

## FILING COPY

Tax year: 2024

Prepared for: SUSAN E KUCERA

Prepared by: AUSTIN OTERO

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Following is a copy of your 2024 Federal and State Income Tax Returns for your records. Thank you for your business.

September 3, 2025, 2:22 pm

Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return****2024**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20_____			See separate instructions.
Your first name and middle initial <b>SUSAN E</b>		Last name <b>KUCERA</b>	<b>Your social security number</b> <b>143 56 3688</b>
If joint return, spouse's first name and middle initial		Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>377 MIDLAND AVE</b>		Apt. no. <b>3R</b>	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>GARFIELD</b>		State <b>NJ</b>	
Foreign country name		Foreign province/state/county	
		ZIP code <b>07026</b>	
		Foreign postal code	

**Filing Status**

Check only one box.

<input checked="" type="checkbox"/> <b>Single</b>	<input type="checkbox"/> <b>Head of household (HOH)</b>
<input type="checkbox"/> <b>Married filing jointly (even if only one had income)</b>	<input type="checkbox"/> <b>Qualifying surviving spouse (QSS)</b>
<input type="checkbox"/> <b>Married filing separately (MFS)</b>	
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____	
<input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____	

**Digital Assets**At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes**   ☒ **No****Standard Deduction****Someone can claim:** ☐ You as a dependent   ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien**Age/Blindness****You:** ☒ Were born before January 2, 1960   ☐ Are blind   **Spouse:** ☐ Was born before January 2, 1960   ☐ Is blind**Dependents**If more than four dependents, see instructions and check here ☐

(1) First name		(2) Social security number		(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
Last name					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Income****Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a Form W-2, see instructions.

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	<b>36955</b>
<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	<b>0</b>
<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	<b>0</b>
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	<b>0</b>
<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	<b>0</b>
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	<b>0</b>
<b>g</b> Wages from Form 8919, line 6	<b>1g</b>	<b>0</b>
<b>h</b> Other earned income (see instructions)	<b>1h</b>	<b>0</b>
<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	
<b>z</b> Add lines 1a through 1h	<b>1z</b>	<b>36955</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>0</b>
<b>3a</b> Qualified dividends	<b>3a</b>	<b>0</b>
<b>4a</b> IRA distributions	<b>4a</b>	
<b>5a</b> Pensions and annuities	<b>5a</b>	
<b>6a</b> Social security benefits	<b>6a</b>	<b>21686</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>	<b>0</b>
<b>8</b> Additional income from Schedule 1, line 10	<b>8</b>	<b>0</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	<b>55759</b>
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>	<b>0</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	<b>55759</b>
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	<b>16550</b>
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	<b>0</b>
<b>14</b> Add lines 12 and 13	<b>14</b>	<b>16550</b>
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	<b>39209</b>

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under **Standard Deduction**, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2024)

**Tax and Credits**

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> <span style="border: 1px solid black; padding: 0 20px;"></span>	<b>16</b>	4475
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	0
<b>18</b>	Add lines 16 and 17	<b>18</b>	4475
<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	0
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	0
<b>21</b>	Add lines 19 and 20	<b>21</b>	0
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4475
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	4475

**Payments**

<b>25</b>	Federal income tax withheld from:			
<b>a</b>	Form(s) W-2	<b>25a</b>	3585	
<b>b</b>	Form(s) 1099 FORM 1099	<b>25b</b>	240	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	0	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	3825	
<b>26</b>	2024 estimated tax payments and amount applied from 2023 return	<b>26</b>	0	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	0	
<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	0	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	0	
<b>30</b>	Reserved for future use	<b>30</b>		
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	0	
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	0	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	3825	

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	0
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	0
<b>b</b>	Routing number <span style="border: 1px solid black; padding: 0 20px;"></span>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <span style="border: 1px solid black; padding: 0 20px;"></span>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>	0

**Amount You Owe**

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	650
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	0

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions			<input type="checkbox"/> <b>Yes</b> . Complete below.	<input checked="" type="checkbox"/> <b>No</b>
Designee's name	Phone no.	Personal identification number (PIN) <span style="border: 1px solid black; padding: 0 20px;"></span>		

**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.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; padding: 0 20px;"></span>
	3/10/2025	WORKER	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; padding: 0 20px;"></span>
Phone no. 727-855-8321		Email address	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
AUSTIN OTERO		3/10/2025	P0-2341513	
Firm's name	Firm's address			Phone no.
BOOKNEX INC	7026 palisade dr PORT RICHEY FL 34668			727-207-3080
				Firm's EIN
				83-4015339

**Keep this Form 1040-V for your records.**

Do not send any check or money order for the amount printed on this Form 1040-V.

