

Vincent T
Shelly T

Parsippany, NJ 07054

February 4, 2017

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 664
Trenton, NJ 08647-0664

RE: 2014 Tax Return

To Whom It May Concern:

Enclosed please find our 2014 NJ-1040X Form, a Notice/Statement, and a Form 4852.

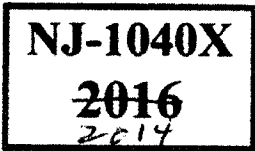
We expect a full and complete refund of our overpayment shown on our 2014 NJ-1040X Form.

Sincerely,

Vincent T

Shelly T

Certified Mail: 7014 2120 0002 8567 1772



**STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN**

7x

For Tax Year Jan. - Dec. 31, 2016, Or Other Tax Year Beginning Jan. 2017, 2016, Ending Dec. 31, 20 14

↓ 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 _____						
MONTH DAY YEAR MONTH DAY YEAR						
FILING STATUS			EXEMPTIONS		As Originally Reported	Amended
ON ORIGINAL RETURN	ON AMENDED RETURN		6. Regular <input checked="" type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	6.	2	2
1. <input type="checkbox"/> Single			7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	7.		
2. <input checked="" type="checkbox"/> Married/CU Couple, filing joint return			8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	8.		
3. <input type="checkbox"/> Married/CU Partner, filing separate return			9. Number of your qualified dependent children	9.	2	2
4. <input type="checkbox"/> Head of household			10. Number of other dependents	10.		
5. <input type="checkbox"/> Qualifying widow(er)/Surviving CU Partner			11. Dependents attending colleges (See instr. NJ-1040)	11.		
			12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)	12a.	2	2
			(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.						
SIGN HERE	Your signature <u>[Signature]</u> Date <u>02/04/17</u>		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) <input type="checkbox"/>					
	Driver's License Number _____ (Voluntary. See instructions NJ-1040.)				Mail your return to: Division of Taxation Revenue Processing Center PO Box 664 Trenton, NJ 08646-0664	
	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 _____				You may also pay by e-check or credit card.		
Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____						

		BOTH COLUMNS MUST BE FULLY COMPLETED			
		As Originally Reported		Amended (See Instructions)	
14.	Wages, salaries, tips, and other employee compensation	14.	115,458		0
15a.	Taxable Interest Income	15a.			
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.	943		943
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.	5		5
26.	Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)	26.	116,406		948
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.	116,406		948
29.	Exemptions (See instructions)	29.	5,000		5,000
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.	5,000		5,000
36.	Taxable Income (Subtract Line 35 from Line 28)	36.	111,406		0
37a.	Total Property Taxes (18% of Rent) Paid (See instructions NJ-1040)	37a.	10,222	10,222	
37b.	Block <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Lot <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Qualifier <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>				
37c.	County/Municipality Code <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="checkbox"/> Check box if you completed Worksheet G-1 (See instructions NJ-1040)				
38.	Property Tax Deduction (See instructions NJ-1040)	38.	10,000		
39.	NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36)	39.	101,406		0
40.	TAX (See instructions)	40.	2,828		0
41.	Credit For Income Taxes Paid To Other Junsdictions	41.			
Enter other jurisdiction code (See instructions NJ-1040) <input type="text" value=""/> <input type="text" value=""/>					

Name(s) and Social Security Number
T

	BOTH COLUMNS MUST BE FULLY COMPLETED			
	As Originally Reported		Amended (See Instructions)	
42. Balance of Tax (Subtract Line 41 from Line 40)	42.	2,828		0
43. Sheltered Workshop Tax Credit (See instructions NJ-1040)	43.			
44. Balance of Tax After Credit (Subtract Line 43 from Line 42)	44.	2,828		0
45. Use Tax Due on Out-of-State Purchases (See instructions NJ-1040)	45.			
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.	2,828		0
48. Total New Jersey Income Tax Withheld	48.	3,885		3,885
49. Property Tax Credit (See instructions NJ-1040)	49.			50
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.	0		0
56. Total payments/credits (Add Lines 48 through 55)	56.	3,885		3,935
57. Refund previously issued from Original Return	57.	1,057		1,057
58. Net Payments (Subtract Line 57 from Line 56)	58.	2,828		2,878
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.			2,878
61. Amount of Line 60 to be (A) REFUNDED	61A.			2,878
(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 14 - for explanation see attached Notice/Statement and Form 4852.
For all other lines with changes - changes are computational in nature.

If amending Line 41, complete calculations below:
 (Income from Other Jurisdictions) _____ X _____ = _____
 (Income from New Jersey sources) _____ (New Jersey Tax Line 40)

a Control number 0408-K870		b Employer's identification number 0000012071-00GPOS		c Employer's name, address, and ZIP code BABYLON NY 11702		Department of the Treasury - Internal Revenue Service OMB No. 1545-0047	
11- 11- 11-		12 State codes for Box 12 C 309.12 DD 1589.32 D 6060.37		13 Statutory Employee 14 Retirement plan X 15 Other ULTRAW/D DI DI PPA 112-537-0		1 Federal income tax withheld 9503.82	
				e Employer's name, address, and ZIP code VINCENT T PARSIPPANY NJ 07054		2 Social Security wages 0.00	
						3 Social Security tax 0.00	
						4 Medicare wages and tips 0.00	
						5 Medicare tax withheld 1680.10	
						6 Allocated tips	
						7 Social Security tax	
						8 Dependent care benefits	
						9 Unemployment taxes	
10 State NJ 112- NJ FLI		16 State wages, tips, etc. 0.00		17 State income tax 3884.59 31.50		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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 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 Tempelman

Date

02/04/2017

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.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ 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
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3 Address
Parsippany, NJ 07054

4 Enter year in space provided and check one box. For the tax year ending December 31, 2014,
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 Babylon NY 11702	6 Employer's or payer's identification number (if known) 11-
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation <u>0</u>	f State income tax withheld <u>3885</u>
b Social security wages <u>0</u>	(Name of state) <u>NJ</u>
c Medicare wages and tips <u>0</u>	g Local income tax withheld <u>0</u>
d Social security tips <u>0</u>	(Name of locality) _____
e Federal income tax withheld <u>9504</u>	h Social security tax withheld <u>7184</u>
	i Medicare tax withheld <u>1680</u>

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 _____	i Employee contributions _____
e Capital gain (included in line 8b) <input type="checkbox"/>	j Distribution codes _____

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

Payer's statement
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