

Vincent T
Shelly T

Parsippany, NJ 07054

January 23, 2017

State of New Jersey
Division of Taxation
Revenue Processing Center – Refunds
PO Box 555
Trenton, NJ 08647-0555

RE: 2016 Tax Return

To Whom It May Concern:

Enclosed please find our 2016 NJ-1040 Form and Form 4852.

PLEASE NOTE

Form 4852 is provided by the Internal Revenue Service to serve as a substitute for Form W-2 if an employer or payer has issued an incorrect Form W-2.

I have not filed any copies of Form(s) W-2 I deem incorrect with our 2016 Form 1040. However, I have filed Form(s) 4852 to replace and/or rebut incorrect Form(s) W-2 I received.

Any requests made by your agency for original Form(s) W-2 already deemed incorrect, in addition to Form(s) 4852 already filed, would render my 2016 Tax Return “frivolous”. Every employer engaged in a trade or business who pays remuneration is required to file information returns (Form W-2 and Form W-3) with the Internal Revenue Service with which your agency shares information. Your agency can use these information returns to accurately calculate any refund due to us.

We expect a full and complete refund of our overpayment shown on our 2016 NJ-1040 Form.

Sincerely,

Vincent T

Shelly T

NJ-1040
2016



STATE OF NEW JERSEY
INCOME TAX-RESIDENT RETURN

For Tax Year Jan.-Dec. 31, 2016. Or Other Tax Year Beginning _____ 2016, Month Ending _____ 2016.

IMPORTANT! YOU MUST ENTER YOUR SSN(s). If application for Federal extension is enclosed or enter confirmation # _____

Your Social Security Number _____
 Last Name, First Name and Initial (Last name first and middle of two - Enter spouse/CO partner last name ONLY if different)
T VINCENT + SHELLY
 Spouse's/CO Partner's Social Security Number _____
 Home Address (number and street, box or rural route) _____
 Change of Address _____
 County/Municipality Code (See Table p. 60) **1429** City, town, Post Office **PARSIPPANY** State **N.J.** Zip Code **07054**

NJ 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 _____

(Fill in only one)

1. <input type="checkbox"/> Single	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CO Partner <input type="checkbox"/> Domestic Partner	ENTER NUMBERS HERE
2. <input checked="" type="checkbox"/> Married/CO Couple, filing joint return	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CO Partner	
3. <input type="checkbox"/> Married/CO Partner, filing separate return. Enter Spouse's/CO Partner's Social Security Number in the boxes above.	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CO Partner	2
4. <input type="checkbox"/> Head of household	9. Number of your qualified dependent children	
5. <input type="checkbox"/> Qualifying widow/er or Surviving CO Partner	10. Number of other dependents	1
	11. Dependents attending colleges (See instr. page 16)	
	12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)	3 2

DEPENDENTS

13. Dependent's Last Name, First Name, Middle Initial _____
 Dependent's Social Security Number _____
 Birth Year _____

a **T**
 b **T**
 c _____
 d _____

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse/CO partner wish to designate \$1? Yes No

If enclosing copy of death certificate for deceased taxpayer, fill in _____ if you do not need forms mailed to you next year, fill in _____
(See instruction page 17) (See instruction page 17)

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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature _____ Date **1/23/17**
 Spouse's/CO Partner's Signature (if filing jointly, BOTH must sign) _____ Date **1/23/17**

Driver's License Number _____
 I authorize the Division of Taxation to discuss my return and enclosures with my preparer (the below):
 Preparer's Signature (Required for NJ-1040-C filers) _____
 Preparer's Name _____
 Preparer's Employer Identification Number _____

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 - TCI
 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.





