

0130201010

2019 NJ-1040-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2019 New Jersey income taxes or make payment of estimated tax for 2020 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2019 New Jersey income taxes or make a payment of estimated tax for 2020 by e-check. This option is available on the Division's Website at: www.njtaxation.org. 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 2019 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2019 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2020, use separate checks or money orders for each payment. Send your 2020 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Resident Payment Voucher
NJ-1040-V

139-27-4613 MUTH
MUTHYALA, ROHI
7432 COLSHIRE DR, Apt. 5
MC LEAN, VA 22102

1555 2019

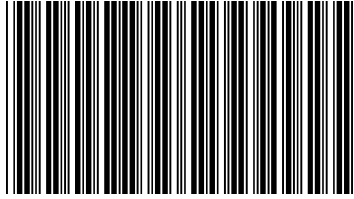
Make your check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

315.00





040MP01190

For Privacy Act Notification, See Instructions

1555

Your Social Security Number (required)
139274613

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.)
MUTHYALA ROHI

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
1207

Home Address (Number and Street, including apartment number)
7432 COLSHIRE DR APT 5

City, Town, Post Office
MC LEAN

State ZIP Code
VA 22102

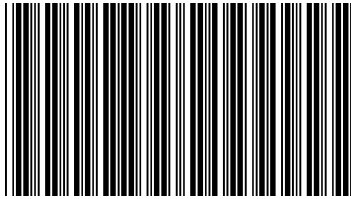
Driver's License Number (Voluntary) (Instructions page 42)
E62451653

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1. 4
dd2. Account type (C for checking, S for savings)	dd2.
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.
dd4. Routing number	dd4.
dd5. Account number	dd5.





040MP02190

Name(s) as shown on Form NJ-1040
MUTHYALA ROHI

Your Social Security Number
139274613

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Part-year residents, provide months/days you were a New Jersey resident during 2019:
From: To:

Fiscal year filers only:
Enter month of your year end 2 02 0

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 Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2017 2018

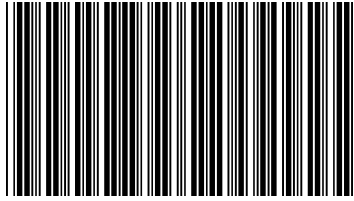
Exemptions

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="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1954 or earlier) | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | <input type="checkbox"/> | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | <u>1000</u> . |

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

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03190

Name(s) as shown on Form NJ-1040
MUTHYALA ROHI

Your Social Security Number
139274613

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	10320	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	.	.
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.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	24997	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	35317	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 19)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	35317	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	.
31. Medical Expenses (Worksheet F and instructions page 22)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.	.
36. Total Exemptions and Deductions (Add lines 30 through 35)	36.	1000	.
37. Taxable Income (Subtract line 36 from line 29)	37.	34317	.
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	1728	.
38b. Block	.	.	.
38b. Lot	.	.	.
38b. Qualifier	.	.	.
38c. County/Municipality Code	.	.	.
Fill in if you completed Worksheet G	.	.	.
38d. Indicate your residency status during 2019 (fill in only one)	Homeowner	Tenant	Both
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.	.
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	34317	.
41. Tax on Amount on line 40 (Tax Table page 52)	41.	531	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	.	.
Enter Code	.	.	.
43. Balance of Tax (Subtract line 42 from line 41)	43.	531	.
44. Child and Dependent Care Credit (See instructions)	44.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit	.	.	.
45. Balance of Tax (Subtract line 44 from line 43)	45.	531	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract line 46 from line 45)	47.	531	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.	.
49. Balance of Tax After Credit (Subtract line 48 from line 47) If zero or less, make no entry	49.	531	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	0	.
51. Interest on Underpayment of Estimated Tax	51.	.	.
Fill in if Form NJ-2210 is enclosed	.	.	.



Name(s) as shown on Form NJ-1040
MUTHYALA ROHI

Your Social Security Number
139274613

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52. Shared Responsibility Payment (See instructions)		52.	0	.
REQUIRED Enclose Schedule HCC and fill in	X			
53. Total Tax Due (Add lines 49 through 52)		53.	531	.
54. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		54.	166	.
55. Property Tax Credit (See instructions page 23)		55.	50	.
56. New Jersey Estimated Tax Payments/Credit from 2018 tax return		56.	.	.
57. New Jersey Earned Income Tax Credit (See instructions)		57.	.	.
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				
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		58.	.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		59.	.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	.	.
61. Wounded Warrior Caregivers Credit (See instructions)		61.	.	.
62. Total Withholdings, Credits, and Payments (Add lines 54 through 61)		62.	216	.
63. If line 62 is less than line 53, you have tax due. Subtract line 62 from line 53 and enter the amount you owe		63.	315	.
If you owe tax, you can still make a donation on lines 66 through 73.				
64. If the total on line 62 is more than line 53, you have an overpayment. Subtract line 53 from line 62 and enter the overpayment		64.	.	.
65. Amount from line 64 you want to credit to your 2020 tax		65.	.	.
66. Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	66.	.	.
67. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	67.	.	.
68. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	68.	.	.
69. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	69.	.	.
70. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	70.	.	.
71. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	71.	.	.
72. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	72.	.	.
73. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	73.	.	.
74. Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through 73)		74.	.	.
75. Balance due (If line 63 is more than zero, add line 63 and line 74)		75.	315	.
76. Refund amount (If line 64 is more than zero, subtract line 74 from line 64)		76.	.	.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No

If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No

This does not reduce your refund or increase your balance due.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703
Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey - TGI

You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:

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

Other Income Statement

2019

Name MUTHYALA, ROHI	Social Security No. 139-27-4613
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	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
1 Prizes and awards (enter source): _____ _____ _____		
2 Income in respect of a decedent (Enter name and social security number of the deceased): _____ _____ _____		
3 Income from estates and trusts: _____ _____ _____		
4 Scholarships and fellowships (Enter name and identification number of grantor): _____ _____ _____		
5 Alternative Trade Adjustment Assistance payments: _____ _____ _____		
6 Residential rental value or allowance paid by employer (enter name and identification number): _____ _____ _____		
7 Jury duty pay		
8 Bartering income		
9 Reserved		
10 Substitute payments		
11 Income from REMICS		
12 Reimbursement for deducted medical expenses		
13 Recoveries of bad debts		
14 Income from the rental of personal property		
15 Income from "not for profit" activities (hobbies):		
16 Other: RUTGERS, THE STATE UNIVERSITY	24,997.	
17 Total	24,997.	

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

Name as Shown on Return MUTHYALA, ROHI	Social Security No. 139-27-4613
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Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 52, 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 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

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 52, 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.

QuickZoom to Shared Responsibility Payment Calculation Worksheet  _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											

Additional information from your 2019 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return

Other

Continuation Statement

NatureOfPrizeSource	Amount
RUTGERS, THE STATE UNIVERSITY	24997