

FILING COPY

Tax year: 2024

Prepared for: SUSAN E KUCERA

Prepared by: AUSTIN OTERO

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 1040Department 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

SUSAN E

Last name

KUCERA

If joint return, spouse's first name and middle initial

Last name

Your social security number

143 | 56 | 3688

Spouse's social security number

| | |

Home address (number and street). If you have a P.O. box, see instructions.

377 MIDLAND AVE

Apt. no.

3R

City, town, or post office. If you have a foreign address, also complete spaces below.

GARFIELD

State

NJ

ZIP code

07026

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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.

 You Spouse**Filing Status**

Check only one box.

 Single Head of household (HOH) Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Married filing separately (MFS)

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: _____

 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 (see instructions):
 If more than four dependents, see instructions and check here . . .

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): 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.

Attach Sch. B if required.

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

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

Form **1040** (2024)

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2024)

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

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 xx/100”).

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.
- Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ► 5969882025094b3018af

Taxpayer's name SUSAN E KUCERA	Social security number 143 56 3688
Spouse's name	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.

1 Adjusted gross income	1	55759
2 Total tax	2	4475
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3825
4 Amount you want refunded to you	4	0
5 Amount you owe	5	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 ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

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 as my ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

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**

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, 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 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.

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. 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.**

Instructions for Electronic Return Originators

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

Tax payer(s) information

Primary taxpayer's Name: SUSAN E KUCERA	Primary taxpayer's SSN: 143 56 3688
Spouse's Name: 	Spouse's SSN:

Account information:

Account Type: Checking Savings

Routing Number: 021202337

Account Number: 6106335948

Bank:

Payment information:

Amount You Owe: \$ 650

Amount of debit: \$ 650

Electronic Funds Withdrawal date: 4/4/2025

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 <input type="checkbox"/>	Disabled <input type="checkbox"/>	Exemption <input checked="" type="checkbox"/>	Blind <input type="checkbox"/>	Disabled <input type="checkbox"/>
Filing status:	single				Exemption <input type="checkbox"/>

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	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

Total income:	\$55759.00	Amount Owe : \$ 650.00		
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	#3
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:

Federal Charges:	#1 \$ 0.00	#2	#3
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 box 5 of all your Forms SSA-1099 and RRB-1099 . 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"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.		
	<input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5	7.	<u>49190</u>
8.	If you are:		
	<ul style="list-style-type: none"> • Married filing jointly, enter \$32,000 • Single, head of household, qualifying surviving spouse, or married filing separately and you lived apart 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"/> No. 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 lived apart 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"/> Yes. 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 lived apart 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 smaller of line 9 or line 10	12.	<u>9000</u>
13.	Enter one-half of line 12	13.	<u>4500</u>
14.	Enter the smaller 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.	Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 6b	18.	<u>17412</u>



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.)												
	<table border="1" style="width: 100%;"><tr><td>1</td><td>4</td><td>3</td><td>5</td><td>6</td><td>3</td><td>6</td><td>8</td><td>8</td></tr></table>	1	4	3	5	6	3	6	8	8	KUCERA SUSAN E			
	1	4	3	5	6	3	6	8	8					
	Spouse's/CU Partner's SSN (if filing jointly)		Home Address (Number and Street, including apartment number)											
	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										377 MIDLAND AVE APT 3R			
County/Municipality Code (See Table page 52)		City, Town, Post Office		State	ZIP Code									
<table border="1" style="width: 100%;"><tr><td>0</td><td>2</td><td>2</td><td>1</td></tr></table>		0	2	2	1	GARFIELD		NJ	07026					
0	2	2	1											
Fill in oval if federal extension filed.		Fill in oval if the address above is a foreign address.		Fill in oval if your address has changed.										

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

From:

M	M	/	D	D
---	---	---	---	---

 / 2 4 To:

M	M	/	D	D
---	---	---	---	---

 / 2 4

Fiscal year filers only:

Enter month of your year end

--	--

 2025

Filing Status

Fill in only one.

