

NJ-1040 2017 Page 1



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

1614

For Privacy Act Notification, See Instructions For Tax Year Jan. - Dec. 2017 or Other Tax Year Beginning _____, 20 ____ Month Ending _____, 20____ On-line Federal Extension Confirmation # _____

DARAPANENI VANAJA & HARI KRISHNA PRASAD

51A TRAPHAGEN RD

WAYNE

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876843694 968923250

P02082703 301017196



NJ 07470

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

>		>		If you have an amount due on Line 56, enclose your				
Your Signature	Date	Spouse/CU Partne	r's Signature (If filed jointly both must sign)	check and NJ-1040-V payment voucher with your return and use the label for PO Box 111.				
Fill in if NJ-1040-O is enclosed				If not, use the label for PO Box 555.				
If enclosing copy of death certificate	You may also pay by e-check or credit card. See instruction page 11.							
Paid Preparer's Signature			Federal Identification Number	······································				
TALLAM SYAM PRIYA	RAM SAGAR GUPTA		P02082703					
Firm's Name GLOBAL TAXE	S LLC 2530 PEBBLE	CREEK LN	Federal Employer Identification Number					
CUMMING GA		30041	301017196					

appropriate mailing label.



NJ-1040 (2017)

DARAPANENI VANAJA & HARI KRISHNA PRASAD

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Residency Status If you were a New Jersey resident for ONLY part of the taxable year give the period of New Jersey residency

