HSA distributions from Form 8889, line 16 | | | |
| 13 | | | | |
| 14 | Jury duty pay | | 1 [| |
| 15 | NOL carried forward - enter as a negative amount | | ĪĒ | |
| 16 | Describe - | | 1 | |
| 17 | Describe - | | 1 | |
| 18 | Describe - | | 1 | |
| 19 | Describe - | | 1 | |
| 20 | Describe - | | 1 | |
| 21 | Describe - | | 1 | |
| 22 | P. Describe - | | 1 | |
| 23 | Describe - | | 1 | |
| 24 | Describe - | | 1 | |
| 25 | Describe - | | 1 | |
| 26 | Describe - | | 1 | |
| 27 | Describe - | | Īſ | |
| 28 | Describe - | | Īſ | |
| 29 | Describe - | | ĵſ | |
| 30 | Describe - | |] [| |
| | | | | |
| 21 | Total other income | | | 1 500 |

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040 or Form 1040NR.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Attachment Sequence No. **29**

| HILDA M MOORE | | | | | 311-02-0752 | | | |
|---------------|--------------------------------------|--|---|------------------------------|------------------|--|--|--|
| | | Home address (number and street), or P.O. box | if mail is not delivered to your home | 311 | Apt. no. | | | |
| | our Address Only | Tione address (number and street), or 1.5. box | The main is not delivered to your nome | | Apt. no. | | | |
| | are Filing This | 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 | | | |
| • | y Itself and Not | Only, town or post office, state, and 211 code. | | heck here | | | | |
| With Yo | our Tax Return | Foreign country name | Foreign province/state/county | | ostal code | | | |
| | , | r croight country manie | 1 Grough province/cutate/county | i oroigii pi | 70tai 0000 | | | |
| | | early distributions, you may be able to report this tax directly | on Form 1040, line 58, or Form 1040NR, line 56, wi | thout filing Form 5329. | | | | |
| Part | structions for Form 1040, line 58, o | x on Early Distributions | | | | | | |
| rait | | t if you took a taxable distribution before you | reached age 59 1/2 from a qualified ref | tirement plan (inc | uding an IRA) or | | | |
| | modified endowm to complete this p | ent contract (unless you are reporting this ta: art to indicate that you qualify for an exception | x directly on Form 1040 or Form 1040N | IR - see above). Y | ou may also have | | | |
| | ributions (see inst | · · · · · · · · · · · · · · · · · · · | · | | | | | |
| 1 | Early distributions include | ed in income. For Roth IRA distributions, see | e instructions | 1 | 5,000. | | | |
| 2 | • | ed on line 1 that are not subject to the addition | | | | | | |
| | Enter the appropriate ex | ception number from the instructions: | <u>)8 </u> | 2 | 5,000. | | | |
| 3 | • | onal tax. Subtract line 2 from line 1 | | | | | | |
| 4 | Additional tax. Enter 1 | 0% (.10) of line 3. Include this amount on For | rm 1040, line 58, or Form 1040NR, line | 56 4 | | | | |
| | Caution: If any part of t | he amount on line 3 was a distribution from a | a SIMPLE IRA, you may have | | | | | |
| | | mount on line 4 instead of 10% (see instruction | , | | | | | |
| Part | | x on Certain Distributions From E | | | | | | |
| | | t if you included an amount in income, on Fo | rm 1040 or Form 1040NR, line 21, from | ı a Coverdell educ | cation savings | | | |
| | | a qualified tuition program (QTP). | | | | | | |
| 5 | | | | · · · · • - | | | | |
| 6 | | line 5 that are not subject to the additional to | ax (see instructions) | | | | | |
| | • | | | | | | | |
| | | 0% (.10) of line 7. Include this amount on For | | 56 8 | | | | |
| Part | | x on Excess Contributions to Tra | | | | | | |
| | · | t if you contributed more to your traditional IF | RAs for 2013 than is allowable or you ha | ad an amount | | | | |
| | on line 17 of your | | | | | | | |
| 9 | Enter your excess contri | butions from line 16 of your 2012 Form 5329 | (see instructions). If zero, go to line 15 | 9 | | | | |
| 10 | If your traditional IRA co | ntributions for 2013 are less than your | 1 1 | | | | | |
| | | tribution, see instructions. Otherwise, enter - | | | | | | |
| 11 | | ributions included in income (see instructions | ′ <u> </u> | | | | | |
| 12 | • | or year excess contributions (see instructions |) 12 | | | | | |
| 13 | Add lines 10, 11, and 12 | | | | | | | |
| 14 | • | outions. Subtract line 13 from line 9. If zero or | | | | | | |
| 15 | | 2013 (see instructions) | | 15 | | | | |
| 16 | Total excess contribution | | | 16 | | | | |
| 17 | | % (.06) of the smaller of line 16 or the value | • | | | | | |
| | | luding 2013 contributions made in 2014). Inc | lude this amount on Form 1040, line 58 | | | | | |
| Dow't | or Form 1040NR, line 56 | | ULIDA- | 17 | | | | |
| Part I | | x on Excess Contributions to Rot | | | | | | |
| | | t if you contributed more to your Roth IRAs fo | or 2013 than is allowable or you had an | amount | | | | |
| | on line 25 of your | | (and instructions) We are not a line on | | | | | |
| 18 | | butions from line 24 of your 2012 Form 5329 | (see instructions). If zero, go to line 23 | 18 | | | | |
| 19 | | utions for 2013 are less than your maximum | 10 | | | | | |
| 20 | | ee instructions. Otherwise, enter -0 | | | | | | |
| 20 | • | vour Roth IRAs (see instructions) | l | 24 | | | | |
| 21 | | | | 21 | | | | |
| 22 | • | outions. Subtract line 21 from line 18. If zero | • | | | | | |
| 23 | Excess contributions for | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 24 | Total excess contribution | | o of your Both IBAs on Docombor 21. | | | | | |
| 25 | | % (.06) of the smaller of line 24 or the valu tions made in 2014). Include this amount on | | | | | | |
| | Unionality 2013 COMMIDU | aono mado in 2014). Indidue tilio ambuilt dii | , onn 1040, mic 30, or 1 01111 1040NK, II | 110 00. 20 | | | | |

