Filing status:	L s	ingle X Married filing jointly	Marrie	ed filing separately	Head of ho	ousehold 🗌 Qua	lifying widow(e	er)	
Your first name	and in	itial	L	ast name				Your s	ocial security number
PRAVEEN			1	PAYILI				034	-69-6499
Your standard of	deducti	on: Someone can claim y	you as a de	pendent 🗌 You we	re born befor	re January 2, 1954	🗌 You	are blind	
f joint return, sp	oouse's	first name and initial	L	.ast name				Spous	e's social security number
SARITHA				GONE				329	-08-4358
Spouse standard	deductio	on: 📙 Someone can claim your	spouse as	a dependent	Spouse was l	born before Januar	y 2, 1954		Ill-year health care cover
Spouse is blir		Spouse itemizes on a se	parate retur	n or you were dual-stat	us alien				exempt (see inst.)
Home address	`	,					Apt. no.	(see in	ential Election Campaign
1206 FOR				address attack Oakad			1206	(000	You Spou
		e, state, and ZIP code. If you hav	/e a foreign	address, attach Sched	ule 6.				e than four dependents,
AVENEL, 1 Dependents						<b>B</b> 1 (1) (1)			st. and check here
•	(566 1	Last name		(2) Social security num	ber (3)	Relationship to you		Check if qu ax credit	alifies for (see inst.): Credit for other depende
(1) First name			3	064 00 007	0 57				
AKSHEYAW		PAYILI		964-92-037 964-92-040		AUGHTER		<u></u>	
KARTTIKE	IAWA	RMMAA PAYILI		964-92-040	0 sc			 ]	
								1	
ign	Under	penalties of perjury, I declare that I ha	ve examined	this return and accompany	ring schedules	and statements, and t	o the best of mv	_ knowledge ar	nd belief, they are true.
lere		, and complete. Declaration of prepare						0	- ·
int return?	Y	our signature		Date	Your occupa	ation			sent you an Identity Protecti
e instructions.	035	46		01-24-2019		ICAL LEAD		PIN, enter here (see	
ep a copy for ur records.	s	pouse's signature. If a joint return, bo	th must sign.	Date	Spouse's oc	cupation		If the IRS	sent you an Identity Protecti
	079	28		01-24-2019	HOMEMA	AKER		PIN, enter here (see	
aid	Pi	reparer's signature				PTIN	Firm's E	IN	Check if:
reparer	Pr	aveen Vundavalli				P016280	02 42-3	1769904	1 3rd Party Desig
se Only	P	reparer's name Praveen Vu	ındaval	1i		Phone	no. 201-5	510-012	3 Self-employed
···· <b>,</b>	Fi	rm's name 🕨 CENTUM TAX	K SOLUT	IONS LLC					
	Ei								
		rm's address ►634 WEST B	FOULKE	AVE, FINDLAY,	, ОН 458	340			
or Disclosure,		rm's address ►634 WEST In y Act, and Paperwork Reduction		AVE, FINDLAY,		340			Form <b>1040</b> (2
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rrm 1040 (2018 each Form(s) :2. Also attach rm(s) W-2G and 99-R if tax was thheld. andard aduction for- Single or married filing separately, 512,000 Aarried filing ointly or Qualifying widow(er), 524,000 tead of nousehold, 518,000 i you checked any box under Standard deduction, see instructions. <b>NO</b>	Privac 3) 1 2a 3a 4a 5a 6 7 9 10 11 12 13 14 15 16 17 18 19 20a	y Act, and Paperwork Reduction Wages, salaries, tips, etc. Attach Tax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Cotal income. Add lines 1 through 5 Adjusted gross income. If you I subtract Schedule 1, line 36, fr Standard deduction or itemiz Qualified business income ded Taxable income. Subtract lines a Tax (see inst) <u>6</u> b Add any amount from Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: a EIC (see ir Add any amount from Schedule Add lines 16 and 17. These are If line 18 is more than line 15, se	ch Form(s) ( 2a 3a 4a 5a 6 Add any am have no adj om line 6 2ed deducti luction (see 8 8 and 9 fro (chec 7 80 any fr fulle 2 and c) (chec 7 80 any fr fulle 2 and c) (chec 8 8 and 9 from Forms V) (chec 8 8 and 9 from Forms V) (chec	AVE, FINDLAY,           ice, see separate inst           W-2           wull           wull      <	ructions.	Taxable interest     Ordinary dividence     Taxable amount     Taxable amount     Taxable amount     Taxable amount     m 4972     3     C Form 8863     tyou overpaid	ds	2b       3b       4b       5b       6       7       8       9       10       11       12       13       14       15       16       17       18       19	Pag 83,690 83,690 83,690 83,690 24,000