T. VINCENT & SHELLY

14. Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s). See instructions	14	0.00
15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)	15a	185.00
15b. Tax-exempt interest income (See instructions) (Enclose Schedule) DO NOT include on Line 15a 15b		
16. Dividends	16	
17. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19a. Pensions, Annuities, and IRA Withdrawals (See instruction page 21)	19a	
19b. Excludable Pensions, Annuities, and IRA Withdrawals .. 19b		
20. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (See instruction page 24) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) ..	20	
21. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (See instruction page 25) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) ..	21	
22. Net gains or income from rents, royalties, patents & copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	22	
23. Net Gambling Winnings (See instruction page 25)	23	
24. Alimony and separate maintenance payments received	24	
25. Other (Enclose Schedule) (See instruction page 25)	25	
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)	26	185.00
27a. Pension Exclusion (See instruction page 26)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and instr. page 26) ...	27b	
27c. Total Exclusion Amount (Add Line 27a and Line 27b)	27c	
28. New Jersey Gross Income (Subtract Line 27c from Line 26)	28	185.00
29. Total Exemption Amount (See instruction page 28 to calculate amount)	29	6000.00
30. Medical Expenses	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	34	
35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)	35	6000.00
36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.	36	
37a. Total Property Taxes (18% of Rent) Paid (See instruction page 29) 37a		10640.00
37b. Block Lot 4 Qualifier		
37c. County/Municipality Code 1429 Fill in oval if you completed Worksheet G-1 (See instruction page 33)		
38. Property Tax Deduction (From Worksheet G. See instruction page 33).....	38	
39. New Jersey Taxable Income (Subtract Line 38 from Line 36) If zero or less, MAKE NO ENTRY.....	39	



Your Social Security number

Refund is shown on Form NJ-1040

VINCENT + SHELLY

40. TAX (From Tax Table, page 52)	40				0.00
41. Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	41				
42. Balance of Tax (Subtract Line 41 from Line 40)	42				0.00
43. Sheltered Workshop Tax Credit	43				
44. Balance of Tax after Credit (Subtract Line 43 from Line 42)	44				0.00
45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00).	45				0.00
46. Penalty for Underpayment of Estimated Tax	46				
47. Total Tax and Penalty (Add Lines 44, 45, and 46)	47				0.00
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48			4	620.00
49. Property Tax Credit (See instruction page 29)	49				
50. New Jersey Estimated Tax Payments/Credit from 2015 tax return	50				
51. New Jersey Earned Income Tax Credit (See instruction page 38)	51				
Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed. only one Fill in oval if you had the IRS figure your Federal Earned Income Credit Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit					
52. EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450)	52				
53. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38)	53				
54. EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450)	54				
55. Total Payments/Credits (Add Lines 48 through 54)	55			4	620.00
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE	56				
Fill in <input type="checkbox"/> if paying by e-check or credit card. If you owe tax, you may elect to pay by e-check or credit card on lines 56, 57, 58, 59, 60, 61, 62, 63, and 64 and add up this as your payment amount.					
57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT	57			4	620.00
Deductions from Overpayment on Line 57 which you elect to credit to:					
58. Your 2017 tax	58				
59. N.J. Endangered Wildlife Fund	59	\$10	\$20	Other	
60. N.J. Children's Trust Fund To Prevent Child Abuse	60	\$10	\$20	Other	
61. N.J. Vietnam Veterans' Memorial Fund	61	\$10	\$20	Other	
62. N.J. Breast Cancer Research Fund	62	\$10	\$20	Other	
63. U.S.S. New Jersey Educational Museum Fund ...	63	\$10	\$20	Other	
64. Other Designated Contribution	64	\$10	\$20	Other	
(See instruction page 39)					
65. Total Deductions from Overpayment (Add Lines 58 through 64)	65				0.00
66. REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)	66			4	620.00

SIGN YOUR RETURN ON PAGE 1

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return
Vincent T

2 Your social security number

3 Address
, Parsippany NJ 07054

4 Enter year in space provided and check one box. For the tax year ending December 31, **2016**,
I have been unable to obtain (or have received an incorrect) Form W-2 **OR** Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code

6 Employer's or payer's identification number (if known)

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.	
a Wages, tips, and other compensation	f State income tax withheld 4620
b Social security wages	(Name of state) NJ
c Medicare wages and tips	g Local income tax withheld
d Social security tips	(Name of locality)
e Federal income tax withheld 7829	h Social security tax withheld 7347
	i Medicare tax withheld 1850

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	f Federal income tax withheld
b Taxable amount	g State income tax withheld
c Taxable amount not determined <input type="checkbox"/>	h Local income tax withheld
d Total distribution <input type="checkbox"/>	i Employee contributions
e Capital gain (included in line 8b)	j Distribution codes

9 How did you determine the amounts on lines 7 and 8 above?

Line 7 (a), (b) and (c) were corrected as I did not receive any "wages" as defined in Section 3401 (a) and Section 3121 (a). Line 7 (e), (f), (h) and (i) were derived from the W-2 sent to me.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at www.irs.gov/form4852. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note. Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit www.ssa.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

