

**IRS e-file Signature Authorization**

Department of the Treasury  
Internal Revenue Service

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

▶ Keep this form for your records.

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

**2013**

Submission Identification  
Number (SID)

▶ 20075220143280000639

Taxpayer's name  
BEN A BAYLOR

Social security number  
321-02-0752

Spouse's name  
PAT N HARPER

Spouse's social security number  
322-02-0752

**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	52,303.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) . . . . .	2	1,683.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) . . . . .	3	2,380.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) . . . . .	4	697.
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 ▶ 11/24/2014

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN   
ERO firm name Enter five numbers, but  
do not enter all zeros  
as my signature on my tax year 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 ▶ \_\_\_\_\_

**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 ▶ 11/24/2014

**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 **BEN A** Last name **BAYLOR** Your social security number **321-02-0752**

If a joint return, spouse's first name and initial **PAT N** Last name **HARPER** Spouse's social security number **322-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **30911 LOST MEADOW % BEN A BAYLOR** 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). **ABSECON HIGHLANDS NJ 08205-** **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:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instr.)	No. of children on 6c who:
MADISON	CHAMBERS	323-02-0752	GRANDCHILD		lived with you <b>1</b>
					did not live with you due to divorce or separation (see instructions) <b>0</b>
					Dependents on 6c not entered above <b>0</b>

**Add numbers on lines above** **3**

d Total number of exemptions claimed **3**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	1,565.
b	Qualified dividends	9b	875.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/>	13	737.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	37,918.
b	Taxable amount	16b	37,142.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	20,028.
b	Taxable amount	20b	11,659.
21	Other income. List type and amount <b>GAMBLING WINNINGS</b>	21	1,200.
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	52,303.

**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	52,303.

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	52,303.
	<b>39a</b>	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1949, <input type="checkbox"/> Blind. <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/> 2 if: <input checked="" type="checkbox"/> Spouse was born before Jan. 2, 1949, <input type="checkbox"/> Blind.		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	22,166.
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	30,137.
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	<b>42</b>	11,700.
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	18,437.
	<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	1,683.
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Add lines 44 and 45	<b>46</b>	1,683.
	<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
	<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
	<b>49</b>	Education credits from Form 8863, line 19	<b>49</b>	
	<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
	<b>51</b>	Child tax credit. Attach Schedule 8812, if required	<b>51</b>	
	<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
	<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
	<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
	<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	1,683.
<b>Other Taxes</b>	<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
	<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
	<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
	<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
	<b>60</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>60</b>	
	<b>61</b>	Add lines 55 through 60. This is your <b>total tax</b>	<b>61</b>	1,683.
<b>Payments</b>	<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	2,380.
	<b>63</b>	2013 estimated tax payments and amount applied from 2012 return	<b>63</b>	
	<b>64a</b>	<b>Earned income credit (EIC)</b> NO	<b>64a</b>	
	<b>b</b>	Nontaxable combat pay election <b>64b</b>		
	<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
	<b>66</b>	American opportunity credit from Form 8863, line 8	<b>66</b>	
	<b>67</b>	Reserved	<b>67</b>	
	<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
	<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
	<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
	<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Re-served <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>71</b>	
	<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	2,380.
	<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	697.
	<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>74a</b>	697.
Direct deposit? ▶ See instructions ▶	<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number <input type="text"/>		
	<b>75</b>	Amount of line 73 you want <b>applied to your 2014 estimated tax</b> ▶	<b>75</b>	
<b>Amount You Owe</b>	<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see instructions	<b>76</b>	
	<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

**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? ▶ See instructions Keep a copy for your records.	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation RETIRED	Daytime phone number 609-555-9876
	Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation DECEASED	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 ▶				

Name: BEN A BAYLOR & PAT N HARPER

SSN: 321-02-0752

Interest. List all interest on Schedule B, regardless of the amount.

Unemployment and/or state tax refund. Fill out 1099G worksheet

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	12,108.	7,920.	
Railroad tier 1 received this year			
Total	12,108.	7,920.	20,028.
Medicare to Schedule A	1,761.	1,269.	
Federal tax withheld	300.	300.	

**Married Filing Separately**

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

**All others**

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 40,644.