rm 1040 (2018 ach Form(s) :2. Also attach rm(s) W-2G and 99-R if tax was ihheld. andard aduction for- single or married filing separately, \$12,000 Aarried filing ointly or Qualifying widow(er), \$24,000 tead of nousehold, \$18,000 f you checked any box under Standard deduction, see instructions. NO efund rect deposit?	Privac 3) 1 2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20a ► d 21	y Act, and Paperwork Reduction Wages, salaries, tips, etc. Attach Tax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Total income. Add lines 1 through 5 Adjusted gross income. If you I subtract Schedule 1, line 36, fr Standard deduction or itemiz Qualified business income ded Taxable income. Subtract lines a Tax (see inst) 6 b Add any amount from Schedul a Child tax credit/credit for other de Subtract line 12 from line 11. If Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: a EIC (see ir Add any amount from Schedul Add lines 16 and 17. These are If line 18 is more than line 15, s Amount of line 19 you want ap	ch Form(s) ' 2a 3a 4a 5a 6 44 5a 6 44 5a 6 44 5a 6 44 6 5a 780 any fro chec 780 any fro fro fro fro fro fro fro fro fro fro	AVE, FINDLAY,         ice, see separate inst         W-2         www.2         wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	ructions.	Taxable interest     Ordinary dividence     Taxable amount     Ta	Is	2b         3b         4b         5b         6         7         8         9         10         11         12         13         14         155         16         17         18         19         20a	Pag 83,690 83,690 83,690 24,000 59,690 6,780 1,000 5,780 5,780 3,83 3,83
rm 1040 (2018 ach Form(s) :2. Also attach rm(s) W-2G and 99-R if tax was ihheld. andard aduction for- single or married filing separately, \$12,000 Aarried filing ointly or Qualifying widow(er), \$24,000 tead of nousehold, \$18,000 f you checked any box under Standard deduction, see instructions. NO efund rect deposit?	Privac 3) 1 2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20a ► b ► d 21	y Act, and Paperwork Reduction Wages, salaries, tips, etc. Attach Tax-exempt interest Qualified dividends IRAs, pensions, and annuities Social security benefits Total income. Add lines 1 through 5 Adjusted gross income. If you I subtract Schedule 1, line 36, fr Standard deduction or itemiz Qualified business income ded Taxable income. Subtract liness a Tax (see inst) <u>6</u> b Add any amount from Schedule Cotal tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: a EIC (see ir Add any amount from Schedule Add lines 16 and 17. These are If line 18 is more than line 15, s Amount of line 19 you want ref Routing number Account number	ch Form(s) ' 2a 3a 4a 5a 6 Add any am have no adji om line 6 2ed deducti luction (see 5 8 and 9 fro (chec , 780 any fr fulle 2 and c) pendents 2 zero or less 4 5 zero or less 5 zero or less 5 zero or less 5 zero or less 6 zero or less 5 zero or less 6 zero or less 7 zero or less	AVE, FINDLAY,         ice, see separate inst         W-2         www.2         wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	ructions.         k      k	Taxable interest     Ordinary dividence     Taxable amount     Ta	Is	2b       3b       4b       5b       6       7       8       9       10       11       12       13       14       15       16       17       18       19	Pag 83,69 83,69 83,69 24,00 59,69 6,78 1,00 5,78 5,78 3,83