STATE OF NEW JERSEY
 Division of Taxation
 STATEMENT OF ACCOUNT

State of NJ
 Division of Taxation
 PO Box 046
 Trenton, NJ 08646-0046

March 4, 2017

IF YOU NEED HELP CALL THE
 DIVISION'S CALL CENTER
 609-943-5000

2016 NJ GROSS INCOME TAX ADJUSTMENT
 T VINCENT & SHELLY

DUE DATE: 04-18-17
 FILING STATUS: MARRIED-JOINT
 PERIOD: From 01/16 To 12/16

DLN: 03608067702

THIS IS A CURRENT STATEMENT OF YOUR ACCOUNT FOR THE RETURN PERIOD INDICATED. IT IS BASED ON THE RETURN FILED BY YOU AND REFLECTS ANY ADJUSTMENTS MADE BY THE DIVISION OF TAXATION. THIS IS NOT A BILL.

TOTAL EXEMPTIONS: 5
 Regular 2 Age 65 0 Blind/Disabled 0
 Children 2 Other 0 College 1

Wages	0.00	TAX	0.00
Interest	185.00		0.00
Dividends	0.00	Less: Credit for Other Jurisdictions	0.00
Pensions, Annuities and IRA Withdrawals	0.00	Sheltered Workshop Tax Credit	0.00
TOTAL INCOME	185.00	Balance of Tax	0.00
Pension Exclusion	0.00	Use Tax	0.00
Retirement Exclusion	0.00	TOTAL TAX	0.00
Total Exclusion Amount	0.00	NJ Income Tax Withholding	0.00
NEW JERSEY GROSS INCOME	185.00	TOTAL PAYMENTS AND CREDITS	0.00
Exemptions 3 X \$1000 2 X \$1500	6,000.00	Amount of Overpayment	0.00
Med Ex/Qual Contri/HEZ/Alt Adj	0.00		
Alimony/Separate Maintenance	0.00		
Total Exemptions/Deductions	6,000.00		
NEW JERSEY TAXABLE INCOME	0.00		
TAX	0.00		

TOTAL REFUND

0.00

PLEASE READ THE FOLLOWING MESSAGES REGARDING YOUR NOTICE
 -REQUESTED REFUND DENIED PER ABOVE CALCULATIONS.

-YOUR CREDIT FOR NJ INCOME TAX WITHHOLDINGS WAS ADJUSTED PER THE W2(S) SUBMITTED BY YOUR EMPLOYER(S). NOTE: IF YOU INCLUDED FAMILY LEAVE INSURANCE (FLI) CONTRIBUTIONS ON THE NJ INCOME TAX WITHHELD LINE THE AMOUNTS WERE REMOVED. THESE INSURANCE CONTRIBUTIONS ARE NOT PART OF THE NJ INCOME TAXES WITHHELD FROM YOUR WAGES.

Vincent T
Shelly T

Parsippany, NJ 07054

March 18, 2017

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 664
Trenton, NJ 08646-0664

To Whom It May Concern:

Enclosed please find our 2016 NJ-1040X with one supporting document for processing.

Thank you.

Sincerely,

Vincent T

Shelly T.

Via Certified Mail: 7016 1370 0002 3861 5420

NJ-1040X
2016

STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN

7x

For Tax Year Jan.- Dec. 31, 2016, Or Other Tax Year Beginning _____, 2016, Ending _____, 20_____