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

Puerto Rico: \_\_\_\_\_ + 50% of the benefits received: 10,014. 50,658.

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable.

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable **A** 17,024.

Modified AGI 50,658.

\$34,000 (\$44,000) 44,000.

Subtract 6,658. X 85% = 5,659.

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

Add **B** 11,659.

**Taxable social security and railroad retirement tier 1. Minimum of A or B** 11,659.

**Lump Sum Payment of Social Security and Railroad Tier 1 Benefits**

	Taxpayer	Spouse	Total
Gross amount received attributable to 2013			
Using the above modified AGI, this is the taxable amount of the 2013 benefit			
Amounts taxable from previous years			
<b>Taxable benefits using the lump-sum election method</b>			

Name: BEN A BAYLOR & PAT N HARPER

SSN: 321-02-0752

	TSJ	Amount
1 Gambling winnings from Form W-2G .....		1,200.
2 Form 1099-MISC, lines 3, 7, and 8 .....		
3 Taxable distributions from education savings accounts (ESAs) and QTPs .....		
4 Recovery of itemized deductions .....		
5 Foreign income exclusion from Form 2555, line 45 .....		
6 Foreign income exclusion from Form 2555-EZ, line 18 .....		
7 Income addition from Form 6478, line 2 .....		
8 Income addition from Form 8814, line 12 .....		
9 Taxable Archer MSA distributions from Form 8853, line 8 .....		
10 Taxable Medicare Advantage MSA distributions from Form 8853, line 12 .....		
11 Taxable long-term care insurance contract payments from Form 8853, line 26 .....		
12 Taxable HSA distributions from Form 8889, line 16 .....		
13 Income for failure to maintain HDHP coverage from Form 8889, line 20 .....		
14 Jury duty pay .....	<input type="checkbox"/>	
15 NOL carried forward - enter as a negative amount .....	<input type="checkbox"/>	
16 Describe - .....	<input type="checkbox"/>	
17 Describe - .....	<input type="checkbox"/>	
18 Describe - .....	<input type="checkbox"/>	
19 Describe - .....	<input type="checkbox"/>	
20 Describe - .....	<input type="checkbox"/>	
21 Describe - .....	<input type="checkbox"/>	
22 Describe - .....	<input type="checkbox"/>	
23 Describe - .....	<input type="checkbox"/>	
24 Describe - .....	<input type="checkbox"/>	
25 Describe - .....	<input type="checkbox"/>	
26 Describe - .....	<input type="checkbox"/>	
27 Describe - .....	<input type="checkbox"/>	
28 Describe - .....	<input type="checkbox"/>	
29 Describe - .....	<input type="checkbox"/>	
30 Describe - .....	<input type="checkbox"/>	
31 Total other income .....		1,200.

**US Schedule A**

**Itemized Deduction Detail Worksheet**

**2013**

Name: BEN A BAYLOR & PAT N HARPER

SSN: 321-02-0752

<b>Medical Expenses</b>		<b>Medical miles:</b> 1116	<b>Deduction:</b> 268.
Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet .....	3,030.
Taxpayer .....		Remainder from worksheets	
Spouse .....		Taxpayer .....	
Qualified long term care contracts		Spouse .....	
Taxpayer .....		Self-employed health insurance	
Spouse .....		Taxpayer .....	
Other medical expenses		Spouse .....	
DOCTORS	4,723.		
HOSPITAL	5,168.		
DRUGS	1,756.		
PRESCR GLASSES	210.	Amount from additional worksheets .....	
		<b>Total</b> .....	15,155.

<b>Cash Contributions</b>		<b>Other Charitable miles:</b>	X .14 =
<b>50% Limit Organizations</b>			
CHURCH	850.		
PBS	201.		
		From Schedules K-1 .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	1,051.

<b>30% Limit Organizations</b>		<b>Charitable miles:</b>	X .14 =
		Schedules K-1 .....	
		Amount from additional worksheets .....	
		<b>Total</b> .....	

<b>Other Than Cash Contributions</b>		<b>50% Limit Organizations</b>	
SALVATION ARMY	350.	From Forms 8283 .....	
		Amount from additional worksheets .....	
From Schedules K-1		<b>Total</b> .....	350.