Because you have already opted to pay the full tax amount you owe through Electronic Fund Withdrawal.

▼ Detach Here and Mail With Your Payment and Return. ▼

**Department of the Treasury  
Internal Revenue Service**

**2024**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount  
of your payment ▶

**650.00**

1211

SUSAN E KUCERA  
377 MIDLAND AVE  
APT 3R  
GARFIELD, NJ 07026

INTERNAL REVENUE SERVICE  
P.O. Box 931000,  
LOUISVILLE, KY 40293-1000

143563688 KQ KUCE 30 0 202412 610

## How To Prepare Your Payment

- Make your check or money order payable to **“United States Treasury.”** Don’t send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter “2024 Form 1040,” “2024 Form 1040-SR,” or “2024 Form 1040-NR,” whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don’t use dashes or lines (for example, don’t enter “\$ XXX—” or “\$ XXX <sup>xx</sup>/<sub>100</sub>”).

Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

- **ERO must obtain and retain completed Form 8879.**  
 ► **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ► 5969882025094b3018af

Taxpayer's name

SUSAN E KUCERA

Spouse's name

Social security number

143 56 3688

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2024** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b>	Adjusted gross income . . . . .	<b>1</b>	55759
<b>2</b>	Total tax . . . . .	<b>2</b>	4475
<b>3</b>	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	3825
<b>4</b>	Amount you want refunded to you . . . . .	<b>4</b>	0
<b>5</b>	Amount you owe . . . . .	<b>5</b>	650

**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 the income tax return (original or amended) I am now authorizing, 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 the income tax return (original or amended) I am now authorizing. 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 acknowledgement 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

- ☒ I authorize BOOKNEX INC to enter or generate my PIN 

3	4	6	5	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ► 3 / 10 / 2025

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

- ☐ I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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.

5	9	6	9	8	8	3	4	6	5	4
---	---	---	---	---	---	---	---	---	---	---

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_ Date ► 3 / 10 / 2025

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2021)

Form **9325**  
(January 2017)

Department of the Treasury - Internal Revenue Service

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name SUSAN E KUCERA

Taxpayer address (optional)

377 MIDLAND AVE 3R

GARFIELD NJ 07026

1. ☒ Your federal income tax return for 2024 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by BOOKNEX INC.
2. ☒ Your return was accepted on 04-04-2025 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5969882025094b3018af
3. ☐ Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☒ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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## Instructions for Electronic Return Originators

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**Line 2 - PIN Presence Indicator** - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3 - Exception Processing** - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4 - Payment Acknowledgement Literal** - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5 - Payment Acknowledgement Literal** - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.



# Federal

## ELECTRONIC FUNDS WITHDRAWAL REQUEST

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**Tax payer(s) information**

Primary taxpayer's Name:

SUSAN E KUCERA

Spouse's Name:

Primary taxpayer's SSN:

143 56 3688

Spouse's SSN:

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**Account information:**

Account Type:

☒

Checking

☐

Savings

Routing Number:

021202337

Account Number:

6106335948

Bank:

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**Payment information:**

Amount You Owe:

\$ 650

Amount of debit:

\$ 650

Electronic Funds Withdrawal date:

4/4/2025

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**Tax payer(s) signature:** \_\_\_\_\_(Primary)

\_\_\_\_\_(Spouse)

## PERSONAL INFORMATION SHEET

2024

Primary taxpayer information			Spouse information			
Name:	SUSAN E KUCERA					
SSN:	143-56-3688					
Date of Birth:	06 - 13 - 1955					
Occupation:	WORKER					
Other details:	Blind [ ]	Disabled [ ]	Exemption [X]	Blind [ ]	Disabled [ ]	Exemption [ ]
Filing status:	single					

## Address information

Care of:	Apt: 3R	E-mail Address:
Address: 377 MIDLAND AVE		Phone #1: CELL (727) 855-8321
City: GARFIELD		Phone #2: () -
State: NJ	Zip: 07026	Resident State: NJ
If foreign, Country:		