↓ You must enter your Social Security Number below ↓

TAXPAYER IDENTIFICATION AND STATUS	Your Social Security Number		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different)				
			T Vincent and Shelly				
	Spouse's/CU Partner's Social Security Number		Home address (Number and Street, incl. apt. # or rural route)			Change of Address <input type="checkbox"/>	
	County/Municipality Code		City, Town, Post Office		State	Zip Code	
1 4 2 9		Parsippany		NJ	07054		
NJ 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 _____ <small>MONTH DAY YEAR MONTH DAY YEAR</small>							
FILING STATUS		EXEMPTIONS			As Originally Reported	Amended	
ON ORIGINAL RETURN	ON AMENDED RETURN						
1. <input type="checkbox"/>	<input type="checkbox"/> Single	6. Regular	<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse/CU Partner	<input type="checkbox"/> Domestic Partner	6. 2	2
2. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Married/CU Couple, filing joint return	7. Age 65 or Over	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse/CU Partner		7.	
3. <input type="checkbox"/>	<input type="checkbox"/> Married/CU Partner, filing separate return	8. Blind or Disabled	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse/CU Partner		8.	
4. <input type="checkbox"/>	<input type="checkbox"/> Head of household	9. Number of your qualified dependent children				9. 2	2
5. <input type="checkbox"/>	<input type="checkbox"/> Qualifying widower/ Surviving CU Partner	10. Number of other dependents				10.	
		11. Dependents attending colleges (See instr. NJ-1040)				11. 1	1
		12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)				12a. 3	3
		(For Line 12b - Add Line 9 and Line 10)				12b. 2	2
DEPENDENT INFORMATION	13. Dependent's Last Name, First Name, Middle Initial		Dependent's Social Security Number	Birth Year	Check box if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other (See instructions)		
	a T				<input type="checkbox"/>		
	b T				<input type="checkbox"/>		
	c				<input type="checkbox"/>		
d				<input type="checkbox"/>			
GUBERNATORIAL ELECTIONS FUND Checking below will not increase your tax or reduce your refund. Check here → <input type="checkbox"/> If you did not previously want to have \$1 go to the fund but now want it to do so. Check here → <input type="checkbox"/> If joint return and if spouse/CU partner did not previously want to have \$1 go to the fund but now wants it to do so.							
Under the penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.							
Your signature		3/18/17 Date	Spouse's/CU Partner's signature (If filing jointly, BOTH must sign.)			Pay amount on Line 59 in full. Write Social Security Number(s) on check or money order and make payable to: STATE OF NEW JERSEY-TGI	
If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040):							
Driver's License Number							
(Voluntary. See instructions NJ-1040.)							
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>							
Paid Preparer's Signature			Federal Identification Number				
Firm's Name			Federal Employer Identification Number				
Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____							
						You may also pay by e-check or credit card.	
SIGN HERE							

		BOTH COLUMNS MUST BE FULLY COMPLETED			
		As Originally Reported		Amended (See Instructions)	
14.	Wages, salaries, tips, and other employee compensation	14.	0 00		0 00
15a.	Taxable Interest Income	15a.	185 00		185 00
15b.	Tax-exempt interest income. DO NOT include on Line 15a	15b.			
16.	Dividends	16.			
17.	Net profits from business	17.			
18.	Net gains or income from disposition of property	18.			
19a.	Pensions, Annuities, and IRA Withdrawals	19a.			
19b.	Excludable Pensions, Annuities, and IRA Withdrawals	19b.			
20.	Distributive Share of Partnership Income	20.			
21.	Net pro rata share of S Corporation Income	21.			
22.	Net gains or income from rents, royalties, patents & copyrights	22.			
23.	Net Gambling Winnings	23.			
24.	Alimony and separate maintenance payments received	24.			
25.	Other	25.			
26.	Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)	26.	185 00		185 00
27a.	Pension Exclusion	27a.			
27b.	Other Retirement Income Exclusion	27b.			
27c.	Total Exclusion Amount (Add Lines 27a and 27b)	27c.			
28.	New Jersey Gross Income (Subtract Line 27c from Line 26)	28.	185 00		185 00
29.	Exemptions (See instructions)	29.	6,000 00		6,000 00
30.	Medical Expenses (See instructions NJ-1040)	30.			
31.	Alimony and separate maintenance payments	31.			
32.	Qualified Conservation Contribution	32.			
33.	Health Enterprise Zone Deduction	33.			
34.	Alternative Business Calculation Adjustment (See instructions NJ-1040)	34.			
35.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34)	35.	6,000 00		6,000 00
36.	Taxable Income (Subtract Line 35 from Line 28)	36.			
37a.	Total Property Taxes (18% of Rent) Paid (See instructions NJ-1040)	37a.	10,640 00	10,640 00	
37b.	Block <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Qualifier <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
37c.	County/Municipality Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Check box if you completed Worksheet G-1 <input type="checkbox"/> (See instructions NJ-1040)				
38.	Property Tax Deduction (See instructions NJ-1040)	38.			
39.	NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36)	39.			
40.	TAX (See instructions)	40.	0 00		0 00
41.	Credit For Income Taxes Paid To Other Jurisdictions	41.			
Enter other jurisdiction code (See instructions NJ-1040) <input type="text"/> <input type="text"/>					