<b>30% Limit</b> Capital gain property donated to 50% limit organizations.			
		From Forms 8283 .....	
From Schedules K-1		<b>Total</b> .....	

<b>30% Limit</b> Not capital gain property donated to 30% limit organizations.			
		From Forms 8283 .....	
From Schedules K-1		<b>Total</b> .....	

<b>20% Limit Organization</b> Capital gain property donated to 30% limit organizations.			
		From Forms 8283 .....	
From Schedules K-1		<b>Total</b> .....	

	From years 2006 through 2012				To 2014 tax year			
	Cash and other property		Capital gain property		Cash and other property		Capital gain property	
	50%	30%	30%	20%	50%	30%	30%	20%
2008								
2009								
2010								
2011								
2012								
2013								

<b>Contributions allowed this year</b>			
50% of adjusted gross income .....		26,152.	
This year's 50% organization cash contributions allowed .....			1,401.
30% of adjusted gross income .....		15,691.	
This year's capital gain contributions to 50% organizations limited to 30% .....			
50% cash carryover allowed .....			
50% capital gain carryover limited to 30% .....			
This year's 30% organization cash and other property contributions allowed .....			
30% organizations cash and other property carryover .....			
20% of adjusted gross income .....		10,461.	
This year's capital gain contributions to 30% organizations limited to 20% .....			
30% capital gain carryover limited to 20% AGI .....			
<b>Total contributions allowed this year</b> .....			1,401.

**US Schedule A**

**Sales Tax Worksheet**

**2013**

Name: BEN A BAYLOR & PAT N HARPER

SSN: 321-02-0752

1	Federal AGI.....		52,303.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest .....			
b	Social security .....	8,369.		
c	Combat pay .....			
d	Income on Forms 4970 and 4972 .....			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers.....	776.	9,145.	
3	Other nontaxable income			
a	.....			
b	.....			
c	.....			
d	.....			
e	.....			
4	<b>Income for sales tax chart</b> .....		61,448.	
1	Enter the taxpayer's state of residency for 2013 .....			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	<b>State sales tax from the applicable table</b> .....			820.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2013? <input checked="" type="checkbox"/> <b>No.</b> Line 2 should be -0-. <input type="checkbox"/> <b>Yes.</b> Enter the letter (A - D) for the optional local sales tax table you want to use .....			
	<b>Local sales tax from the applicable table</b> .....			
3	Did your locality impose a local general sales tax in 2013? Residents of California and Nevada, see the Schedule A instructions. <input checked="" type="checkbox"/> <b>No.</b> Go to line 7. <input type="checkbox"/> <b>Yes.</b> Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5 .....			
4	Did you enter -0- on line 2 above? <input type="checkbox"/> <b>No.</b> Skip to line 6. <input type="checkbox"/> <b>Yes.</b> Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5 .....			
5	Divide line 3 by line 4 .....			
6	Did you enter -0- on line 2 above? <input type="checkbox"/> <b>No.</b> Multiply line 2 by line 3. <input type="checkbox"/> <b>Yes.</b> Multiply line 1 by line 5 .....			
7	Total of lines 1 and 6 - prorated for part-year residents .....			820.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate .....			1,400.
9	<b>Total sales tax using the sales tax chart</b> .....			2,220.
10	<b>Sales tax using actual receipts</b> .....			
11	<b>Sales tax deduction for Schedule A, line 5</b> .....			2,220.

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

▶ Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
▶ Attach to Form 1040.

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040 <b>BEN A BAYLOR &amp; PAT N HARPER</b>		Your social security number <b>321-02-0752</b>		
<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions) . . . . .	1	15,155.	
	2 Enter amount from Form 1040, line 38 <b>2</b>   52,303.			
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1949, multiply line 2 by 7.5% (.075) instead	3	3,923.	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	11,232.
<b>Taxes You Paid</b>	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	5	2,220.	
	6 Real estate taxes (see instructions) . . . . .	6	3,949.	
	7 Personal property taxes . . . . .	7		
	8 Other taxes. List type and amount ▶ _____	8		
	9 Add lines 5 through 8 . . . . .	9	6,169.	
	<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10	2,164.
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶ _____	11	
		12 Points not reported to you on Form 1098. See instructions for special rules . . . . .	12	
13 Mortgage insurance premiums (see instructions) . . . . .		13		
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
15 Add lines 10 through 14 . . . . .		15	2,164.	
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	1,051.	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17	350.	
	18 Carryover from prior year . . . . .	18		
	19 Add lines 16 through 18 . . . . .	19	1,401.	
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21		
	22 Tax preparation fees . . . . .	22		
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____	23		
	24 Add lines 21 through 23 . . . . .	24		
	25 Enter amount from Form 1040, line 38 <b>25</b>   _____			
	26 Multiply line 25 by 2% (.02) . . . . .	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27		
<b>Other Miscellaneous Deductions</b>	28 Other - from list in the inst. List type and amount ▶ <b>GAMBLING LOSSES</b> 1,200.	28	1,200.	
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	22,166.	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2013



SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

OMB No. 1545-0074

2013

Attachment Sequence No. 08

Information about Sch. B (Form 1040A or 1040) & its instr. is at www.irs.gov/form1040.

Name(s) shown on return: BEN A BAYLOR & PAT N HARPER
Your social security number: 321-02-0752

Table with 2 main columns: Description (Part I Interest) and Amount. Rows include: 1 List name of payer... (Amount blank), 2 Add the amounts on line 1 (Amount 1), 3 Excludable interest... (Amount blank), 4 Subtract line 3 from line 2... (Amount 1,565).

Table with 2 main columns: Description (Part II Ordinary Dividends) and Amount. Rows include: 5 List name of payer: THE LONE STAR FUND (Amount 1,565), 6 Add the amounts on line 5... (Amount 1,565).

Table with 3 columns: Description (Part III Foreign Accounts and Trusts) and Yes/No. Rows include: 7a At any time during 2013, did you have a financial interest... (Yes blank, No X), 8 During 2013, did you receive a distribution from... (Yes blank, No X).

Name: BEN A BAYLOR & PAT N HARPER

SSN: 321-02-0752

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet			18,437.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	875.		
3	Line 4g of Form 4952			
4	Line 4e of Form 4952			
5	Subtract line 4 from line 3			
6	Subtract line 5 from line 2. If -0- or less, enter -0-		875.	
7	Smaller of line 15 or line 16 of Schedule D	737.		
8	Smaller of line 3 or line 4			
9	Subtract line 8 from line 7. If -0- or less, enter -0-		737.	
10	Add lines 6 and 9			1,612.
11	Add lines 18 and 19 of Schedule D			
12	Smaller of line 9 or line 11			
13	Subtract line 12 from line 10. If -0- or less, -0-			1,612.
14	Subtract line 13 from line 1. If -0- or less, -0-			16,825.
15	Smaller of line 1 or \$72,500 if married filing jointly or qualifying widow(er); \$36,250, if single or married filing separately; \$48,600 if head of household	18,437.		
16	Smaller of line 1 or line 15			18,437.
17	Smaller of line 14 or line 16			16,825.
18	Subtract line 10 from line 1. If -0- or less, -0-	16,825.		
19	Larger of line 17 or line 18			16,825.
20	Subtract line 17 from line 16. This line is taxed at 0%			1,612.

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42.  
Otherwise, go to line 21.

21	Smaller of line 1 or line 13			
22	Amount from line 20			
23	Subtract line 22 from line 21			
24	\$400,000 if single; \$225,000 if married filing separately; \$450,000 if married filing jointly or qualifying widow(er); or \$425,000 if head of household			
25	Smaller of line 1 or line 24			
26	Add lines 19 and 20			
27	Subtract line 26 from line 25			
28	Smaller of line 23 or line 27			
29	Multiply line 28 by 15%			
30	Add lines 22 and 28			

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42.  
Otherwise, go to line 31.

31	Subtract line 30 from line 21			
32	Multiply line 31 by 20%			

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39.  
Otherwise, go to line 33.

33	Smaller of line 9 above or Schedule D, line 19			
34	Add lines 10 and 19			
35	Amount from line 1			
36	Subtract line 35 from line 34. If -0- or less, -0-			
37	Subtract line 36 from line 33. If -0- or less, -0-			
38	Multiply line 37 by 25%			

If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 42.  
Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31 and 37			
40	Subtract line 39 from line 1			
41	Multiply line 40 by 28%			
42	Tax on line 19 amount			1,683.
43	Add lines 29, 32, 38, 41, and 42			1,683.
44	Tax on line 1 amount			1,871.
45	Tax on all taxable income. Smaller of lines 43 or 44			1,683.