1 9	NG STATUS				EXEMPTIONS				
1. 0	ingle				6. Regular			2	
2. M	larried/CU Couple filin	g joint return		Х	7. Age 65 or Over				
3. M	larried/CU Couple filin	g separate return			8. Blind or Disabled				
4. H	ead of Household				9. Number of qualified depende	nt children		2	
5. Q	ualifying Widow(er)/Si	rviving CU Partner			10. Number of other dependents				
CHE	CKBOXES FOR	EXEMPTIONS			11. Dependents attending colleg	e			
Regu	lar Spou	ise/CU Partner X	Domestic Partner		12a. Total (Line 12a - Add Lines 6	, 7, 8, and 11)		2	
Age 6	5 or older Your	self	Spouse/CU Partner		12b. Total (Line 12b - Add Lines 9	and 10)		2	
Blind	or disabled Your	self	Spouse/CU Partner		12c. Veteran Exemption				
Veter	an Exemption Your	self	Spouse/CU Partner					lf de suis au suis st	
Dep	endent's inform	ation from Lines	9 and 10. (ATTACH	RIDER IF N	IORE THAN FOUR)			If the dependent health insurance	including NJ
LAST	NAME, FIRST NAME	, MIDDLE INITIAL		SOCIAL	SECURITY NUMBER	BIRTH YE	AR	Family Care/Med private or other, o	
A.	DARAPANE	NI RAMS	SAI SOU	9	68-92-3271	201	6		
В.	DARAPANE	NI AKSH	AITHA	9	68-92-3278	201	3		
C.									
D.									
GUE	BERNATORIAL E	LECTIONS FUND							
Do yo	ou wish to designate \$	I of your taxes for this fu	ind?			Yes		No	
lf join	t return, does your spo	use/CU partner wish to	designate \$1?			Yes		No	
14.	Wages, salaries, tips	and other employee co	mpensation (Enclose W-2) E	Be sure to use S	ate wages from Box 16 of your W-2(s	s) (See instructions)	14.	79	9885 .
15a. Taxable interest income (See instructions) (Enclose Federal Schedule B if over \$1,500)					15a.				
15b. Tax exempt interest income. (See instructions) (Enclose schedule) DO NOT include on Line 15a				15b.					
16.	Dividends						16.		
17.	Net profits from busir	ess (Schedule NJ-BUS-	-1, Part 1, Line 4) (Enclose c	opy of Federal S	chedule C, Form 1040)		17.		
18.	Net gains from dispo	sition of property (Sched	lule B, Line 4)				18.		
19a.	Pensions, Annuities,	and IRA Withdrawals (S	ee instruction page 22)				19a.		
19b.	Excludable Pensions	, Annuities, and IRA Wit	hdrawals				19b.		
20.	Distributive Share of	Partnership Income (Scl	h. NJ-BUS-1, Part II, Line 4)	(See instruction	page 25) (Enclose Sch. NJK-1 or Fed	deral Sch. K-1)	20.		
21.	Net pro rata share of	S Corporation Income (Sch. NJ-BUS-1, Part III, Line	4) (See instruc	ion page 25) (Enclose Sch. NJ-K-1 o	r Federal Sch. K-1)	21.		
22.	Net gain or income fr	om rents, royalties, pate	ents & copyrights (Schedule I	J-BUS-1, Part	V, Line 4)		22.		
23.	Net Gambling Winnir	gs (See Instruction page	e 25)				23.		
24.	Alimony and separat	e maintenance payment	s received				24.		
	Other (Enclose Sche	dule) (See instruction pa	age 25)				25.		
25.	Total Income (Add Li	nes 14, 15a, 16, 17, 18,	19a, and 20 through 25)				26.	79	9885 .
	Ponsion Exclusion /S	ee instruction page 26)					27a.		
26.	Fension Exclusion (C		orksheet and instruction page	e 26)			27b.		
26. 27a.		ome Exclusions (See W	ontoneot and motifaction pag						
26. 27a. 27b.	Other Retirement Inc	ome Exclusions (See W unt (Add Line 27a and Li	1 6				27c.		•
26. 27a. 27b. 27c.	Other Retirement Inc Total Exclusion Amo	unt (Add Line 27a and Li	1 6	on page 28)			27c. 28.	79	9885 .
26. 27a. 27b. 27c. 28.	Other Retirement Inc Total Exclusion Amo New Jersey Gross In	unt (Add Line 27a and Li come (Subtract Line 27d	ine 27b)		nts see instruction page 7)				9885 . 5000 .
26. 27a. 27b. 27c. 28. 29.	Other Retirement Inc Total Exclusion Amo New Jersey Gross In Total Exemption Amo	unt (Add Line 27a and Li come (Subtract Line 27d	ine 27b) c from Line 26) (See instructi ge 28 to calculate amount) (F		nts see instruction page 7)		28.		
26. 27a. 27b. 27c. 28. 29. 30.	Other Retirement Inc Total Exclusion Amo New Jersey Gross In Total Exemption Amo Medical Expenses (S	unt (Add Line 27a and Li come (Subtract Line 27c punt (See instruction pag	ine 27b) c from Line 26) (See instructi ge 28 to calculate amount) (F uction page 28)		nts see instruction page 7)		28. 29.		
26. 27a. 27b. 27c. 28. 29. 30. 31.	Other Retirement Inc Total Exclusion Amo New Jersey Gross In Total Exemption Amo Medical Expenses (S	unt (Add Line 27a and Li come (Subtract Line 27c punt (See instruction pag ee Worksheet and instru e Maintenance Paymen	ine 27b) c from Line 26) (See instructi ge 28 to calculate amount) (F uction page 28)		nts see instruction page 7)		28. 29. 30.		
26. 27a. 27b. 27c. 28. 29. 30. 31. 32.	Other Retirement Inc Total Exclusion Amo New Jersey Gross In Total Exemption Amo Medical Expenses (S Alimony and Separat	unt (Add Line 27a and Li come (Subtract Line 27c ount (See instruction pag ee Worksheet and instru- e Maintenance Paymen on Contribution	ine 27b) c from Line 26) (See instructi ge 28 to calculate amount) (F uction page 28)		nts see instruction page 7)		28. 29. 30. 31.		
26. 27a. 27b. 27c. 28. 29. 30. 31. 32. 33.	Other Retirement Inc Total Exclusion Amo New Jersey Gross In Total Exemption Amo Medical Expenses (S Alimony and Separat Qualified Conservation Health Enterprise Zo	unt (Add Line 27a and Li come (Subtract Line 27d ount (See instruction pag ee Worksheet and instru- e Maintenance Paymen on Contribution ne Deduction	ine 27b) c from Line 26) (See instructi ge 28 to calculate amount) (F uction page 28)	Part Year Reside	nts see instruction page 7)		28. 29. 30. 31. 32.		
 25. 26. 27a. 27b. 27c. 28. 29. 30. 31. 32. 33. 34. 35. 	Other Retirement Inc Total Exclusion Amo New Jersey Gross In Total Exemption Amo Medical Expenses (S Alimony and Separat Qualified Conservation Health Enterprise Zo Alternative Business	unt (Add Line 27a and Li come (Subtract Line 27d ount (See instruction pag ee Worksheet and instru- e Maintenance Paymen on Contribution ne Deduction	ine 27b) c from Line 26) (See instructi ge 28 to calculate amount) (F uction page 28) ts (Schedule NJ-BUS-2, Line 1	Part Year Reside	nts see instruction page 7)		28. 29. 30. 31. 32. 33.	Į	





