

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: **PRAVEEN** Last name: **PAYILI** Your social security number: **034-69-6499**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: **SARITHA** Last name: **GONE** Spouse's social security number: **329-08-4358**

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)  
 Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street): **1206 FOREST VIEW DR** Apt. no.: **1206** Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **AVENEL, NJ 07001** If more than four dependents, see inst. and check here

(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see inst.):	
Last name				Child tax credit	Credit for other dependents
<b>AKSHEYAW</b>	<b>PAYILI</b>	<b>964-92-0370</b>	<b>DAUGHTER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>KARTTIKEYAWARMAA</b>	<b>PAYILI</b>	<b>964-92-0400</b>	<b>SON</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?  Your signature: **03546** Date: **01-24-2019** Your occupation: **TECHNICAL LEAD** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)   
 Spouse's signature. If a joint return, both must sign. **07928** Date: **01-24-2019** Spouse's occupation: **HOMEMAKER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only** Preparer's signature: **Praveen Vundavalli** PTIN: **P01628002** Firm's EIN: **42-1769904** Check if:  3rd Party Designee  Self-employed  
 Preparer's name: **Praveen Vundavalli** Phone no.: **201-510-0123**  
 Firm's name: **CENTUM TAX SOLUTIONS LLC**  
 Firm's address: **634 WEST FOULKE AVE, FINDLAY, OH 45840**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>83,696</b>
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
<b>2b</b>	Taxable interest . . . . .	<b>2b</b>	
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
<b>3b</b>	Ordinary dividends . . . . .	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities . . . . .	<b>4a</b>	
<b>4b</b>	Taxable amount . . . . .	<b>4b</b>	
<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	
<b>5b</b>	Taxable amount . . . . .	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . .	<b>6</b>	<b>83,696</b>
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . .	<b>7</b>	<b>83,696</b>
<b>8</b>	Standard deduction or itemized deductions (from Schedule A) . . . . .	<b>8</b>	<b>24,000</b>
<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	<b>59,696</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>6,780</b> (check if <b>1</b> Form(s) 8814 <b>2</b> Form 4972 <b>3</b> ) <b>b</b> Add any amount from Schedule 2 and check here . . . . .	<b>11</b>	<b>6,780</b>
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>1,000</b> <b>b</b> Add any amount from Schedule 3 & check here . . . . .	<b>12</b>	<b>1,000</b>
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	<b>5,780</b>
<b>14</b>	Other taxes. Attach Schedule 4 . . . . .	<b>14</b>	
<b>15</b>	Total tax. Add lines 13 and 14 . . . . .	<b>15</b>	<b>5,780</b>
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b>	<b>3,837</b>
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch 8812 <b>c</b> Form 8863 <b>Add any amount from Schedule 5</b> . . . . .	<b>17</b>	
<b>18</b>	Add lines 16 and 17. These are your total payments . . . . .	<b>18</b>	<b>3,837</b>
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid . . . . .	<b>19</b>	
<b>20a</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here . . . . .	<b>20a</b>	
<b>b</b>	Routing number <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number		
<b>21</b>	Amount of line 19 you want applied to your 2019 estimated tax . . . . .	<b>21</b>	
<b>22</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .	<b>22</b>	<b>1,943</b>
<b>23</b>	Estimated tax penalty (see instructions) . . . . .	<b>23</b>	

**Standard Deduction for-**  
 • Single or married filing separately, \$12,000  
 • Married filing jointly or Qualifying widow(er), \$24,000  
 • Head of household, \$18,000  
 • If you checked any box under Standard deduction, see instructions.  
**NO**

**Refund**  
 Direct deposit?  See instructions.



**Paid Preparer's Due Diligence Checklist**

Department of the Treasury  
Internal Revenue Service

*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*

**2018**

► **To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.**  
► **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>PRAVEEN PAYILI &amp; SARITHA GONE</b>	Taxpayer identification number <b>034-69-6499</b>
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Enter preparer's name and PTIN  
**Praveen Vundavalli** **P01628002**

<b>Part I Due Diligence Requirements</b>	EIC	CTC/ ACTC/ODC	AOTC	HOH
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I–V for the benefit(s), and/or HOH filing status claimed (check all that apply).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1</b> Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>2</b> 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? . . . . .	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>N/A</b>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>● Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>● Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed . . . . .</li> </ul>	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>4</b> 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. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>b</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 return.) . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>5</b> 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 the amount of the credit(s) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>6</b> 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 audit? . . . . .	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) . . .	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>N/A</b>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>N/A</b>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>N/A</b>