## 1099-R DETAIL REPORT - 2013

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
DEFENSE FINANCE & AC	11-2990752	T	7		1580	NJ	23919	23919		23919		
HARRIS TRUST	21-7990752	T	7			NJ	13999	13223		13223		
					-----		-----	-----		-----		
					1580		37918	37142		37142		

## W-2G DETAIL REPORT - 2013

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
NEW JERSEY LOTTERY	26-7990752	X	200	1200		2550
			---	----		----
			200	1200		2550



**US 1040**

**Three - Year Tax Summary**

**2013**

Name: BEN A BAYLOR & PAT N HARPER

SSN: 321-02-0752

Gross Income	2011	2012	2013
Wages and salaries .....			
Interest and dividends .....			1,565.
Business income .....			
Sale of assets - gain or loss .....			737.
Pension and IRA distributions .....			37,142.
Rents, royalties, etc .....			
Unemployment and social security .....			11,659.
Other income .....			1,200.
Total gross income .....			52,303.
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			52,303.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			11,232.
Taxes .....			6,169.
Interest .....			2,164.
Contributions .....			1,401.
Miscellaneous deductions .....			
Other itemized deductions .....			1,200.
Total deductions .....			22,166.
<b>Exemptions</b> .....			11,700.
Taxable Income .....	0	0	18,437.
<b>Tax (2013 - 1040, line 44)</b> .....	0	0	1,683.
Alternative minimum tax .....			
Other taxes .....			
<b>Credits and Payments</b>			
Credits .....			
Withholding .....			2,380.
EIC and Additional Child Tax Credit .....			
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			2,380.
Tax liability after credits .....			1,683.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			697.
Federal marginal tax bracket .....	0.0 %	0.0 %	15.0 %
Tax preparation fee .....			
<b>State refund or (balance due)</b>			
1st resident state refund (balance due) .....			NJ 50.
2nd resident state refund (balance due) .....			
1st part-year state refund (balance due) .....			
2nd part-year state refund (balance due) .....			
1st nonresident state refund (balance due) .....			
2nd nonresident state refund (balance due) .....			
3rd nonresident state refund (balance due) .....			
4th nonresident state refund (balance due) .....			
5th nonresident state refund (balance due) .....			

**NOTES FOR 2013:**

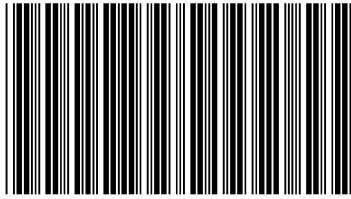
---



---



---



040MP02130

BAYLOR BEN A & HARPER PAT N

321020752

1045

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

FILING STATUS

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

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER 2
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 4
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1

CHECKBOXES FOR EXEMPTIONS

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

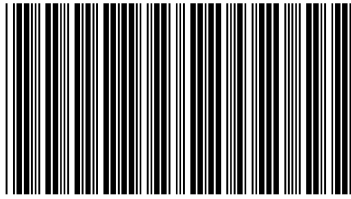
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Row 1: A. CHAMBERS MADISON, 323-02-0752, 1996.

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

Table with 3 columns: Line number, Description, Amount. Lines 14-36. Total income 15525, Total exemptions and deductions 20655, Taxable income 15155.



040MP03130

BAYLOR BEN A & HARPER PAT N

321020752

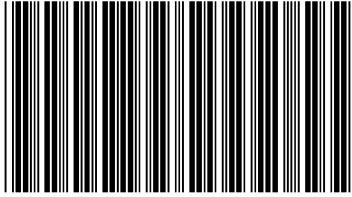
1045

37A	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	3498 .
37B.	FILL IN OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2013	37B.	X
37C.	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.	.
39.	TAX (FROM TAX TABLES, PAGE 52)	39.	.
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.	.
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	.
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) IF NO USE TAX, ENTER ZERO	45.	.
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A	FILL IN IF FORM 2210 IS ENCLOSED	46A.	.
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	.
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	50 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 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.	50 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE <small>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT</small>	56.	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	50 .
58.	YOUR 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.	50 .