1. Single
2. Married/CU Couple, filing joint return
3. Married/CU Partner, filing separate return
4. Head of Household
5. 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	<table border="1" style="display: inline-table;"><tr><td>1</td></tr></table> x \$1,000 =	1	<table border="1" style="display: inline-table;"><tr><td>1000</td></tr></table>	1000							
1														
1000														
7. Senior 65+ (Born in 1959 or earlier)	<input checked="" type="radio"/> Self	<input type="radio"/> Spouse/CU Partner	<table border="1" style="display: inline-table;"><tr><td>1</td></tr></table>	1	x \$1,000 =	<table border="1" style="display: inline-table;"><tr><td>1000</td></tr></table>	1000							
1														
1000														
8. Blind/Disabled.....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0	x \$1,000 =	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0							
0														
0														
9. Veteran.....	<input type="radio"/> Self	<input type="radio"/> Spouse/CU Partner	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0	x \$6,000 =	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0							
0														
0														
10. Qualified Dependent Children			<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0	x \$1,500 =	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0							
0														
0														
11. Other Dependents			<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0	x \$1,500 =	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0							
0														
0														
12. Dependents Attending Colleges (See instructions)			<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0	x \$1,000 =	<table border="1" style="display: inline-table;"><tr><td>0</td></tr></table>	0							
0														
0														
13. Total Exemption Amount (Add totals from the lines at 6 through 12).....			<table border="1" style="display: inline-table;"><tr><td>2</td><td>,</td><td>0</td><td>0</td><td>0</td></tr></table>	2	,	0	0	0		<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
2	,	0	0	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

Division
use

1	2					3				4	5	6				7			
---	---	--	--	--	--	---	--	--	--	---	---	---	--	--	--	---	--	--	--



Your Social Security Number
143-56-3688

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.					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. New Jersey Gross Income (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. NJBEST Deduction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> b. NJCLASS Deduction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> c. NJ Higher Ed. Tuition Ded. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/>								
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				



Your Social Security Number
143-56-3688

Page □

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

42. **New Jersey Taxable Income** (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)

Enter Code		

		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)

		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 entry50.

		6	1	7		

51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases
(See instructions) If no Use Tax, enter 0.0051.

		0				

52. Interest on Underpayment of Estimated Tax52.

		0				

Fill in 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

53c. Shared Responsibility Payment (See instructions)53c.

		0				

REQUIRED Enclose Schedule NJ-HCC and fill in

54. **Total Tax Due** (Add lines 50 through 53c)54.

		6	1	7		

55. **Total NJ Income Tax Withheld**

(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)

Fill in if you had the IRS calculate your federal earned income credit

Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit

		0				

59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)

		0				

60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)

		0		0	0	

61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)

		0				

62. Wounded Warrior Caregivers Credit (See instructions)

		0				

63. Pass-Through Business Alternative Income Tax Credit (See instructions)

		0				

64. Child and Dependent Care Credit (See instructions)

Fill in if you are a CU couple claiming the Child and Dependent Care Credit

# of dependents age 5 or younger on 12/31/24		0				

65. New Jersey Child Tax Credit (See instructions)

		0				

66. **Total Withholdings, Credits, and Payments** (Add lines 55 through 65).....66.

		8	0	0		

67. If line 66 is less than line 54, you have tax due.

		0				

Subtract line 66 from line 54 and enter the amount you owe

If you owe tax, you can still make a donation on lines 70 through 77.

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:	<input type="text"/>								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:	<input type="text"/>							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:	<input type="text"/>							<input type="checkbox"/> Check box if this individual has more than one exemption number				

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number											
Exemption number:	<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="checkbox"/> 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:	<input type="text"/>							Check box if this individual has more than one exemption number <input type="checkbox"/>				

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.

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. 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

2024

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

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:

<input type="checkbox"/>	NJ-1040	<input type="checkbox"/>	NJ-1040NR	<input type="checkbox"/>	NJ-1041
	N		NJ-1080-C	F	X
	6 Month Ext.		6 Month Ext.		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