<b>Part II Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go to Part III.)				
	EIC	CTC/ CTC/ODC	AOTC	HOH
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for 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.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

<b>Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>10</b> 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? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11</b> 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 taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>12</b> 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 any requirement to attach a Form 8332 or similar statement to the return? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

<b>Part IV Due Diligence Questions for Returns Claiming AOTC</b> (If the return does not claim AOTC, go to Part V.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>13</b> 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? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Part V Due Diligence Questions for Claiming HOH</b> (If the return does not claim HOH filing status, go to Part VI.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>14</b> 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? . . . . .				<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part VI Eligibility Certification</b>				
<p>▶ <b>You have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</b></p> <p>A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; <b>and</b></p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> <li>1. A copy of Form 8867;</li> <li>2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;</li> <li>3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status,</li> <li>4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and</li> <li>5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.</li> </ol> <p>▶ <b>If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</b></p>				

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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1040

**Individual  
Diagnostic Summary**

2018

Name(s) PRAVEEN PAYILI & SARITHA GONE Social Security # 034-69-6499

**Demographics****Mailing Address:**

1206 FOREST VIEW DR APT 1206  
AVENEL, NJ 07001

**Taxpayer**

Daytime Phone: 609-721-8277

Evening Phone:

Cell Phone: 609-721-8277

TP email: PRAVEEN.PAYILI@YAHOO.COM

SP email:

**Spouse**

Resident State: NJ

Date of Birth: Taxpayer 08-10-1981 Spouse 03-18-1981

Dependent Information: (\*If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth
AKSHEYAW PAYILI	964-92-0370	DAUGHTER	08-11-2011
KARTTIKEYAWARMMMAA PAYILI	964-92-0400	SON	12-05-2015

**Diagnostics**

Preparer: Praveen Vundavalli Invoice:

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	

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

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

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



2018 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040  
2018  
Page 1



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Your Social Security Number (required)  
034696499

Last Name, First Name, Initial (Joint Filers enter first name & middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
PAYILI PRAVEEN & GONE SARITHA

Spouse's/CU Partner's SSN (if filing jointly)  
329084358

County/Municipality Code (See Table page 50)  
1210

Home Address (Number and Street, including apartment number)  
1206 FOREST VIEW DR APT 1206

City, Town, Post Office  
AVENEL

State ZIP Code  
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.

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.

Presidential disaster relief.

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)

dd1. 1

dd2. Account type (C for checking, S for savings)

dd2. C

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.

051000017  
435035900449





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

Your Social Security Number  
**034696499**

Part-year residents, provide months/days you were a New Jersey resident during 2018:  
From \_\_\_\_\_ To \_\_\_\_\_

Fiscal year filers only:  
Enter month of your year end \_\_\_\_\_

**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: 2016 \_\_\_\_\_ 2017 \_\_\_\_\_

**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	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1953 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children						2	x \$1,500 =	<u>3000</u>
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	<u>5000</u> .

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

If the dependent does not have health insurance including NJ Family Care/Medicaid, Medicare, private or other, check the box

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year
a.	<u>PAYILI AKSHEYAW</u>	<u>964920370</u>	<u>2011</u>
b.	<u>PAYILI KARTTIKEYAWARM</u>	<u>964920400</u>	<u>2015</u>
c.	_____	_____	_____
d.	_____	_____	_____





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

Your Social Security Number  
034696499

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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.	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 .



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

Your Social Security Number  
**034696499**

1024

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		53.	1700 .
54. Property Tax Credit (See instructions page 25)		54.	.
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return		55.	.
56. New Jersey Earned Income Tax Credit (See instructions)		56.	.
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			
57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		57.	.
58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		58.	.
59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		59.	.
60. Wounded Warrior Caregivers Credit (See instructions)		60.	.
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)		61.	1700 .
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe		62.	.
If you owe tax, you can still make a donation on Lines 65 through 72.			
63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment		63.	188 .
64. Amount from Line 63 you want to credit to your 2019 tax		64.	.
65. Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	65.	.
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	66.	.
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	67.	.
68. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	68.	.
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	69.	.
70. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	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. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)		73.	.
74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73)		74.	.
75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)		75.	188 .

**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.

**Health Insurance**

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.

<input type="checkbox"/> You	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>
<input type="checkbox"/> Spouse/CU Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

\_\_\_\_\_  
Firm's Name Federal Employer Identification Number  
**CENTUM TAX SOLUTIONS LLC 634 WEST FOULK**  
**FINDLAY OH 45840 421769904**

**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