## Dependent information

	#1	#2	#3	#4	#5
First Name:					
Last Name:					
SSN:					
Date of Birth:					
Relationship:					
CTC:					
EIC:					
Exemption:					

## Return Information

Amount Owe : \$ 650.00

Total income:	\$55759.00	<b>Disbursement details</b>		
Total Adjustment:	\$ 0.00	[X] Direct Deposit / Debit [X] Federal [ ] State		
Adjusted Gross Income:	\$55759.00	[ ] Paper check [ ] Federal [ ] State		
Deduction:	\$16550.00			
Taxable Income:	\$39209.00		#1	#2
AMT:	\$ 0.00	RTN:	021202337	
Total tax:	\$ 4475.00	Acct No:	6106335948	
Payments:	\$ 3825.00	Acct Type:	Checking	

Federal / State	Submission ID/DCN*	Comment	Return Status
Federal	59-698820-25094-b3018af	Filed Form - 1040	ACCEPTED ON Apr 4 2025 3:53PM
StateNJ	59-698820-25094-d300cae	Elected as Piggybackstate	ACCEPTED ON Apr 4 2025 2:43PM
Fed-Ext (4868)	59-698820-25094-b3018af		NOT FILED

\* Submission ID consists of 20 characters, DCN consists of 14 characters.

## Preparer:

	#1	#2	#3
Federal Charges:	\$ 0.00		
State Charges:	\$ 0.00		
Net Payable Amount:	\$ 0.00		
Payment Mode:	CASH		
Payment Details:	Apr 4 2025 3:45AM		

**Income Report Summary**

This summary indicates that the below income statements were given to  
BOOKNEX INC by  
SUSAN E KUCERA for preparation of their 2024 Tax  
Return.

Primary	Secondary	Total
W-2 (1) 1099-R (1) SSA-1099 (1)		W-2 (1) 1099-R (1) SSA-1099 (1)
3		3

\* indicates number of properties in that statement or form

Primary Taxpayer Signature: \_\_\_\_\_ Date: 3/10/2025  
Secondary Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INCOME REPORT SUMMARY

## 2024

TAXABLE INCOME

W2 : (1)

Employee Name	Employer Name	Wages
SUSAN E KUCERA	WAWA	\$36954.90
	Sub total:	\$36954.90

EXCESS ALLOWANCE	\$0.00
------------------	--------

Total Wages, salaries, tips, etc.:	\$36954.90
------------------------------------	------------

1099 R : (1)

Recipient Name	Payer Name	Taxable Amount
SUSAN E KUCERA	UWMM PENSION FUND	\$1392.00
	Sub total:	\$1392.00

Total Pensions and annuities:	\$1392.00
-------------------------------	-----------

Sub total:	\$17412.00
------------	------------

Total Social security benefits:	\$17412.00
---------------------------------	------------

TOTAL INCOME	\$55758.90
--------------	------------

# Social Security Benefits Worksheet—Lines 6a and 6b

Keep for Your Records



**Before you begin:** ✓ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).  
 ✓ If you are married filing separately and you lived apart from your spouse for all of 2024, enter “D” to the right of the word “benefits” on line 6a. If you don’t, you may get a math error notice from the IRS.  
 ✓ Be sure you have read the **Exception** in the line 6a and 6b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1.	Enter the total amount from <b>box 5</b> of <b>all</b> your <b>Forms SSA-1099</b> and <b>RRB-1099</b> . Also enter this amount on Form 1040 or 1040-SR, line 6a .....	1.	<u>21686</u>
2.	Multiply line 1 by 50% (0.50) .....	2.	<u>10843</u>
3.	Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8 .....	3.	<u>38347</u>
4.	Enter the amount, if any, from Form 1040 or 1040-SR, line 2a .....	4.	<u>0</u>
5.	Combine lines 2, 3, and 4 .....	5.	<u>49190</u>
6.	Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25 .....	6.	<u>0</u>
7.	Is the amount on line 6 less than the amount on line 5? <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 .....	7.	<u>49190</u>
8.	If you are: • Married filing jointly, enter \$32,000 • Single, head of household, qualifying surviving spouse, or married filing separately and you <b>lived apart</b> from your spouse for all of 2024, enter \$25,000 • Married filing separately and you lived with your spouse at any time in 2024, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17 } .....	8.	<u>25000</u>
9.	Is the amount on line 8 less than the amount on line 7? <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you <b>lived apart</b> from your spouse for all of 2024, be sure you entered “D” to the right of the word “benefits” on line 6a. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 8 from line 7 .....	9.	<u>24190</u>
10.	Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you <b>lived apart</b> from your spouse for all of 2024 .....	10.	<u>9000</u>
11.	Subtract line 10 from line 9. If zero or less, enter -0- .....	11.	<u>15190</u>
12.	Enter the <b>smaller</b> of line 9 or line 10 .....	12.	<u>9000</u>
13.	Enter one-half of line 12 .....	13.	<u>4500</u>
14.	Enter the <b>smaller</b> of line 2 or line 13 .....	14.	<u>4500</u>
15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- .....	15.	<u>12912</u>
16.	Add lines 14 and 15 .....	16.	<u>17412</u>
17.	Multiply line 1 by 85% (0.85) .....	17.	<u>18433</u>
18.	<b>Taxable social security benefits.</b> Enter the <b>smaller</b> of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 6b .....	18.	<u>17412</u>



