

Vincent T
Shelly T

Parsippany, NJ 07054

March 4, 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 2015 NJ-1040X with three supporting documents for processing.

Thank you.

Sincerely,

Vincent T

Shelly T

Via Certified Mail: 7014 2120 0002 8567 1802

STATE OF NEW JERSEY
AMENDED
INCOME TAX RESIDENT RETURN

7x

For Tax Year Jan. - Dec. 31, 2016, Or Other Tax Year Beginning Jan., ~~2016~~, Ending Dec. 31,, 20 15

↓ You must enter your Social Security Number below ↓

| | | | | | | | | |
|---|--|---|--|---|--|----------------|---|---|
| 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"/> | <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"/> | <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"/> | <input type="checkbox"/> Married/CU Partner, filing separate return | 9. Number of your qualified dependent children | | | | 9. | 2 | 2 |
| 4. <input type="checkbox"/> | <input type="checkbox"/> Head of household | 10. Number of other dependents | | | | 10. | | |
| 5. <input type="checkbox"/> | <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 → If you did not previously want to have \$1 go to the fund but now want it to do so.

Check here → 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 | 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 | T | | | |
| | (Voluntary. See instructions NJ-1040.) | | | | |
| | I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) | | | | |
| Paid Preparer's Signature | | Federal Identification Number | | | |
| Firm's Name | | Federal Employer Identification Number | | | |
| Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ | | | | | |

Mail your return to:
Division of Taxation
Revenue Processing Center
PO Box 864
Trenton, NJ 08646-0664

You may also pay by e-check or credit card.

T Vincent and Shelly

BOTH COLUMNS MUST BE FULLY COMPLETED

| | As Originally Reported | | Amended (See Instructions) | |
|---|------------------------|----------|----------------------------|------|
| | | | | |
| 14. Wages, salaries, tips, and other employee compensation | 14. | | | 0 00 |
| 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. | | | |
| 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. | 0 00 | | 0 00 |
| 27a. Pension Exclusion | 27a. | | | |
| 27b. Other Retirement Income Exclusion | 27b. | | | |
| 27c. Total Exclusion Amount (Add Lines 27a and 27b) | 27c. | 0 00 | | 0 00 |
| 28. New Jersey Gross Income (Subtract Line 27c from Line 26) | 28. | 0 00 | | 0 00 |
| 29. Exemptions (See instructions) | 29. | | | |
| 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. | 0 00 | | 0 00 |
| 36. Taxable Income (Subtract Line 35 from Line 28) | 36. | | | |
| 37a. Total Property Taxes (18% of Rent) Paid (See instructions NJ-1040) | 37a. | 7,735 00 | 7,735 00 | |
| 37b. Block <input type="text"/> <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"/> 4 <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"/> <input type="text"/> | | | | |
| 37c. County/Municipality Code <input type="text"/> <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. | 0 00 | | 0 00 |
| 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. | 2,780 | 00 | 2,780 00 |
| 49. Property Tax Credit (See instructions NJ-1040) | 49. | 50 | 00 | 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. | 2,830 | 00 | 2,830 00 |
| 57. Refund previously issued from Original Return | 57. | 890 | 00 | 890 00 |
| 58. Net Payments (Subtract Line 57 from Line 56) | 58. | 1,940 | 00 | 1,940 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. | | | 1,940 00 |
| 61. Amount of Line 60 to be (A) REFUNDED | 61A. | | | 1,940 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 14 - see attached representations of W-2's with Notice/Statement and IRS 2015 Account Transcript regarding "0.00" entry on Line 14.

If amending Line 41, complete calculations below:

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

Form W-2 Wage and Tax Statement 2015 Copy 2, to be filed with employee's tax return for NJ

