

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

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If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

# **DO NOT CUT THIS PAGE**



New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2022

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

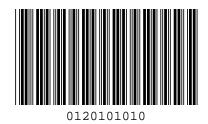
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 059-89-0677 BOYA 981-98-4583 BOYAPALLI, PRADEEP REDDY & BADDHAM, 8635 N EVERSHAM CT HENRICO VA 23294

Calendar Year - Due Voucher April 18, 2022 **1** Indicate the return for which payment is being made by checking the appropriate box:

				NJ-1040-NR		NJ-1041
R	NJ-1040	Ν	X	NJ-1080-C	F	NJ-1041SB

Enter amount of payment here:





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Calendar Year - Due Voucher June 15, 2022 **2** Indicate the return for which payment is being made by checking the appropriate box: **R** NJ-1040 **N** X NJ-1040-NR NJ-1041 **R** NJ-1040 **N** X NJ-1080-C **F** NJ-1041SB

Enter amount of payment here:





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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2022

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State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 059-89-0677 BOYA 981-98-4583 BOYAPALLI, PRADEEP REDDY & BADDH 8635 N EVERSHAM CT HENRICO VA 23294

Calendar Year - Due Voucher September 15, 2022 **3** Indicate the return for which payment is being made by checking the appropriate box: NJ-1040-NR NJ-1041 **R** NJ-1040 **N** X NJ-1080-C **F** NJ-1041SB

Enter amount of payment here:





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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2022

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 059-89-0677 BOYA 981-98-4583 BOYAPALLI, PRADEEP REDDY & BADDH 8635 N EVERSHAM CT HENRICO VA 23294

Calendar Year - Due Voucher January 17, 2023 **4** Indicate the return for which payment is being made by checking t

Indicate the return for which payment is being made by checking the appropriate box:

				NJ-1040-NR		NJ-1041
R	NJ-1040	Ν	Х	NJ-1080-C	F	NJ-1041SB

Enter amount of payment here:









2021

Page 2



#### Name(s) as shown on Form NJ-1040NR BOYAPALLI PRADEEP REDDY & BADDHAM A

Your Social Security Number 059890677

1555

Filing Status (Check only ONE box)

1.	Single	
2. 🗙	Married/CU Couple, filing joint return	
3.	Married/CU Partner, filing separate return	
4.	Head of Household	Name and SSN of Spouse/CU Partner
5.	Qualifying Widow(er)/Surviving CU Partner	
Exemptions		

6.	Regular	Self	Spouse/CU Partner	Domestic	6.	2		
7.	Age 65 or over	Self	Spouse/CU Partner	Partner	7.			
8.	Blind or Disabled	Self	Spouse/CU Partner		8.			
9.	Veteran Exemption	Self	Spouse/CU Partner					9.
10	Number of your qualified dependent children						10.	
11	Number of other dependents						11.	
12	Dependents attending colleges (See Instructions)				12.			
13	For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Ad For line 13c – Enter amount from line 9.	ld lines 10 and 11			13a.	2	13b.	13c.