Name(s) and Social Security Number
T Vincent and Shelly

	BOTH COLUMNS MUST BE FULLY COMPLETED			
	As Originally Reported		Amended (See Instructions)	
42. Balance of Tax (Subtract Line 41 from Line 40)	42.	0 00		0 00
43. Sheltered Workshop Tax Credit (See instructions NJ-1040)	43.			
44. Balance of Tax After Credit (Subtract Line 43 from Line 42)	44.	0 00		0 00
45. Use Tax Due on Out-of-State Purchases (See instructions NJ-1040)	45.	0 00		0 00
46. Penalty for Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form 2210 is enclosed. <input type="checkbox"/>	46.			
47. Total Tax and Penalty (Add Lines 44, 45, and 46)	47.	0 00		0 00
48. Total New Jersey Income Tax Withheld	48.	4,620 00		4,620 00
49. Property Tax Credit (See instructions NJ-1040)	49.			50 00
50. New Jersey Estimated Tax Payments/Credit from 2015 tax return	50.			
51. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	51.			
52. EXCESS New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	52.			
53. EXCESS New Jersey Disability Insurance Withheld (See instructions NJ-1040)	53.			
54. EXCESS New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	54.			
55. Amount Paid with original return, assessments, and/or with request for extension to file	55.			
56. Total payments/credits (Add Lines 48 through 55)	56.	4,620 00		4,670 00
57. Refund previously issued from Original Return	57.	0 00		0 00
58. Net Payments (Subtract Line 57 from Line 56)	58.	4,620 00		4,670 00
59. If payments (Line 58) are LESS THAN tax (Line 47), enter AMOUNT OF TAX YOU OWE	59.			
60. If payments (Line 58) are MORE THAN tax (Line 47), enter OVERPAYMENT	60.			4,670 00
61. Amount of Line 60 to be (A) REFUNDED	61A.			4,670 00
(B) CREDITED to your 2017 tax	61B.			

Enter name, Social Security Number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security Numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

Same

Explanation of Changes to Income, Deductions, and Credits: Enter the line reference for which you are reporting a change and give the reason for each change.

Line 49 - as per Worksheet G for property tax credit which was inadvertently left out from our NJ-1040.
 See attached W-2 representation which was inadvertently left out from our NJ-1040 (regarding line 14 and 48).

If amending Line 41, complete calculations below:

(Income from Other Jurisdictions) _____ X _____ = _____
 (Income from New Jersey sources) _____ (New Jersey Tax Line 40)

d Control number 0408-K870 0000012071-00GP05		e Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0048	
b Employer's identification number		a Employee's social security number		1 Wages, tips, other compensation 0.00	2 Federal income tax withheld 7829.46
13 Statutory employee	14 Retirement plan	15 Third-party sick pay		3 Social Security wages 0.00	4 Social Security tax withheld 7346.99
12 See instructions for Box 12 C 624.36 U/HC/WD 138.56 W 999.96 DI 65.20 D 6767.55 DI PP# 112-537-0 DD 20133.84		14 Other		5 Medicare wages and tips 0.00	6 Medicare tax withheld 1849.87
16 State wages, tips, etc.		17 State income tax		7 Social Security tips	8 Allowable tips
NJ 112-537-074000		0.00		9 Dependent care benefits	10 Nonqualified plans
NJ FLI		4620.07 26.08		Verification Code	
18 State income tax		19 Local income tax		20 Locality name	
0.00		4620.07 26.08			

NOTICE

This statement includes a representation of a form W-2. The representation is not intended to represent a corrected W-2 filed by the party identified therein as the "PAYER". The correcting W-2 form is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which erroneously alleged a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or income" made in the course of a "trade or business".

Neither the "PAYER" nor the "RECIPIENT" engaged in any transactions with each other that were made in the course of a "trade or business" as those terms are defined by the Code.

This correcting W-2 form ends any such presumption. Note however that the deducted amounts were correct.

STATEMENT

No payments were received by the party identified in the form above as "RECIPIENT" from the party identified therein as the "PAYER" which were connected with the performance of the functions of a "PUBLIC OFFICE" or otherwise constituted "gains, profit, or income" within the meaning of relevant law. Deducted amounts however are correct.