**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



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 # \_\_\_\_\_

BAYLOR BEN A & HARPER PAT N DECD

% BEN A BAYLOR

30911 LOST MEADOW

ABSECON HIGHLANDS NJ 08205 0101

1045 12

321020752 322020752

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.

> \_\_\_\_\_ > DECD 06-21-2013  
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 BAYLOR BEN A & HARPER PAT N	Your Social Security Number 321-02-0752
---	--

**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.	BEN A BAYLOR	321-02-0752	
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.

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

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

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

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

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

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

**NJ**

**Dependents Information**

**2013**

**Name:** BEN A BAYLOR & PAT N HARPER

**SSN:** 321-02-0752

First name	MI	Last name	SSN	Birth year
MADISON		CHAMBERS	323-02-0752	1996

Name: BAYLOR BEN A & HARPER PAT N

SSN: 321-02-0752

Is your gross income, combined income if filing jointly, for the entire year before subtracting any pension exclusion more than \$100,000?

If "Yes", do not complete Part I. Enter "0" on line 9 and continue with Part II.

Yes  No

**Part I**

1	Amount from NJ-1040, line 14 or NJ-1040NR, line 14, column A .....	
2	Amount from NJ-1040, line 17 or NJ-1040NR, line 17, column A .....	
3	Amount from NJ-1040, line 20 or NJ-1040NR, line 22, column A .....	
4	Amount from NJ-1040, line 21 or NJ-1040NR, line 23, column A .....	
5	Add lines 1, 2, 3, and 4 .....	
Is the amount on line 5 more than \$3,000?		
<input type="checkbox"/> Yes. Enter "0" on line 9 and continue to Part II.		
<input checked="" type="checkbox"/> No. Continue to line 6.		
6	Enter \$20,000 if married filing a joint return, \$15,000 if single, head of household, or qualifying widow(er), or \$10,000 if married filing a separate return .....	20,000.
7	Amount from NJ-1040, line 19b or NJ-1040NR, line 21a .....	13,223.
8	Subtract line 7 from line 6 .....	6,777.

**Part II**

9	Unclaimed pension exclusion .....	6,777.
10 a	Are you and/or your spouse, if filing jointly, now receiving, or will you and/or your spouse, if filing jointly, ever be eligible to receive social security or railroad retirement benefits?  <input type="checkbox"/> No. Continue to line 10b. <input checked="" type="checkbox"/> Yes. Enter "0" on line 10 and continue to line 11.	
b	Would you and/or your spouse, if filing jointly, be receiving, or ever be eligible to receive social security or railroad retirement benefits if you had participated in either program?  <input type="checkbox"/> No. Enter "0" on line 10 and continue to line 11. <input type="checkbox"/> Yes. Enter on line 10 the amount of exclusion for your filing status shown below and continue to line 11.	
c	\$6,000 for if married filing a joint return, head of household, or qualifying widow(er), or \$3,000 if single or married filing a separate return .....	
11	<b>Other retirement income exclusion</b> .....	6,777.

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

**NEW JERSEY GROSS INCOME TAX**

**2013**

<b>Name(s) as shown on Form NJ-1040</b> BAYLOR BEN A & HARPER PAT N	<b>Your Social Security Number</b> 321-02-0752
--	---

<b>Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION</b>	If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.
--	--

**A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS**

1. Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) .....				1.	
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....				2.	
3. Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____				3.	%
<b>IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.</b>		<b>COLUMN A</b>		<b>COLUMN B</b>	
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040		4.		4.	
5. Property Tax Enter in Box 5a the amount from Worksheet and Deduction F line 1. See instructions page 33.  Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33.	5a.			5.	<b>- 0 -</b>
6. New Jersey Taxable Income (Line 4 minus Line 5)		6.		6.	
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)		7.		7.	
8. Allowable Credit (Line 3 times Line 7)		8.		8.	
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43.  Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 39).</b>	9a.			9.	

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet I on page 43 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

<b>Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.
--	---

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
2. Capital Gains Distributions .....					737.
3. Other Net Gains .....					
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					737.

**NOTE:** For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.