#### **Dependent Information**

14. Deper	ndent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a.			
b.			
с.			
d.			

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

Check box if you completed lines 68 through 74       16.       16.       17.         16.       16.       17.       17.       17.         18.       18.       18.       19.         19.       Net gains or income from tisposition of property (From line 65)       19.       0.         20.       19.       0.       20.         21.       Net gains or income from rents, royalties, patents, and copyrights (Sebende NJ-BUS-1, Part II, line 4)       20.       20.         22.       11.       21.       21.       20.         22.       12.       21.       21.       21.         23.       Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4)       23.       23.       .         24.       Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)       24.       24.       .         25.       -       -       26.       .       26.       .         27.       TOTAL INCOME (Add lines 15 through 26)       27.       206128       27.       103064         28a.       .       28a.       .       .       28b.       .       .         284.       Other State Nature and Source       .       28b.       .       .       28b. </th <th>15.</th> <th>Wages, salaries, tips, and other employee compensation</th> <th>15.</th> <th>206128</th> <th></th> <th>15.</th> <th>103064 .</th>	15.	Wages, salaries, tips, and other employee compensation	15.	206128		15.	103064 .
17.       Dividends       17.       17.       17.         18.       Net profits from business (Schedule NJ-BUS-1, Part I, line 4)       18.       18.       19.         19.       Net gains or income from disposition of property (From line 65)       19.       0       19.       0       .         20.       Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)       20.       20.       .       .         21.       Net gambling winnings (See Instructions)       21.       . <td></td> <td></td> <td></td> <td>200120</td> <td></td> <td></td> <td>100001</td>				200120			100001
18.Net profits from business (Schedule NJ-BUS-1, Part I, line 4)18.18.18.19.Net gains or income from disposition of property (From line 65)19.019.0.20.Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)20.2021.Net gambling winnings (See Instructions)21.21.2122.Taxable pensions, annuities, and IRA distributions/withdrawals2223.Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4)2324.Net por ata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)24252627.TOTAL INCOME (Add lines 15 through 26)27<	16.	Interest	16.		•	16.	•
19.Net gains or income from disposition of property (From line 65)19.019.019.0.20.Net gains or income from rents, royalties, patents, and copyrights (Senedule NJ-BUS-1, Part II, line 4)20.2021.Taxable pensions, annuities, and IRA distributions/withdrawals21.2123.Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)23.2324.Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IIV, line 4)24.2425.Alimony and separate maintenance payments received2526.Other – State Nature and Source	17.	Dividends	17.			17.	•
10.11	18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.			18.	
21. Net gambling winnings (See Instructions)21.21.22. Taxable pensions, annuities, and IRA distributions/withdrawals22.23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)23.24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)24.25. Alimony and separate maintenance payments received25.26. Other - State Nature and Source26.27. TOTAL INCOME (Add lines 15 through 26)27.28a. Pension/Retirement Exclusion (See Instructions)28a.28b. Other Retirement Income Exclusion (See Worksheet and Instructions)28b.28c. Total Exclusion Amount (Add line 28a and line 28b)28c.29. Gross Income (Subtract line 28c from line 27)29.20. Total Exemption Amount (See Instructions)30.30. Z000031.31. Medical Expenses (See Worksheet and Instructions)31.32. Alimony and separate maintenance payments32.33. Qualified Conservation Contribution33.34. Health Enterprise Zone Deduction34.	19.	Net gains or income from disposition of property (From line 65)	19.	0	•	19.	0.
22.Taxable pensions, anulities, and IRA distributions/withdrawals22.23.Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)23.23.24.Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)24.24.25.Alimony and separate maintenance payments received2526.Other - State Nature and Source26.26.27.TOTAL INCOME (Add lines 15 through 26)27.20612828a28b.Other Retirement Exclusion (See Instructions)28a.28b28c.Total Exclusion Amount (Add line 28a and line 28b)28c29.Gross Income (Subtract line 28c from line 27)29.20612829.30.Total Exemption Amount (See Instructions)31313233.Qualified Conservation Contribution3334.Health Enterprise Zone Deduction34	20.	Net gains or income from rents, royalties, patents, and copyrights $(Schedule  NJ-BUS-1,  Part  II,  line  4)$	20.		•	20.	