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| a Control number 0408-K870 | | b Employer's identification number 0000012071-00GP05 | | c Employer's name, address, and ZIP code BABYLON NY 11702 | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0047 | |
| 13 Statutory Employee C | | 14 Retiree X | | 15 Other employee W D DD | | 16 Wages, tips, and other compensation 593.40 | |
| 17 Social Security wages 884.58 | | 18 Medicare wages and tips 4703.54 | | 19 Social Security tax withheld 0.00 | | 20 Medicare tax withheld 1269.19 | |
| 21 State income tax NJ | | 22 Local income tax NJ | | 23 State and local retirement plans FLI | | 24 Total tax withheld 0.00 | |
| 25 Federal income tax withheld 4224.91 | | 26 Social Security tax withheld 5426.85 | | 27 Medicare tax withheld 0.00 | | 28 State and local income tax withheld 0.00 | |
| 29 Dependent care benefits 0.00 | | 30 Nonqualified plan 0.00 | | 31 Verification Code | | 32 Other information VINCENT T PARSIPPANY NJ 07054 | |
| 33 State income tax 2773.85 | | 34 Local income tax 28.80 | | 35 Local wages, tips, etc. 0.00 | | 36 Local income tax 0.00 | |

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 T

2/16/17
 Date

| | | | |
|---|-----------------|---|------------------------------|
| 1 Wages, tips, other comp. 0.00 | | 2 Federal income tax withheld | |
| 3 Social security wages 0.00 | | 4 Social security tax withheld 23.03 | |
| 5 Medicare wages and tips 0.00 | | 6 Medicare tax withheld 5.39 | |
| d. Control number 0000M4634 VBL | Dept. SKYA13 | Corp. 1AAA | Employer use only A 20254 |
| e. Employer's name, address, and ZIP code ATLANTA, GA 30328 | | | |
| b. Employer's FED ID number | | a. Employee's SSA number | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a | |
| 14 Other 31 FJ 33 NJ SD 138 UN-CARD | | 13b | |
| | | 13c | |
| | | 13d (Ret. plan) (Ret. sick pay) | |
| e.f. Employee's name, address and ZIP code VINCENT T PARSIPPANY, NJ 07054 | | | |
| 15 State/Employee's state ID no. NJ | | 18 State wages, tips, etc. 0.00 | |
| 17 State income tax 5.59 | | 18 Local wages, tips, etc. | |
| 19 Local income tax | | 20 Locality name | |
| NJ State Filing Copy W-2 Wage and Tax Statement 2015 <small>Copy 2 to be filed with employee's State income tax return.</small> | | | |

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

Vincent T

2/26/17
Date

 **Internal Revenue Service**
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 09-27-2016
Response Date: 09-27-2016
Tracking Number: 100300014973

Account Transcript

FORM NUMBER: 1040 TAX PERIOD: Dec. 31, 2015

TAXPAYER IDENTIFICATION NUMBER:
SPOUSE TAXPAYER IDENTIFICATION NUMBER:

VINCENT & SHELLY T

PARSIPPANY, NJ 07054-

005062

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: 0.00
ACCRUED INTEREST: 0.00 AS OF: Oct. 10, 2016
ACCRUED PENALTY: 0.00 AS OF: Oct. 10, 2016

ACCOUNT BALANCE
PLUS ACCRUALS
(this is not a
payoff amount): 0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

EXEMPTIONS: 04
FILING STATUS: Married Filing Joint
ADJUSTED GROSS
INCOME: 5,030.00
TAXABLE INCOME: 0.00
TAX PER RETURN: 0.00
SE TAXABLE INCOME
TAXPAYER: 0.00
SE TAXABLE INCOME
SPOUSE: 0.00
TOTAL SELF
EMPLOYMENT TAX: 0.00

RETURN DUE DATE OR RETURN RECEIVED DATE (WHICHEVER IS LATER) Apr. 15, 2016
PROCESSING DATE Sep. 26, 2016

| | | TRANSACTIONS | | |
|------|---------------------------------------|--------------|------------|--------------|
| CODE | EXPLANATION OF TRANSACTION | CYCLE | DATE | AMOUNT |
| 150 | Tax return filed 09221-129-71028-6 | 20163605 | 09-26-2016 | \$0.00 |
| 806 | W-2 or 1099 withholding | | 04-15-2016 | -\$10,949.00 |
| 570 | Additional account action pending | | 09-26-2016 | \$0.00 |
| 571 | Resolved additional account action | | 10-03-2016 | \$0.00 |
| 846 | Refund issued | | 10-03-2016 | \$11,133.61 |
| 776 | Interest credited to your account | | 10-03-2016 | -\$184.61 |

This Product Contains Sensitive Taxpayer Data