### SCHEDULE B (Form 1040)

# Interest and Ordinary Dividends

OMB No. 1545-0074

(Form 1040)		interest and oralinary bividentias		20	18	
Department of the Treasury		► Go to www.irs.gov/ScheduleB for instructions and the latest information.				_
Internal Revenue Servic	ce (99)	<ul> <li>Attach to Form 1040.</li> </ul>		Sequence		8
Name(s) shown on return				social security nun		
		ILI & SARITHA GONE	03	4-69-64		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Αποι	Int	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address				
(See instructions						
and the						
instructions for Form 1040.						
line 2b.)						
Note: If you			1			
received a Form						
1099-INT, Form 1099-OID, or						
substitute						
statement from a brokerage firm,						
list the firm's						
name as the payer and enter						
the total interest						
shown on that form.						
	2	Add the amounts on line 1	2			
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
		Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ►	4			
		If line 4 is over \$1,500, you must complete Part III.		Amo	unt	
Part II	5	List name of payer				
Ordinary						
Dividends						
Dividends						
(See instructions						
and the			5			
instructions for Form 1040,						
line 3b.)						
Note: If you						
received a Form						
1099-DIV or substitute						
statement from						
a brokerage firm, list the firm's						
name as the						
payer and enter the ordinary						
dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ►	6			
on that form.		If line 6 is over \$1,500, you must complete Part III.				
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b)				
Foreign		n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr			Yes	No
-	7a	At any time during 2018, did you have a financial interest in or signature authority over a finan				
Accounts		account (such as a bank account, securities account, or brokerage account) located in a foreign	yn		v	
and Trusts		country? See instructions	•••	••••	Х	
(See instructions.)		Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 11	14			
		and its instructions for filing requirements and exceptions to those requirements	T		Х	
	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the			22	
	~	financial account is located  INDIA				
	8	During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a				
		foreign trust? If "Yes," you may have to file Form 3520. See instructions	<u></u> .	<u></u>		Х

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

Schedule B (Form 1040) 2018

Form	8867	
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## Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074 2018

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

Attachment Sequence No. 70

Internal Revenue Service Taxpayer name(s) shown on return

Department of the Treasury

► Go to www	Go to www.irs.gov/Form8867 for instructions and the latest information.				
		Taxpayer identif	ication number		
SARITHA	GONE	034-69-	6499		