Name(s) shown on return

Education Credits(American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99)

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

Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

Attachment 50

Your social security number

| HILDA | M | MOORE | 311-02-0752 |
|---------|---|--|----------------------------|
| CAUTION | | Complete a separate Part III on page 2 for each student for whom you a before you complete Parts I and II. | are claiming either credit |

| Pa | Refundable American Opportunity Credit | | | | |
|----|--|---------|-----------------------------|--------|--------|
| 1 | After completing Part III for each student, enter the total of all amounts from | n all I | 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 | 60,720. | | |
| 4 | Subtract line 3 from line 2. If zero or less, stop you cannot take | | | | |
| | any education credit | 4 | 29,280. | | |
| 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: | | | | |
| | • 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 (re | ounde | ed to 🕨 | 6 | 1.000 |
| | at least three places) | | . <u>_</u> | | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the | - | | | |
| | the conditions described in the instructions, you cannot take the refundable | le Am | erican oppo <u>rtu</u> nity | | |
| | credit; skip line 8, enter the amount from line 7 on line 9, and check this bo | 7 | 2,500. | | |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (.40). E | | | | |
| | on Form 1040, line 66, or Form 1040A, line 40. Then go to line 9 below | | 8 | 1,000. | |
| | rt II Nonrefundable Education Credits | 1 1 | 4 = 0.0 | | |
| | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit World | 9 | 1,500. | | |
| 10 | After completing Part III for each student, enter the total of all amounts from | | | | |
| | 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: \$127,000 if married filing jointly; \$63,000 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 | | | | |
| 4- | 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, | 45 | | | |
| 40 | 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 | 40 | | | |
| 4- | household, or qualifying widow(er) | 16 | | | |
| 1/ | If line 15 is: | | | | |
| | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 | | | 47 | |
| 40 | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded Marking of the Condition of the Condit | | • • • | 17 | |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Work | | , | 18 | |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the C | | | 40 | 1,500. |
| | (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31 | | | 19 | 1,300. |