Under penalty of perjury, I declare that these statements are true and complete.

Vincent T

3/18/17
Date

STATE OF NEW JERSEY
 Division of Taxation
 STATEMENT OF ACCOUNT

IF YOU NEED HELP CALL THE
 DIVISION'S CALL CENTER
 609-943-5000

2016 NJ GROSS INCOME TAX AMENDED RES RTN
 T VINCENT & SHELLY

DUE DATE: 04-18-17
 FILING STATUS: MARRIED-JOINT
 PERIOD: From 01/16 To 12/16

DLN: 03182318062

THIS IS A CURRENT STATEMENT OF YOUR ACCOUNT FOR THE RETURN PERIOD INDICATED. IT IS BASED ON THE RETURN FILED BY YOU AND REFLECTS ANY ADJUSTMENTS MADE BY THE DIVISION OF TAXATION. THIS IS NOT A BILL.

TOTAL EXEMPTIONS: 5
 Regular 2 Age 65 0 Blind/Disabled 0
 Children 2 Other 0 College 1

Wages	0.00				
Interest	185.00	TAX			0.00
Dividends	0.00	Less: Credit for Other Jurisdictions			0.00
Pensions, Annuities and IRA Withdrawals	0.00	Sheltered Workshop Tax Credit			0.00
TOTAL INCOME	185.00	Balance of Tax			0.00
Pension Exclusion	0.00	Use Tax			0.00
Retirement Exclusion	0.00	TOTAL TAX			0.00
Total Exclusion Amount	0.00	NJ Income Tax Withholding			0.00
NEW JERSEY GROSS INCOME	185.00	TOTAL PAYMENTS AND CREDITS			0.00
Exemptions 3 X \$1000 2 X \$1500	6,000.00	Amount of Overpayment			0.00
Med Ex/Qual Contri/H.E./A/R Adj	0.00				
Alimony/Separate Maintenance	0.00				
Total Exemptions/Deductions	6,000.00				
NEW JERSEY TAXABLE INCOME	0.00				
TAX	0.00				

TOTAL REFUND 0.00

PLEASE READ THE FOLLOWING MESSAGES REGARDING YOUR NOTICE
 -REQUESTED REFUND DENIED PER ABOVE CALCULATIONS.

-YOUR CREDIT FOR NJ INCOME TAX WITHHOLDINGS WAS ADJUSTED PER THE W2(S) SUBMITTED BY YOUR EMPLOYER(S). NOTE: IF YOU INCLUDED FAMILY LEAVE INSURANCE (FLI) CONTRIBUTIONS ON THE NJ INCOME TAX WITHHELD LINE THE AMOUNTS WERE REMOVED. THESE INSURANCE CONTRIBUTIONS ARE NOT PART OF THE NJ INCOME TAXES WITHHELD FROM YOUR WAGES.

Vincent T
Shelly T

Parsippany, NJ 07054

June 12, 2017

State of New Jersey
Division of Taxation
PO Box 046
Trenton, NJ 08647-0046

RE: 2016 Tax Return - Refund Denied - Statement of Account dated May 25, 2017

To Whom It May Concern:

Thank you for your correspondence dated May 25, 2017 (copy enclosed for your reference). I'm surprised to see that you have denied my refund based on "*your credit for NJ income tax withholdings was adjusted per the W2(s) submitted by your employer(s).*" The account statement that you sent me lists my NJ income tax withholding as \$0.00, but the W2 I received from my employer lists my withholding as \$4,670.00. Kindly check again the W2 submitted by my employer Inc. to you and update your records accordingly.

I expect a full and complete refund of my overpayment shown on my 2016 NJ-1040X Form. If this is not forthcoming, please respond so that I may apply to the Director of the Division of Taxation for a hearing.

I declare, under the penalty of perjury, that I have examined these statements, and to the best of my knowledge and belief, they are true and correct.

Sincerely,

Vincent T

Shelly T

Enclosures: Statement of Account dated May 25, 2017

Via Certified Mail: 7016 1370 0001 1028 0845

Vincent T
Shelly T

Parsippany, NJ 07054

July 25, 2017

State of New Jersey
Division of Taxation
PO Box 046
Trenton, NJ 08647-0046

RE: 2nd NOTICE - 2016 Tax Return - Refund Denied - Statement of Account dated May 25, 2017

To Whom It May Concern:

Thank you for your correspondence dated May 25, 2017 (copy enclosed for your reference). Attached please find my response to that correspondence dated June 12, 2017 sent via certified mail 7016 1370 0001 1028 0845 and delivered on June 19, 2017. To date I have not received a reply and have therefore prepared this 2nd Notice.