034-69-6499

Enter preparer's name and PTIN				
Praveen	Vundavalli			

PRAVEEN PAYILI & SARITHA GONE

P01628002

Part	Due Diligence Requirements			T	
Ple	ase check the appropriate box for the credit(s) and/or HOH filing status claimed on	EIC	CTC/	AOTC	нон
	his return and complete the related Parts I–V for the benefit(s), and/or HOH filing	LIO	ACTC/ODC		non
	status claimed (check all that apply).		X X		
1	Did you complete the return based on information for tax year 2018 provided			_	
	by the taxpayer or reasonably obtained by you?	X	Yes	No	
2	If credits are claimed on the return, did you complete the applicable EIC and/				
	or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or				
	1040NR instructions, and/or the AOTC worksheet found in the Form 8863				
	instructions, or your own worksheet(s) that provides the same information,				
	and all related forms and schedules for each credit claimed?	X	Yes	No	□ N/A
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.				
	<ul> <li>Interview the taxpayer, ask questions, and document the taxpayer's</li> <li>reappage to determine that the taxpayer is aligible to al</li></ul>				
	responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
	-				
	• Review information to determine that the taxpayer is eligible to claim the	77	N		
	credit(s) and/or HOH filing status and the amount of any credit(s) claimed	Δ	Yes	No	
4	Did any information provided by the taxpayer or a third party for use in				
	preparing the return, or information reasonably known to you, appear to be				
	incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b.	_	N		
	If "No," go to question 5.)		Yes	X No	
а	Did you make reasonable inquiries to determine the correct, complete, and				
	consistent information?		Yes	No	
b	Did you document your inquiries? (Documentation should include the				
	questions you asked, whom you asked, when you asked, the information that				
	was provided, and the impact the information had on your preparation of the		1	□	
_	retum.)		Yes	No	
5	Did you satisfy the record retention requirement? To meet the record				
	retention requirement, you must keep a copy of your documentation				
	referenced in 4b, a copy of this Form 8867, a copy of any applicable				
	worksheet(s), a record of how, when, and from whom the information used to				
	prepare Form 8867 and any applicable worksheet(s) was obtained, and a				
	copy of any document(s) provided by the taxpayer that you relied on to				
	determine eligibility for the credit(s) and/or HOH filing status or to compute		1	□	
	the amount of the credit(s)	X	Yes	No	
	List those documents, if any, that you relied on.				
•	D'de service de la companya de characterista de servicita de servicita de servicita de servicita de servicita d				
6	Did you ask the taxpayer whether he/she could provide documentation to				
	substantiate eligibility for the credit(s) and/or HOH filing status and the				
	amount of any credit(s) claimed on the return if his/her return is selected for		Vee		
-	audit?	X	Yes	No	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in				
	a previous year?	<b>.</b>	Vee		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<u> </u>			
a	Did you complete the required recertification Form 8862?		Yes	No	N/A
8	If the taxpayer is reporting self-employment income, did you ask questions to	г <del>.</del>	Vee	V N-	
D-	prepare a complete and correct Form 1040, Schedule C?		Yes	X No	

For Paperwork Reduction Act Notice, see separate instructions. EEA

	867 (2018) PRAVEEN PAYILI & SARITHA GONE				034-			9	Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does	no	t clai	m El	1		)		
			E	IC	CT CTC/0		AO	тс	НОН
9a	Have you determined that this taxpayer is, in fact, eligible to claim the EIC for					500			
Ju	the number of children for whom the EIC is claimed, or to claim EIC if the								
	taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming								
	the EIC and does not have a qualifying child.)		Yes		lo				
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of		103						
	the year, even if the taxpayer has supported the child the entire year?		Yes		lo				
с	Did you explain to the taxpayer the rules about claiming the EIC when a child		Yes		lo				
U	is the qualifying child of more than one person (tiebreaker rules)?		N/A						
_	Due Diligence Questions for Beturns Claiming CTC/ACTC/ODC //ft	hei			s not clain	n CTC	C ACT	- <u>C</u> 01	ODC do
Part	to Part IV.)		otai				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 01	000, 90
	´				СТС	/	AO	то	ЦОЦ
			EIC	,	ACTC/C	DDC	AU		HOH
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the								
	taxpayer dependent who is a citizen, national, or resident of the United States?				X Yes	No			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if								
	the taxpayer has not lived with the child for over half of the year, even if the				X Yes	No			
	taxpayer has supported the child, unless the child's custodial parent has								
	released a claim to exemption for the child?				N/A				
12	DId you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for								
	a child of divorced or separated parents (or parents who live apart), including				X Yes	No			
	any requirement to attach a Form 8332 or similar statement to the return?								
Part		loes	not	claim		to P	art V.)		
					CTC/				
			EIC	A	CTC/ODC		AOTC	;	HOH
13	Did the taxpayer provide the required substantiation for the credit, including								
	a Form 1098-T and/or receipts for the qualified tuition and related expenses								
	for the claimed AOTC?					Π	/es 🗌	No	
Part		m F	юн	filing	status, go				
				ľ	CTC/				
			EIC	A	CTC/ODC		DTC		НОН
14	Have you determined that the taxpayer was unmarried or considered								
	unmarried on the last day of the tax year and provided more than half of the								
	cost of keeping up a home for the year for a qualifying person?							<u> </u>	′es 🗌 No
Part	VI Eligibility Certification								
)	You have complied with all due diligence requirements for claiming the applicable	cre	dit(s)	and/o	or HOH filir	ıg			
	status on the return of the taxpayer identified above if you:								
	A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses o	n th	e retu	um or	in your note	s, revie	ew		
	adequate information to determine if the taxpayer is eligible to claim the credit(s) and/o	or H	OH fi	ling st	atus and to	detern	nine		
	the amount of the credit(s) claimed;								
	B. Complete this Form 8867 truthfully and accurately and complete the actions described	d in t	this c	hecklis	st for any ap	plicabl	е		
	credit(s) claimed and HOH filing status, if claimed;								
	C. Submit Form 8867 in the manner required; and								
	D. Keep all five of the following records for 3 years from the latest of the dates specified	in th	ne Fo	rm 88	67 instructio	ns unc	ler		
	Document Retention.								
	1. A copy of Form 8867;								
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;								
	3. Copies of any documents provided by the taxpayer on which you relied to determine	ne e	liaibil	itv for	the credit(s)	and/c	or HOH		
	filing status,	- 5		·, ·					
	<ol> <li>A record of how, when, and from whom the information used to prepare this form a</li> </ol>	and t	he ar	oplicat	ole workshe	et(s) w	as		
	obtained; and								
	<ol> <li>A record of any additional questions you may have asked to determine eligibility to</li> </ol>	, clai	im th	a cred	it(s), and/or	нон ғ	ilina		
	status and the amount(s) of any credit(s) claimed and the taxpayer's answers.				anu/01		ıg		
	If you have not complied with all due diligence requirements, you may have to pay	/ a ¢	520	nenali	v for each	failure	to		
	comply related to a claim of an applicable credit or HOH filing status.	, u ψ		Jonan	y tor each	anuic			
15	Do you certify that all of the answers on this Form 8867 are, to the best of								
	your knowledge, true, correct, and complete?				X Yes		No		