Name(s) shown on return
HILDA M MOORE

Your social security number
311-02-0752

| CAU | I | Ю | N |
|-----|---|---|---|

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.

| CA | UTION credit or litetime learning credit. Use additi | onai | copies of Page 2 as needed to | or ead | en stuae | ent. |
|-------------|--|-------|---|------------|-------------------|----------------|
| Pa | rt III Student and Educational Institution Information | ation | | | | |
| | See instructions. | | | | | |
| 20 | Student name (as shown on page 1 of your tax return) | 21 | Student social security no. (as shown of | on pag | e 1 of you | r tax return) |
| D ∩I | VALD MOORE | | 313-02-0752 | | | |
| | | | 313-02-0732 | | | |
| 22 | Educational institution information (see instructions) | | | <i>(:•</i> | ` | |
| a. | Name of first educational institution | D. | Name of second educational institution | ı (ıf any | /) | |
| UN: | IVERSITY OF COLUMBUS | | | | | |
| (1) | Address, Number and street (or P.O. box). City, town or post office, | (1) | Address, Number and street (or P.O. b | ox). Ci | ity, town o | r post office, |
| | state, and ZIP code. If a foreign address, see instructions. | | state, and ZIP code. If a foreign address | ss, see | instruction | ns. |
| 67 | 7 D JONES UNIVERSITY DRIVE | | | | | |
| COI | LUMBUS OH 43216- | | | | | |
| (2) | Did the student receive Form 1098-T | (2) | Did the student receive Form 1098-T | | | |
| | from this institution for 2013? | | from this institution for 2013? | | Yes | No |
| (3) | Did the student receive Form 1098-T | (3) | Did the student receive Form 1098-T | | _ | |
| | from this institution for 2012 with Box Yes X No | | from this institution for 2012 with Box | | Yes | No |
| | 2 filed in and Box 7 checked? | | 2 filed in and Box 7 checked? | | | |
| If yo | u checked "No" in both (2) and (3), skip (4). | If yo | u checked "No" in both (2) and (3), | skip (4 | 4). | |
| (4) | If you checked "Yes" in (2) or (3), enter the institution's | (4) | If you checked "Yes" in (2) or (3), enter | er the in | nstitution's | |
| | federal identification number (from Form 1098-T). | | federal identification number (from For | m 1098 | B-T). | |
| | | | | | | |
| <u> 10-</u> | -8990752 | | | | | |
| 23 | Has the Hope Scholarship Credit or American opportunity | | _ | | | |
| | credit been claimed for this student for any 4 tax years | ` | Yes - Stop! | No - G | io to line 2 | 4. |
| | before 2013? | (| Go to line 31 for this student. | | | |
| 24 | Was the student enrolled at least half-time for at least one | | | | | |
| | academic period that began in 2013 at an eligible | _ | | | | |
| | educational institution in a program leading towards a | ΧV | Yes - Go to line 25. | No - | Stop! Go | to line 31 |
| | postsecondary degree, certificate, or other recognized | | | for this | student. | |
| | postsecondary educational credential? (see instructions) | | [] | | | |
| 25 | Did the student complete the first 4 years of post-secondary | ` | Yes - Stop! | No - G | io to line 2 | 6. |
| | education before 2013? | (| Go to line 31 for this student. | | | |
| 26 | Was the student convicted, before the end of 2013, of a | | | | ee <i>Tip</i> bel | |
| | felony for possession or distribution of a controlled | □ ` | - | | | lines 27-30 |
| | substance? | | | | 31 for this | |
| TII | When you figure your taxes, you may want to compare the Ame | | , | - | | |
| 111 | · · · · · · · · · · · · · · · · · · · | | ** | | e learning | credit for |
| | the same student in the same year. If you complete lines 27 th | rough | 30 for this student, do not complete line | 31. | | |
| | American Opportunity Credit | | | | | 4 000 |
| 27 | Adjusted qualified education expenses (see instructions). Do | | | 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, a | | | | | 2 |
| | enter the result. Skip line 31. Include the total of all amounts | trom | all Parts III, line 30 on Part I, line 1 | 30 | | 2,500. |
| | Lifetime Learning Credit | | | 1 1 | | |
| 31 | Adjusted qualified education expenses (see instructions). Inc | | | _ | | |
| | Parts III, line 31, on Part II, line 10 | | | 31 | | |