DARAPANENI VANAJA & HARI KRISHNA PRASAD

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37a.	Total Property Taxes Paid (See instruction page 30)		37a.			•
37b.	Block, Lot, and Qualifier (to be entered on page 1)		37b.			
37c.	County/Municipality Code (to be entered on page 1)		37c.			
38.	Property Tax Deduction (See instruction page 33)		38.			•
39.	NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36) If zero or less, MAKE NO ENTRY		39.		74885	
40.	Tax (From Tax Tables, page 52)		40.		1466	•
41.	Credit For Income Taxes Paid to Other Jurisdictions		41.			•
41a.	Jurisdiction code (See instructions)		41a.			
42.	Balance of Tax (Subtract Line 41 from Line 40)		42.		1466	•
43.	Sheltered Workshop Tax Credit		43.			•
44.	Balance of Tax after Credit (Subtract Line 43 from Line 42)		44.		1466	•
45.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See worksheet and instruction page 36) If no Use T	Tax, enter ZERO	45.		0	•
46.	Penalty for Underpayment of Estimated Tax		46.			
46a.	Fill in if Form 2210 is enclosed		46a			
47.	Total Tax and Penalty (Add Lines 44, 45, and 46)		47.		1466	
48.	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)		48.		3376	
49.	Property Tax Credit (See instruction page 30)		49.			
50.	New Jersey Estimated Tax Payments/Credit from 2016 tax return		50.			
51.	New Jersey Earned Income Tax Credit (See instruction page 38)		51.			
51b.	Fill in the box if you had the IRS figure your Federal Earned Income Credit		51b.			
51c.	Fill in the box if you are a CU couple claiming the NJ Earned Income Tax Credit		51c.			
52.	EXCESS New Jersey UI/SF/SWF Withheld (See instruction page 38) (Enclose Form NJ-2450)		52.			
53.	EXCESS Disability Insurance Withheld (See instruction page 38) (Enclose Form NJ-2450)		53.			•
54.	EXCESS New Jersey Family Leave Withheld (See instruction page 38) (Enclose Form NJ-2450)		54.			
55.	Total Payments/Credits (Add Lines 48 through 54)		55.		3376	
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to y	our payment amount	56.			•
57.	If Line 55 is MORE THAN Line 47, enter OVERPAYMENT Deductions from Overpayment on Line 57 which you elect to credit to:		57.		1910	
58.	Your 2018 tax		58.			•
59.	New Jersey Endangered Wildlife Fund		59.			•
60.	New Jersey Children's Trust Fund		60.			•
61.	New Jersey Vietnam Veterans' Memorial Fund		61.			•
62.	New Jersey Breast Cancer Research Fund		62.			•
63.	U.S.S. New Jersey Educational Museum Fund		63.			•
64.	Other Designated Contribution (See instruction page 39)		64.			•
64c.	Designation code		64c.			
65.	Total Deductions from Overpayment (Add Lines 58 through 64)		65.			•
66.	REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)		66.		1910	•
	DIRECT DEPOSIT INFORMATION					
dd1.	Refund check box ('1' for refund, '4' for no refund)	dd1.		1		
dd2.	Account type ('C' for Checking, 'S' for Savings)	dd2.		С		
dd3.	Fill in the checkbox if refund is going to an account outside the United States	dd3.				
					001000000	

 dd4.
 Routing Number
 dd4.
 021200339

 dd5.
 Account Number
 dd5.
 381044396305

 dnm.
 Do Not Mail indicator
 dnm.
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 pa.
 Power of Attorney indicator
 pa.

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 Presidential Disaster Relief indicator
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