**TIP** If any of your benefits are taxable for 2024 **and** they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.



# 2024 NJ-1040

## New Jersey Resident Income Tax Return

5R

Affix preprinted label below ONLY if the information is correct.

For Privacy Act Notification, See Instructions	Your Social Security Number (required)				Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)				
	1 4 3 5 6 3 6 8 8				KUCERA SUSAN E				
	Spouse's/CU Partner's SSN (if filing jointly)				Home Address (Number and Street, including apartment number)				
					377 MIDLAND AVE APT 3R				
County/Municipality Code (See Table page 52)				City, Town, Post Office		State	ZIP Code		
0 2 2 1				GARFIELD		NJ	07026		
Fill in <input type="radio"/> if federal extension filed.				Fill in <input type="radio"/> if the address above is a foreign address.				Fill in <input type="radio"/> if your address has changed.	

Part-year residents, provide months/days you were a New Jersey resident during 2024:

From: MM/DD/24 To: MM/DD/24

Fiscal year filers only:

Enter month of your year end  2025

### Filing Status

Fill in only one.

- ☒ Single
  - ☐ Married/CU Couple, filing joint return
  - ☐ Married/CU Partner, filing separate return
  - ☐ Head of Household
  - ☐ Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: ☐ 2022 or ☐ 2023

Enter spouse's/CU partner's SSN

### Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular.....	<input checked="" type="radio"/> Self	<input type="radio"/> Spouse/ CU Partner	<input type="radio"/> Domestic Partner	<input type="text"/> 1	x \$1,000 =	<input type="text"/> 1000
7. Senior 65+ (Born in 1959 or earlier).....	<input checked="" type="radio"/> Self	<input type="radio"/> Spouse/CU Partner		<input type="text"/> 1	x \$1,000 =	<input type="text"/> 1000
8. Blind/Disabled.....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner		<input type="text"/> 0	x \$1,000 =	<input type="text"/> 0
9. Veteran.....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner		<input type="text"/> 0	x \$6,000 =	<input type="text"/> 0
10. Qualified Dependent Children.....				<input type="text"/> 0	x \$1,500 =	<input type="text"/> 0
11. Other Dependents.....				<input type="text"/> 0	x \$1,500 =	<input type="text"/> 0
12. Dependents Attending Colleges (See instructions).....				<input type="text"/> 0	x \$1,000 =	<input type="text"/> 0
13. Total Exemption Amount (Add totals from the lines at 6 through 12).....				<input type="text"/> 2	<input type="text"/> 0	<input type="text"/> 0