1040		lividual tic Summar	y			2018
Name(s)					Social Sec	urity #
PRAVEEN PAYIL	I & SARITHA GONE				0	34-69-6499
					Spouse SS	N #
Demographics					3	<u>29-08-4358</u>
Mailing Address:			Taxpayer		Spous	e
1206 FOREST VIE	W DR APT 1206	Daytime Phone:	609-721	-8277		
AVENEL, NJ 070	01	Evening Phone:				
		Cell Phone:	609-721	-8277		
		TP email:	PRAVEEN	.PAYILI@YAHC	DO.COM	
Resident State: NJ		SP email:				
Date of Birth: Taxpayer	08-10-1981 Spouse	03-18-19	981			
Dependent Information: (*I	f more than 5 dependents see last page of	f summary)				
<u>Name</u>		<u>SSN</u>		<b>Relationship</b>		Date of Birth
AKSHEYAW PAYILI KARTTIKEYAWARMM	AA PAYILI	964-92-03 964-92-04		DAUGHTER SON		08-11-2011 12-05-2015

### Diagnostics

Praveen Vundavalli Invoice: Preparer:

Date: 03-29-2019

Return Information Form Type: 1040

Item on Return	2018 Federal	2017 Federal (If available)
Filing Status	2	2
Exemptions	4	4
Total Income	83,696	63,344
AGI	83,696	63,344
Deductions	24,000	12,700
Taxable Income	59,696	34,444
Tax (before credits)	6,780	4,231
Tax (after credits)	5,780	2,231
Tax Rate Percentage	12	15
EIC		
Additional CTC		
Overpayment		3,284
Refund		3,284
Refund Applied to ES		
Balance Due	1,943	

The client has chosen to pay by direct debit Form of Refund/Payment:

<u>State/City Information</u> (\* If more than 4 states see last page of summary)

T/S/J	State/City	AGI	Taxable	Tax	Refund/
			Income		(Balance Due)
J	NJ1040	84,946	79,946	1,512	188

Accou	nt Transaction Summary	2018
Name(s) as shown on return		Your ID Number
PRAVEEN PAYILI & SARITHA (	GONE	XXX-XX-6499
Account #1 Financial Institution Name Routing Transit Number Account Number Account Type Federal Debit NJ Deposit Net Debit	051000017 435035900449 checking	<b>saction</b> 03-15-2019

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize CENTUM TAX SOLUTIONS LLC to use this account.