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)23.23.23.24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)24.24.24.25. Alimony and separate maintenance payments received25.26.26.26.26. Other – State Nature and Source26.27.103064.28a.28a.28b.28b.28b.28b.28b.28b.28b.28b.28b.28b.27.103064.29.103064.20. <td< td=""><td>21.</td><td>Net gambling winnings (See Instructions)</td><td>21.</td><td></td><td>•</td><td>21.</td><td></td></td<>	21.	Net gambling winnings (See Instructions)	21.		•	21.	
24.Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)24.24.24.25.Alimony and separate maintenance payments received25.26.26.26.103 0 6 427.20 6 1 2 827.10 3 0 6 427.TOTAL INCOME (Add lines 15 through 26)27.20 6 1 2 828.28.28.Pension/Retirement Exclusion (See Instructions)28a.28b.28b.28b.28b.28.Total Exclusion Amount (Add line 28a and line 28b)28c.28c.28c.28c.28c.28c.28c.28.29.Gross Income (Subtract line 28c from line 27)29.20 6 1 2 829.10 3 0 6 4430.Total Exemption Amount (See Instructions)31.31.31.31.31.33.33.34.34.34.Health Enterprise Zone Deduction34.3	22.	Taxable pensions, annuities, and IRA distributions/withdrawals	22.		•		
25. Alimony and separate maintenance payments received2526. Other - State Nature and Source2626.27. TOTAL INCOME (Add lines 15 through 26)27.206128.27.28a28b. Other Retirement Exclusion (See Instructions)28a28c. Total Exclusion Amount (Add line 28a and line 28b)28c29. Gross Income (Subtract line 28c from line 27)29.206128.29.10306430. Total Exemption Amount (See Instructions)30.200031. Medical Expenses (See Worksheet and Instructions)3132. Alimony and separate maintenance payments3233. Qualified Conservation Contribution3334. Health Enterprise Zone Deduction34	23.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		•	23.	
26.Other - State Nature and Source26.26.26.27.TOTAL INCOME (Add lines 15 through 26)27.20612827.10306428a.28a.28a.28b.	24.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		•	24.	
27.TOTAL INCOME (Add lines 15 through 26)27.20612827.103064.28a.28a.28a <td< td=""><td>25.</td><td>Alimony and separate maintenance payments received</td><td>25.</td><td></td><td>•</td><td></td><td></td></td<>	25.	Alimony and separate maintenance payments received	25.		•		
28a.28a.28b.Other Retirement Income Exclusion (See Worksheet and Instructions)28b.28b.28b28c.Total Exclusion Amount (Add line 28a and line 28b)28c.28c29.Gross Income (Subtract line 28c from line 27)29.20612829.103064.30.Total Exemption Amount (See Instructions)30.200031.Medical Expenses (See Worksheet and Instructions)3132.Alimony and separate maintenance payments3233.Qualified Conservation Contribution34	26.	Other – State Nature and Source	26.		•	26.	
28b.Other Retirement Income Exclusion (See Worksheet and Instructions)28b28b28c.Total Exclusion Amount (Add line 28a and line 28b)28c28c29.Gross Income (Subtract line 28c from line 27)29.20612829.103064.30.Total Exemption Amount (See Instructions)30.2000.103064.31.Medical Expenses (See Worksheet and Instructions)3132.Alimony and separate maintenance payments3233.Qualified Conservation Contribution3334.Health Enterprise Zone Deduction34	27.	TOTAL INCOME (Add lines 15 through 26)	27.	206128	•	27.	103064 .
28c.Total Exclusion Amount (Add line 28a and line 28b)28c.28c.28c29.Gross Income (Subtract line 28c from line 27)29.20612829.103064.30.Total Exemption Amount (See Instructions)30.2000.103064.31.Medical Expenses (See Worksheet and Instructions)3132.Alimony and separate maintenance payments3233.Qualified Conservation Contribution3334.Health Enterprise Zone Deduction34	28a.	Pension/Retirement Exclusion (See Instructions)	28a.		•		
29.Gross Income (Subtract line 28c from line 27)29.20612829.10306430.Total Exemption Amount (See Instructions)30.200010306431.Medical Expenses (See Worksheet and Instructions)3132.Alimony and separate maintenance payments3233.Qualified Conservation Contribution3334.Health Enterprise Zone Deduction34	28b.	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		•	28b.	
30.Total Exemption Amount (See Instructions)30.200031.Medical Expenses (See Worksheet and Instructions)3132.Alimony and separate maintenance payments3233.Qualified Conservation Contribution3334.Health Enterprise Zone Deduction34	28c.	Total Exclusion Amount (Add line 28a and line 28b)	28c.		•	28c.	
31.Medical Expenses (See Worksheet and Instructions)31.32.Alimony and separate maintenance payments32.33.Qualified Conservation Contribution33.34.Health Enterprise Zone Deduction34.	29.	Gross Income (Subtract line 28c from line 27)	29.	206128	•	29.	103064 ·
32.Alimony and separate maintenance payments32.33.Qualified Conservation Contribution33.34.Health Enterprise Zone Deduction34.	30.	Total Exemption Amount (See Instructions)	30.	2000			
33.Qualified Conservation Contribution33.34.Health Enterprise Zone Deduction34.	31.	Medical Expenses (See Worksheet and Instructions)	31.		•		
34.     Health Enterprise Zone Deduction     34.	32.	Alimony and separate maintenance payments	32.		•		
	33.	Qualified Conservation Contribution	33.		•		
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) 35. 0	34.	Health Enterprise Zone Deduction	34.		•		
	35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	•		