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>

Division  
use

1 2 3 4 5 6 7



Your Social Security Number  
143-56-3688

Name(s) as shown on Form NJ-1040  
KUCERA SUSAN E

Page 2

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) .....	15.				3	9		1	0	5			
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) .....	16a.									0			
16b. Tax-exempt interest income (Enclose schedule) (See instructions) Do not include on line 16a.....	16b.						0						
17. Dividends.....	17.									0			
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C).....	18.									0			
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) .....	19.									0			
20a. Taxable pension, annuity, and IRA distributions/withdrawals (See instructions) .....	20a.					1		3	9	2			
20b. Excludable pension, annuity, and IRA distributions/withdrawals (See instr) 20b.	20b.						0						
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) .....	21.									0			
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) .....	22.									0			
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) .....	23.									0			
24. Net gambling winnings (See instructions) .....	24.									0			
25. Alimony and separate maintenance payments received .....	25.									0			
26. Other (Enclose documents) (See instructions).....	26.									0			
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) .....	27.					4	0	4	9	7			
28a. Pension/Retirement Exclusion (See instructions) .....	28a.			1		3	9	2					
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 20-21) .....	28b.						0						
28c. Total Exclusion Amount (Add lines 28a and 28b) .....	28c.				1		3	9	2				
29. <b>New Jersey Gross Income</b> (Subtract line 28c from line 27) (See instructions) .....	29.					3	9		1	0	5		
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) .....	30.					2		0	0	0			
31. Medical Expenses (See Worksheet F and instructions).....	31.									0			
32. Alimony and separate maintenance payments (See instructions) .....	32.									0			
33. Qualified Conservation Contribution.....	33.									0			
34. Health Enterprise Zone Deduction .....	34.									0			
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) .....	35.									0			
36. Organ/Bone Marrow Donation Deduction (See instructions) .....	36.									0			
37a. <b>NJBEST</b> Deduction <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
b. <b>NJCLASS</b> Deduction <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
c. <b>NJ Higher Ed.</b> Tuition Ded. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
38. Total Exemptions and Deductions (Add lines 30 through 37c).....	38.					2		0	0	0			
39. Taxable Income (Subtract line 38 from line 29) .....	39.					3	7		1	0	5		
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) .....	40a.									0			
40b. Indicate your residency status during 2024 (fill in only one oval) .....		<input checked="" type="radio"/> Homeowner <input type="radio"/> Tenant <input type="radio"/> Both											
41. Property Tax Deduction (From Worksheet H) (See instructions).....	41.									0			

42.	<b>New Jersey Taxable Income</b> (Subtract line 41 from line 39).....	42.					3	7	1	0	5		
43.	Tax on amount on line 42 (Tax Table page 54).....	43.							6	1	7		
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) .....	44.									0		
45.	Balance of Tax (Subtract line 44 from line 43).....	45.							6	1	7		
46.	Sheltered Workshop Tax Credit.....	46.									0		
47.	Gold Star Family Counseling Credit (See instructions).....	47.									0		
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions) .....	48.									0		
49.	Total Credits (Add lines 46 through 48) .....	49.									0		
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry .....	50.							6	1	7		
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0.00 .....	51.									0		
52.	Interest on Underpayment of Estimated Tax .....	52.									0		
Fill in <input type="text"/> if Form NJ-2210 is enclosed													
53a.	Fill in oval if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form)(See instructions) .....												
53b.	If you indicated at line 53a that someone in your tax household does not have health insurance, fill in oval to allow Get Covered New Jersey to help you obtain coverage .....												
(See instructions)													
53c.	Shared Responsibility Payment (See instructions) .....	53c.									0		
<b>REQUIRED</b> Enclose Schedule NJ-HCC and fill in <input checked="" type="checkbox"/>													
54.	<b>Total Tax Due</b> (Add lines 50 through 53c) .....	54.							6	1	7		
55.	<b>Total NJ Income Tax Withheld</b> (Enclose Forms W-2 and 1099)(Part-year residents, see instr.) .....	55.							8	0	0		
56.	Property Tax Credit (See instructions page 25).....	56.									0		
57.	New Jersey Estimated Tax Payments/Credit from 2023 tax return .....	57.									0		
58.	New Jersey Earned Income Tax Credit (See instructions).....	58.									0		
Fill in <input type="text"/> if you had the IRS calculate your federal earned income credit													
Fill in <input type="text"/> if you are a CU couple claiming the NJ Earned Income Tax Credit													
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) .....	59.									0		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) .....	60.									0	0	0
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) .....	61.									0		
62.	Wounded Warrior Caregivers Credit (See instructions) .....	62.									0		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions) .....	63.									0		
64.	Child and Dependent Care Credit (See instructions) .....	64.									0		
Fill in <input type="text"/> if you are a CU couple claiming the Child and Dependent Care Credit													
65.	New Jersey Child Tax Credit (See instructions) .....	65.									0		
# of dependents age 5 or younger on 12/31/24 <input type="text"/>													
66.	<b>Total Withholdings, Credits, and Payments</b> (Add lines 55 through 65) .....	66.							8	0	0		
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe .....	67.									0		
If you owe tax, you can still make a donation on lines 70 through 77.													