Detail Sheet 2013 **ID**: 311-02-0752 Name: HILDA M MOORE Description: 8863 PAGE 2 (RONALD) LINE 27 Amount Туре 16,900. TOTAL TO UNIV SCHOLARSHIP (10,000.)ADJUST TO MAX \$4,000 (2,900.)

Detail Sheet 2013 **ID**: 311-02-0752 Name: HILDA M MOORE Description: NJ 1040 LINE 19BТуре Amount OPM BOX 1 17,585. (16,570. OPM BOX 2A

Total

Detail Sheet 2013 **ID**: 311-02-0752 Name: HILDA M MOORE Description: NJ 1040 LINE 30 ADJ Туре Amount PRE-TAX FED AFTER-TAX NJ DENTAL FROM HAWTHORN 660.

Total

311-02-0752

1099G DETAIL REPORT - 2013

| | | Unemplo | yment | Withholding | | |
|--------------------------------|------------|----------|--------|-------------|-------|--|
| Payer | $T \mid S$ | Received | Repaid | Federal | State | |
| | | | | | | |
| | | | | | | |
| NEW JERSEY DEPARTMENT OF LABOR | x | 1754 | | 98 | | |
| NEW CERCET PERMITTER OF EMPOR | 21 | | | | | |
| | | 1754 | | 98 | | |

1099-R DETAIL REPORT - 2013

| Payer | EIN | T S - | IRA/SEP Simple | Fed. With. | State With. | Gross | 1099R Taxable | Roll/ Exclude | Net | Cost | Cost Bal. |
|---|-----|-------------|-------------------|-----------------|----------------|---------------|------------------|------------------|---------------|------|--------------|
| OFFICE OF PERSONNEL NORTHERN FINANCIAL S | | | Х | 2250NJ 500NJ | 100 | 17585 5000 | 16570 5000 | | 16570 5000 | | |
| | | | | 2750 | 100 | 22585 | 21570 | | 21570 | | |

W-2 DETAIL REPORT - 2013

| Employer | EIN | TP SP | Gross Wages | Federal With. | FICA | Medicare | St | State Wages | State With. | Locality | Local With. |
|--------------------------|------------|-------|--------------------|------------------|------------------|----------------|--------|--------------------|----------------|----------|----------------|
| HAWTHORN GENERAL HOSPITA | 10-5990752 | X | 35965 35965 | 3982 3982 | 2333 2333 | 546 546 | NJ | 36625 36625 | 725 725 | | |

W-2G DETAIL REPORT - 2013

| Payer | EIN | TP SP | Federal Withheld | | State Withheld | Losses |
|---------------|------------|-------|---------------------|------------------|-------------------|------------------|
| HESSER CASINO | 10-7990752 | X | | 1500 1500 | | 2000 2000 |