2021



Name(s) as shown on Form NJ-1040NR BOYAPALLI PRADEEP REDDY & BADDHAM ANUPRIYA

Your Social Security Number 059890677

1555

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		·			
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	2000	•			
38.	Taxable Income (Subtract line 37 from line 29, column A)	38.	204128	·			
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	8960	•			
40.	Income Percentage B. (line 29) / A. (line 29) = $50.00$ %						
41.	New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)				41.	4480	•
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)				42.		•
43.	Gold Star Family Counseling Credit (See Instructions)				43.		•
44.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)				44.		•
45.	Total Credits (Add lines 42, 43, and 44)				45.		•
46.	Balance of Tax After Credits (Subtract line 45 from line 41)				46.	4480	
47.	Penalty for Underpayment of Estimated Tax.				47.	149	
	Check box if Form NJ-2210NR is enclosed				×		
48.	Total Tax and Penalty (Add line 46 and line 47)				48.	4629	
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.				50	
50.	New Jersey Estimated Tax Payments/Credit from 2020 return	50.	4629		<ul> <li>Also enter on line</li> <li>Payments m</li> </ul>	50: ade in connection	
51.	Tax paid on your behalf by Partnership(s)	51.			with sale of	NJ real property	
52.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.			<ul> <li>Payments by nonresident</li> </ul>	y S corporation for shareholder	
53.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.					
54.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.					
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.					
56.	Total Payments/Credits (Add lines 49 through 55)				56.	4629	
57.	If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the an	nount you owe			57.	0	
58.	If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and en	nter the overpayment			58.	-	
59.	Amount from line 58 you want to credit to your 2022 tax				59.		
60.	Amount you want to credit to:						
	(A) N.J. Endangered Wildlife Fund	60A.					
	(B) N.J. Children's Trust Fund	60B.			NOTE: An entry on lines 5	59 through 60F will	1
	(C) N.J. Vietnam Veterans' Memorial Fund	60C.			reduce your tax ref		
	(D) N.J. Breast Cancer Research Fund	60D.					
	(E) U.S.S. N.J. Educational Museum Fund	60E.					
	(F) Designated Contribution Code	60F.					
61.	Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)				61.		
62.	Balance due (If line 57 is more than zero, add line 57 and 61)				62.		
63.	Refund amount (If line 58 is more than zero, subtract line 61 from line 58)				63.		
							•

Under penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all Pay amount on line 62 in full. Write Social Security number(s) on check or money order and information of which the preparer has any knowledge. make payable to: State of New Jersey - TGI Division of Taxation > Revenue Processing Center Your Signature Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) PO Box 244 Trenton, NJ 08646-0244 Date Paid Preparer's Signature Federal Identification Number You can also make a payment on our website: nj.gov/taxation PRASHANT KAIRA P02483392 Firm's Name Firm's Federal Employer Identification Number Endow Tax LLC 84-3171965 REV 03/29/22 PRO