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

**REQUIRED**

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 KUCERA SUSAN E	Social Security Number 143-56-3688
--	---------------------------------------

**Schedule NJ-HCC****Health Care Coverage****2024**

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2024? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.



Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.



No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

**Keep a copy of this schedule for your records**

NAME: KUCERA SUSAN E

SSN: 143-56-3688

## Worksheet D

### Other Retirement Income Exclusion

#### Age Requirement: 62 or older

Part-year residents do not complete this worksheet. (See instructions on page 20.)

Is income on line 27, NJ-1040 **MORE than \$150,000?**

- ☐ Yes. You are not eligible to use any unclaimed portion of your maximum exclusion.  
Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).

☒ No. Continue with line 1.

1. Enter the amount of your maximum exclusion using the chart below ..... 1. 75000
2. Enter the amount from line 28a, NJ-1040..... 2. 1392
3. Subtract line 2 from line 1 ..... 3. 73608

Is the amount on line 3 **MORE than \$0?**

☒ Yes. Continue with line 4.

- ☐ No. You do not have any unused exclusion amount. Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).

4. Enter the amount from line 15, NJ-1040 ..... 4. 39105
5. Enter the amount from line 18, NJ-1040 ..... 5. 0
6. Enter the amount from line 21, NJ-1040 ..... 6. 0
7. Enter the amount from line 22, NJ-1040 ..... 7. 0
8. Add lines 4, 5, 6, and 7 ..... 8. 39105

Is the amount on line 8 **MORE than \$3,000?**

- ☒ Yes. You are not eligible to use the unclaimed portion of your maximum exclusion.  
Make no entry on line 28b unless you are eligible for the Special Exclusion (see below).

☐ No. Continue with line 9.

9. Unclaimed Exclusion. Enter the amount from line 3. Also include this amount on line 28b, NJ-1040 ..... 9. 0

**Joint filers:** If only one spouse is 62 or older, only the income of that spouse can be excluded.

**Special Exclusion.** If you (and your spouse if filing jointly) will **never** be able to receive Social Security or Railroad Retirement benefits because your employer did not participate in either program, you may qualify for this exclusion. See [GIT-1 & 2, Retirement Income](#), before entering an amount on line 28b.

#### Maximum Exclusion

Filing Status:	Income on line 27:		
	\$0 – \$100,000	\$100,001 – \$125,000	\$125,001 – \$150,000
Married/CU couple, filing joint return	\$100,000	50% of line 27	25% of line 27
Single Head of household Qualifying widow(er)/surviving CU partner	\$75,000	37.5% of line 27	18.75% of line 27
Married/CU partner, filing separate return	\$50,000	25% of line 27	12.5% of line 27

(Keep for your records)

## 2024 NJ-630-V PAYMENT VOUCHER



0139101010

**Payment by Credit Card**

You may pay your 2024 New Jersey income taxes or make payment of estimated tax for 2025 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

**Payment by E-Check**

You may pay your 2024 New Jersey income taxes or make a payment of estimated tax for 2025 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

**Payment by Check**

If you are paying your 2024 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 282, Trenton, NJ 08646-0282.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Application for Extension of Time to File  
NJ-630-V

Primary: 143-56-3688  
KUCERA SUSAN E  
377 MIDLAND AVE 3R  
GARFIELD NJ 07026

2024

Make check payable to "State of New Jersey – TGI".  
Write your Social Security number and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 282  
Trenton, NJ 08646-0282

I hereby request an extension of \_\_\_\_\_ months, until  
to file the return as indicated below.

Indicate the return the extension is being requested by checking the appropriate box:

<b>R</b>	NJ-1040	<b>N</b>	NJ-1040NR		NJ-1041
	6 Month Ext.		NJ-1080-C	<b>F</b>	NJ-1041SB
			6 Month Ext.	<b>X</b>	5 1/2 Month Ext.

Enter amount of payment here:

\$0 .00

## New Jersey State Extension

Mailing Address for Extension Form/Voucher

State of New Jersey

Division of Taxation

Revenue Processing Center

PO Box 282

Trenton, NJ 08646-0282