

Vincent T
Shelly T

Parsippany, NJ 07054

April 17, 2016

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

RE: 2015 Tax Return

To Whom It May Concern:

Enclosed please find our 2015 NJ-1040 Form and Form 4852 (total of two).

P L E A S E N O T E

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 2015 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 2015 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 2015 NJ-1040 Form.

Sincerely,

Vincent T

Shelly T



State of
New Jersey
Division of Taxation

2015 NJ-1040
Income Tax Resident Form



040CF01150

For tax year Jan. - Dec., **2015**
or other tax year beginning:

Month /
Year ending:

Check box if application for Federal
extension is enclosed or enter confirmation #

IMPORTANT!
YOU MUST ENTER YOUR SSN(s).
Your Social Security Number

Last Name, First Name, Initial (Joint filers enter first name & initial of each - Enter spouse/CU partner last name ONLY if different)

T Vincent & Shelly

Home address (Number and Street, including apartment number or rural route)

Spouse's/CU Partner's SS No.

City, Town, Post Office

State Zip Code + 4

Parsippany

NJ 0 7 0 5 4

County/Municipality 1 4 2 9
Code (See Table p. 51)

Change of Address

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:

For Privacy Act Notification. See Instructions	FILING STATUS	Select only one		EXEMPTIONS	6. Regular	<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse/CU Partner	Domestic Partner	2	ENTER NUMBERS HERE	
		1. Single	7. Age 65 or Over		Yourself	Spouse/CU Partner	7				
		2. <input checked="" type="checkbox"/> Married/CU couple, filing joint return	8. Blind or Disabled		Yourself	Spouse/CU Partner	8				
		3. Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's SS No. in the boxes above	9. Number of your qualified dependent children				9	2			
		4. Head of Household	10. Number of other dependents				10				
		5. Qualifying widow(er)/ Surviving CU Partner	11. Dependents attending colleges (See instr. page 15)				11				
			12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)				12a	2	12b		2
			(For Line 12b - Add Lines 9 and 10)								

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? Yes No **Note:** If you check Yes, it will not increase your tax or reduce your refund.

If joint return, does your spouse/CU partner wish to designate \$1? Yes No

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

If you do not need forms mailed to you next year, check box (See instruction page 13)

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	Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)	Date
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)			
Paid Preparer's Signature	(Check box <input type="checkbox"/> if NJ-1040-O is enclosed)	Federal ID Number	
Firm's Name		Federal Employer ID No.	

Pay amount on Line 56 in full. Write SS number(s) on check or money order and make payable to:
STATE OF NEW JERSEY - TGI
Mail your check or money order with your NJ-1040V payment voucher and your return to:
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111
IF REFUND:
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555
You may also pay by e-check or credit card. See instruction page 10.



State of
New Jersey
Division of Taxation

2015 NJ-1040
Income Tax Resident Form



040CF02150

Your Social Security Number Name(s) as shown on Form NJ-1040

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	
15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)	15a	
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 20)	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 24) (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 24)	23	
24. Alimony and separate maintenance payments received	24	
25. Other (Enclose Schedule) (See instruction page 24)	25	
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25)	26	
27a. Pension Exclusion (See instruction page 25)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and instruction 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) (See instruction page 27)	28	0.00
29. Total Exemption Amount (See instruction page 27 to calculate amount) (Part-Year Residents see instruction page 6)	29	
30. Medical Expenses (See Worksheet and instruction page 27)	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	0.00
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	7735.00
37b. Block <input type="text"/> Lot <input type="text"/> 4 Qualifier <input type="text"/>		
37c. County/Municipality Code <input type="text"/> 1429 Check box if you completed Worksheet F-1 (See instruction page 32)		
38. Property Tax Deduction (From Worksheet F. See instruction page 32)	38	
39. NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36). If zero or less, MAKE NO ENTRY	39	0.00



State of
New Jersey
Division of Taxation

2015 NJ-1040
Income Tax Resident Form



Your Social Security Number

Name(s) as shown on Form NJ-1040

T Vincent & Shelly

40. TAX (From Tax Table, page 53)		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		
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		
46. Penalty for Underpayment of Estimated Tax Check box if Form NJ-2210 is enclosed	46		
47. Total Tax and Penalty (Add Lines 44, 45, and 46)	47		
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48	2780.00	
49. Property Tax Credit (See instruction page 32)	49	50.00	
50. New Jersey Estimated Tax Payments/Credit from 2014 tax return	50		
51. New Jersey Earned Income Tax Credit (See instruction page 38)	51		
Select only one Check box if you had the IRS figure your Federal Earned Income Credit Check box if you are a CU couple claiming the NJ Earned Income Tax Credit			
52. EXCESS New Jersey UI/WF/SWF Withheld (See instruction page 39) (Enclose Form NJ-2450)	52		
53. EXCESS New Jersey Disability Insurance Withheld (See instruction page 39) (Enclose Form NJ-2450)	53		
54. EXCESS New Jersey Family Leave Insurance Withheld (See instruction page 39) (Enclose Form NJ-2450)	54		
55. Total Payments/Credits (Add Lines 48 through 54)	55	2830.00	
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE	56		
Check box if paying by e-check or credit card 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.			
57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT	57		2830.00
Deductions from Overpayment on Line 57 which you elect to credit to:			
58. Your 2016 tax	58		
59. N.J. Endangered Wildlife Fund	\$10	\$20	Other 59
60. N.J. Children's Trust Fund To Prevent Child Abuse	\$10	\$20	Other 60
61. N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other 61
62. N.J. Breast Cancer Research Fund	\$10	\$20	Other 62
63. U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other 63
64. Other Designated Contribution (See instruction page 40)	\$10	\$20	Other 64
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		2830.00

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, 2015,
I have been unable to obtain (or have received an incorrect) Form W-2 **OR** Form 1099-R.
I hereby notify 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)

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>2774</u>
b Social security wages	<u>0</u>	(Name of state) NJ	
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld	<u>4225</u>	h Social security tax withheld	<u>5427</u>
		i Medicare tax withheld	<u>1269</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	<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. W-2 was issued before "wages" error was noted.

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

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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.
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1 Name(s) shown on return Vincent T.	2 Your social security number
--	-------------------------------

3 Address
Parsippany, NJ 07054

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I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
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5 Employer's or payer's name, address, and ZIP code Atlanta, GA 30328	6 Employer's or payer's identification number (if known)
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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>6</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 _____
d Social security tips _____	(Name of locality) _____
e Federal income tax withheld <u>0</u>	h Social security tax withheld <u>23</u>
	i Medicare tax withheld <u>5</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 <input type="checkbox"/>	i Employee contributions _____
e Capital gain (included in line 8b) _____	j Distribution codes _____

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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