Your	Signature
TOUL	Signature

03-29-2019 Date 03-29-2019

Spouse's Signature (If Married Filing Jointly)



NJ-1040 2018 Page 1

For Privacy Act Notification, See Instructions

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	ocial Security Number (required) 696499	Last Name, First Name, Initial (Joint Filers enter first name & PAYILI PRAVEEN & GONE S		Enter spouse's/CU partner's last name ONLY if different.)					
•	e's/CU Partner's SSN (if filing jointly) $0084358$								
County 121	/Municipality Code (See Table page 50)	Home Address (Number and Street, including apartment number) 1206 FOREST VIEW DR APT 1206							
		City, Town, Post Office	State	ZIP Code					
		AVENEL	NJ	07001					
		Driver's License Number (Voluntary) (Instructions page 42) $P09636330008812$							
	Federal extension filed.								
	The address above is a foreign address.								
	Your address has changed.								
	Death certificate is enclosed.								
Х	Do not want a paper form next year.								
Х	I authorize the Division of Taxation to discuss my return and enclosures with my preparer.								
	NJ-1040-O is enclosed.								
	Presidential disaster relief.								
Direct	Deposit Information								
dd1.	Direct deposit indicator (1 for direct deposit, 4 for no	direct deposit)	dd1	. 1					
dd2.	dd2. Account type (C for checking, S for savings)			e. C					

dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States dd3. 051000017 dd4. dd4. Routing number 435035900449 dd5. Account number dd5.





NJ-1040

2018 Page 2



### Name(s) as shown on Form NJ-1040 PAYILI PRAVEEN & GONE SARITHA

Your Social Security Number 034696499

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Part-year residents, provide months/days you were a New Jersey resident during 2018:				Fiscal year filers only:										
From		То	То					Ent	Enter month of your year end					
	ng Status n only one													
1.		Single												
2.	Х	Married/CU Couple, filing joir	nt return											
3.		Married/CU Partner, filing sep	parate retur	'n										
4.		Head of Household						Enter Spouse's/CU	partner's SSN					
5.		Qualifying Widow(er)/Survivir	ng CU Parti	ner										
		Indicate the year of your spor	use's/CU pa	artner's de	eath:	2016	2017							
	<b>mptions</b> n the ova	ls that apply. You must enter a	total in the	boxes to	the right	and complete the calcul	ation.							
6.	Regular		Х	Self	Х	Spouse/CU Partner		Domestic Partner	r 2	x \$1,000 =	2000	0		
7.	Senior 6	65+ (Born in 1953 or earlier)		Self		Spouse/CU Partner				x \$1,000 =		_		
8.	Blind/Dis	sabled		Self		Spouse/CU Partner				x \$1,000 =				
9.	Veteran			Self		Spouse/CU Partner				x \$3,000 =				
10.	Qualified	d Dependent Children							2	x \$1,500 =	3000	0		
11.	Other D	ependents								x \$1,500 =		_		
12.	Depend	ents Attending Colleges (See i	nstructions	)						x \$1,000 =		_		
13.	Total Ex	emption Amount (Add totals from	om the line	s at 6 thro	ugh 12)					13.	5000	0.		
14.	Depend	ent Information. Provide the fol	llowing info	rmation fo	r each de	pendent. Fill in oval onl	y if the de	ependent does not hav	ve health insur	ance. (See instruct	ions) hea	he dependent does not ha alth insurance including N mily Care/Medicaid, Medi	1J	
	Last Na	me, First Name, Middle Initial						Social Security Num		Birth Year		vate or other, check the b		
a.	PAY			HEYA				9649203	-	2011				
b.	PAY	ILI	KAR	ΓΤΙΚ	EYA	WARM		96492040	00	2015				
c.														
d.														