Name: HILDA M MOORE SSN: 311-02-0752 2013 2011 2012 **Gross Income** 35,965 Wages and salaries 289. Sale of assets - gain or loss 21,570 Pension and IRA distributions Rents, royalties, etc 1,754.Unemployment and social security 1,500. Other income 61,078. Adjustments to Income 60,720. Adjusted gross income **Itemized or Standard Deductions** Medical expense deduction Taxes..... Interest Contributions Miscellaneous deductions 12,200. Total deductions 15,600. Exemptions 0 32,920. 0 0 4,046. Tax (2013 - 1040, line 44) Other taxes **Credits and Payments** 2,500. Credits 6,830. EIC and Additional Child Tax Credit 1,000. 10,330. 1,546. Tax liability after credits Estimated tax penalty 6,284 Refund or (Balance Due)..... 0.0 % 0.0 15.0 Federal marginal tax bracket..... Tax preparation fee State refund or (balance due) 62. NJ 1st resident state refund (balance due)...... 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:



MOORE HILDA M

311020752 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 | EXEMPTIONS 6. REGULAR 7. AGE 65 OR OVER 8. BLIND OR DISABLED | 1 |
|---|--|---|
| 4. HEAD OF HOUSEHOLD | 9. NUMBER OF QUALIFIED DEPEN | DENT CHILDREN 3 |
| 5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER | X 10. NUMBER OF OTHER DEPENDE | NTS |
| CHECKBOXES FOR EXEMPTIONS | 11. DEPENDENTS ATTENDING COL | 4 |
| REGULAR SPOUSE/CU PARTNER DOMESTIC PARTNER AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER | 12A. TOTAL (LINE 12A - ADD LINES 6 12B. TOTAL (LINE 12B - ADD LINES 9 | |
| BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER | 125. TOTAL (LINE 125 ASS LINES S | 7445 10) |
| DEPENDENT'S INFORMATION FROM LINES 9 AND | 10 (ATTACH RIDER IF MORE THAN FOUR) | |
| LAST NAME, FIRST NAME, MIDDLE INITIAL A. MOORE DELORIS B. MOORE EDNA C. MOORE RONALD D. | SOCIAL SECURITY NUMBER 314-02-0752 312-02-0752 313-02-0752 | BIRTH YEAR HEALTH INS IND 1999 1995 1990 X |
| 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 PARTI | NER WISH TO DESIGNATE \$1? | YES NO |
| 15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (| | 15A. 289 . |
| 15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTION 16. DIVIDENDS | NS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE | 15A 15B . 450 . |
| 17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART | I. LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C. FORM 1) | |
| 18. NET GAINS FROM DISPOSITION OF PROPERTY (SCH | | 18. |
| 19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SE | E INSTRUCTION PAGE 20) | 19A. 19570 . |
| 19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITH | DRAWALS | 19B. 3015 . |
| | LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1) | 20. |
| 21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PAR | | |
| 22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, P.23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE) | ATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART I = 24) | 23. |
| 24. ALIMONY AND SEPARATE MAINTENANCE PAYMENT | • | 24. |
| 25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION I | AGE 24) | 25. |
| 26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, 7 | ND 20 THROUGH 25) | 26 . 56484 . |
| 27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25) | | 27A |
| 27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE W | · | 27B |
| 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LIN | · | 27C |
| 28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO C | ALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION | F F O O |
| 30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTR | * * | 30 . 680 . |
| 31. ALIMONY AND SEPARATE MAINTENANCE PAYMENT | | 31. |
| 32. QUALIFIED CONSERVATION CONTRIBUTION | | 32. |
| 33. HEALTH ENTERPRISE ZONE DEDUCTION | | 33. |
| 34. ALTERNATIVE BUSINESS CALCULATION ADJUSTME | | 34. |
| 35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES | · | 35. 6180 . |
| 36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 2 | B) IF ZERO OR LESS, MAKE NO ENTRY | 36 . 50304 . |



NJ-1040 (2013)