To recap: The account statement that you sent me lists my NJ income tax withholding as \$0.00, but the W2 I received from my employer lists my withholding as \$4,670.00. Kindly check again the W2 submitted by my employer Inc. to you and update your records accordingly.

I expect a full and complete refund of my overpayment shown on my 2016 NJ-1040X Form. **If this is not forthcoming, please respond so that I may apply to the Director of the Division of Taxation for a hearing.**

I declare, under the penalty of perjury, that I have examined these statements, and to the best of my knowledge and belief, they are true and correct.

Sincerely,

Vincent T


Shelly T

Enclosures: Statement of Account dated May 25, 2017
Letter dated June 12, 2017

Via Certified Mail: 7016 1370 0001 8570 6370

Vincent T
Shelly T

Parsippany, NJ 07054

August 30, 2017

State of New Jersey
Division of Taxation
PO Box 046
Trenton, NJ 08647-0046

RE: **3rd NOTICE** - 2016 Tax Return - Refund Denied - Statement of Account dated May 25, 2017

To Whom It May Concern:

Thank you for your correspondence dated May 25, 2017 (copy enclosed for your reference). Attached please find my response to that correspondence dated June 12, 2017 sent via certified mail 7016 1370 0001 1028 0845 and delivered on June 19, 2017. As I did not receive a response, I prepared a 2nd notice dated July 25, 2017 (copy enclosed for your reference) sent via certified mail 7016 1370 0001 8570 6370 and delivered on July 29, 2017. To date I have not received a reply to my previous two letters and have therefore prepared this 3rd Notice.

To recap: The account statement that you sent me lists my NJ income tax withholding as \$0.00, but the W2 I received from my employer lists my withholding as \$4,620.00. On August 29, 2017, I called your customer service center at 609-292-6400 and spoke with Mr. Ameer. **He was able to confirm that my NJ withholding for 2016 as \$4,620.** He also suggested I mail in further proof. Accordingly, please find enclosed a copy of my pay stub. Kindly update my statement of account accordingly.

I expect a full and complete refund of my overpayment shown on my 2016 NJ-1040X Form.

I declare, under the penalty of perjury, that I have examined these statements, and to the best of my knowledge and belief, they are true and correct.

Sincerely,

Vincent T

Shelly T

Enclosures: Pay Stub December 30, 2016
Statement of Account dated May 25, 2017
Letters dated June 12, 2017 and July 25, 2017

Via Certified Mail: 7016 1370 0001 8570 6394

PERSONAL AND CHECK INFORMATION

VINCENT T

PARSIPPANY, NJ 07054

Soc Sec #: XXX-XX-XXXX Employee ID: 12071

Hire Date: 08/19/13

Status: FT

Filing Status:

Federal: Married, 13

State: NJ, Married, 0

Br/Dept: GP:05/00GP05

Pay Period: 12/10/16 to 12/23/16

Check Date: 12/30/16 Check #: Direct Deposit

TIME OFF (Based On Policy Year)

DESCRIPTION	UNITS
PERSONAL - Available	-0.01 HOURS
SICK/VACA - Available	24.86 HOURS

NET PAY ALLOCATIONS**EARNINGS**

DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
-------------	---------------	------	--------------	-------------------	----------

DEDUCTIONS

DESCRIPTION	CURRENT (\$)	YTD (\$)
-------------	--------------	----------

WITHHOLDINGS

DESCRIPTION	CURRENT (\$)	YTD (\$)
-------------	--------------	----------

FEDERAL W/H	185.68	7819.84
OASDI		7346.99
MEDICARE	67.74	1849.31
STATE W/H NJ	135.35	4620.07
STATE SDI NJ		65.20
STATE SUI NJ		124.70
NJ EE WORKFORCE DEV		13.86
NJ EMPLOYEE FLI		26.08
TOTAL	388.77	21866.05

NET PAY

CURRENT (\$)

YTD (\$)

Payrolls by Paychex, Inc.

NJ SUI ID 112-537-074/000 ■

■ NJ SWH ID 112-537-074/000 ■