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### Name(s) as shown on Form NJ-1040 PAYILI PRAVEEN & GONE SARITHA

Your Social Security Number 034696499

1024

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	84946	•
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 NJK-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.		•
27.	Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	84946	•
28a.	Retirement/Pension Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (Worksheet D and instructions page 22)	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.	84946	•
30.	Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	5000	•
31.	Medical Expenses (Worksheet F and instructions page 24)	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.	5000	
37.	Taxable Income (Subtract Line 36 from Line 29)	37.	79946	
38a.	Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	3791	
38b.	Block .			
38b.	Lot .			
38b.	Qualifier			
38c.	County/Municipality Code			
	Fill in if you completed Worksheet G			
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.	3791	
40.	New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	76155	
41.	Tax on Amount on Line 40 (Tax Table page 52)	41.	1512	
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.	1512	
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.	1512	
46.	Sheltered Workshop Tax Credit	46.		
47.	Balance of Tax (Subtract Line 46 from Line 45)	47.	1512	
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.	1512	
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0	
51.	Interest on Underpayment of Estimated Tax	51.		
	Fill in if Form NJ-2210 is enclosed			
52.	Total Tax Due (Add Lines 49, 50, and 51)	52.	1512	



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### Name(s) as shown on Form NJ-1040 PAYILI PRAVEEN & GONE SARITHA

Your Social Security Number 034696499

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CENTUM TAX SOLUTIONS LLC 634 WEST FOULKFINDLAY OH45840421769904							Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555			
Firm's Name Federal Employer Identification Number							s provided with the enversey Division of Taxat			
	P01628002						www.njtaxation.org Refund or No Tax Due Address			
Paid	Preparer's Signature		Federal I	dentification	n Number	State of New Jersey – TGI You can also make a payment on our website:				
		oouse's/CU Partner's S				money order	payable to:	make check or		
						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				
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.						voucher and t	nent along with the NJ ax return. Use the lab			
Unde	er penalties of perjury, I declare that I have examined this Income Tax retu	Irn, including accompa	nying scheo	dules and			Tax Due Address		Γ	
		Dome	stic Partne	r	Yes	No				
partn	er) have health insurance coverage on the date you file this return.	Spous	se/CU Partr	ner	Yes	No	Х			
Indicate whether or not you (and your spouse/CU partner or domestic			You Yes				Х			
	th Insurance									
This does not reduce your refund or increase your balance due.						No				
	It return does your spouse want to designate \$1?		Spouse/CU Partner Yes							
	pu want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No				
Gub	ernatorial Elections Fund									
75.	Refund amount (If Line 63 is more than zero, subtract Line 73 from Line	: 63)					75.	188	•	
74.	Balance due (If Line 62 is more than zero, add Line 62 and Line 73)						74.		•	
73.	Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 thro	ugh 72)					73.		•	
72.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		72.		•	
71.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		71.		•	
70.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		70.		•	
69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other			69.			
68.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other			68.			
67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other			67.			
66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other			66.			
65.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other			65.			
64.	Amount from Line 63 you want to credit to your 2019 tax						64.			
63.	If the total on Line 61 is more than Line 52, you have an overpayment.	Subtract Line 52 from L	ine 61 and	enter the o	verpayment		63.	188		
	If you owe tax, you can still make a donation on Lines 65 through 72.									
62.	If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from	Line 52 and enter the a	amount you	owe			62.			
61.	Total Withholdings, Credits, and Payments (Add Lines 53 through 60)						61.	1700		
60.	Wounded Warrior Caregivers Credit (See instructions)	, (200	-,				60.			
59.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form N	,, ,	ns)				59.			
57. 58.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-24	,					57. 58.			
57.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (Se									
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit									
56.	New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit						56.			
55. 56	New Jersey Estimated Tax Payments/Credit from 2017 tax return						55. 56			
	Property Tax Credit (See instructions page 25)						54.			
54.										