PAGE 3

1045

MOORE HILDA M

311020752

| 37 | A TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29) | 37A. | 1728 | |
|-----|---|------|-------|---|
| 37E | E. FILL IN OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2013 | 37B. | | |
| 370 | :. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32) | 37C. | | |
| 38. | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | 38. | 50304 | |
| 39. | TAX (FROM TAX TABLES, PAGE 52) | 39. | 813 | |
| 40. | THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS | 40. | | |
| 41. | CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS | 41. | | |
| 41. | A JURISDICTION CODE (SEE INSTRUCTIONS) | 41A. | | |
| 42. | BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39) | 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. | | • |
| 46 | A 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 2012 TAX RETURN | 50. | | |
| 51. | NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38) | 51. | | |
| 51E | FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT | 51B. | | |
| 510 | 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 | 56. | | • |
| | IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT | | | |
| 57. | DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO: | 57. | 62 | • |
| 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. | | • |
| 640 | :. 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 2013 Page 1



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 Ext | ension Con | firmation # | |

MOORE HILDA M

2621 TUDOR AVENUE

LIVINGSTON NJ 07039 0710

1045 12

311020752

S24051405

.00



| Under the penalties of perjury, I declare statements, and to the best of my know taxpayer, this declaration is based on a | 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. | | |
|---|---|---|---|
| >Your Signature | > | Spouse/CU Partner's Signature (If filed jointly both must sign) | 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 enclosing copy of death certificate for decea | lifered was the label for DO Day FFF | | |
| Paid Preparer's Signature | | Federal Identification Number \$24051405 | If not, use the label for PO Box 555 . You may also pay by e-check or credit card. See instruction page 11. |
| Firm's Name KINNELON PUB | BLIC LIBRARY | Federal Employer Identification Number | |

NEW JERSEY GROSS INCOME TAX BUSINESS INCOME SUMMARY SCHEDULE

2013

| | ame(s) as shown on Form NJ-1040 | | Your Social Security Number |
|----|--|---|---|
| М | OORE HILDA M | | 311-02-0752 |
| | | | 311 02 0732 |
| P | ART 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 MOORE | 311-02-0752 | |
| 2. | | | |
| | | | |
| 3. | Net Profit or (Loss). (Add Lines 1, 2, and 3.) | | |
| 4. | (Established and Land 2 Klass and Land 2 Klass 1 1 1 1 1 1 1 1 1 | | 4. |
| P | ART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME | List the distributive share of in See instructions. | ncome (loss) from partnership(s). |
| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
| | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| | Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2 | * | |
| 4. | (Enter here and on Line 20. If loss, make no entry on Line 20.) . | | 4. |
| P | ART III NET PRO RATA SHARE OF S CORPORATION INCOM | E See instructions. | ome (loss) from S Corporation(s). |
| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation |
| | · | | Income or (Loss) |
| 1. | | | |
| 2. | | | |
| | | | |
| 3. | Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines | s 1, 2, and 3.) | |
| 4. | (F | | 4. |
| P | ART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS | rents, royalties, patents, and | me, less net loss, derived from or in the form of copyrights. See instructions. eal estate 2-Royalties 3-Patents 4-Copyrights |
| | | ecurity Number/ Type - Ent | er |
| | enter physical address of property. | ederal EIN list above | |
| 1. | | | |
| 2. | | | |
| | | | |
| 3. | Net Income or (Loss). (Add Lines 1, 2, and 3.) | | |
| 4. | (Enter here and on Line 22. If loss, make no entry on Line 22.) | | 4. |

Dependents Information

2013

Name: HILDA M MOORE SSN: 311-02-0752

| Nume: | | | 00N. 011 01 | Birth |
|--|----|-------------------------|---|----------------------|
| First name | MI | Last name | SSN | year |
| DELORIS EDNA RONALD | | MOORE MOORE MOORE | 314-02-0752 312-02-0752 313-02-0752 | 1999 1995 1990 |
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