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Division Use: 1

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							-1040NR (2021) Pag	
Name(s) as shown on Form NJ-1040NR							Social Security Num	lber
BOYAPALLI PRADEEP REDDY &							390677	
Part I Net Gains or Income From Disposition of Property	dispo						change, or other intangible as repo	orted
(a) Kind of property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales	price	(e) Cost or oth basis as adjus (see instructio and expense of	ted ns)	(f) Gain or (los (d less e)	s)
<sup>64</sup> Robinhood Securiti	01/01/2021	05/14/2021	4356		4856		-500	
ROBINHOOD CRYPTO L	01/01/2021	08/09/2021	500		594		-94	
65. Capital Gains Distribution						65.		
66. Other Net Gains						66.		
67. Net Gains (Add lines 64, 65, and 66) (E	nter here and or	n line 19) (If loss	s, enter zero)			67.	0	
Allocation of Wage and Sa Part II Income Earned Partly Insi Outside New Jersey			if compensation de her basis of alloca			me of t	ousiness	
68. Amount reported on line 15 in column A	required to be a	allocated				68.		
69. Total days in taxable year						69.	1	
70. Deduct nonworking days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			70.		
71. Total days worked in taxable year (subtr	act line 70 from	line 69)				71.		
72. Deduct days worked outside New Jerse	y					72.		
73. Days worked in New Jersey (subtract lir	ne 72 from line 7	71)				73.		
			_					
74. Allocation Formula	x (Ent	ter amount from	line 68) (Sala	ry earı	ned inside N.J.)		le this amount on 5, col. B)	
Part III Allocation of Business Income to New Jersey	(S	ee instructions i	if other than Form	ula Ba	sis of allocation is	s used.	.)	
Business Allocation Percentage (From Sche	edule NJ-NR-A)							
Enter below the line number and amount of allocation percentage to determine amount				n A tha	at is required to be	e alloca	ated and multiply b	у
From Line No \$		. x	% = \$					
From Line No \$		_ X	% = \$					
From Line No \$		x	% = \$					

Name(s) as shown on Form NJ-1040NR		Social Security Number
BOYAPALLI, PRADEEP REDDY & BADDH	IAM, ANUPRIYA	059-89-0677

# Schedule NJ-BUS-2

(Form NJ-1040NR)

# New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2021

			Column A			Column B			
Part I Income (Loss)			Reportable Regular Business Income			Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	0.			
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.			
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.			
5.	Loss Carryforward From Tax Year 2020				5b.	( 6,550.	)		
6.	Totals	6a.	0.		6b.	-6,550.			
Par	t II Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.						
9.	Business Increment (Subtract line 8 from line 7)	9.	0.						
10.	Adjustment Percentage	10.	(	0.50					
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.						
Par	t III Loss Carryforward to Tax Year 202	2							
12.	Loss Carryforward to Tax Year 2022				12.	( 6,550.	)		

#### Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

NJ-2210NR 2021

#### Underpayment of Estimated Tax By Nonresident Individuals

Check the box at line 47, Form NJ-1040NR, and enclose this form with your return

Name(s) as shown on Form NJ-1040NR					umber		
BOYAPALLI, PRADEEP REDDY & BADDH.		059-89-0	677				
Part I Figuring Your Underpa	yment						
1. 2021 Tax (line 46, Form NJ-1040NR)					1.		4,480.
2. Enter the total of lines <b>49, 51, 52</b> , <b>53, 54 and</b>	d 55, Form NJ-104	0NR			2.		
3. Subtract line 2 from line 1 (If less than \$400	, do <b>not</b> complete tl	he res	st of this form)		3.		4,480.
4a. Multiply the amount on line 1 by .80 (80%) (	Two-thirds for quali	fied fa	armers)		4a.		3,584.
4b. Enter 2020 tax (From Form NJ-1040NR, lin	ne 46)				4b.		
			ļ,	Paymen	t Due	e Dates	
			(A) April 15, 2021	(B) June 15, 202	1	(C) Sept 15, 2021	(D) Jan 18, 2022
5. Use the lesser amount from either line 4a or four. Enter the result in each column		5.	896.	8	96.	896.	896.
<ol> <li>Estimated tax paid and tax withheld per period If each column on line 6 is greater than the column on line 5, do not complete the rest of</li> </ol>	corresponding	6.	0.		0.	0.	0.
<ol> <li>Enter the overpayment (line 13) from the pre (Complete lines 7 through 13 for one column completing the next column.)</li> </ol>	n before	7.					
8. Add line 6 and line 7		8.	0.		0.	0.	0.
9. Enter the total underpayment (add line 11 ar the previous column		9.		8	96.	1,792.	2,688.
10. Subtract line 9 from line 8. If zero or less, en	ter zero	10.	0				
11. Remaining underpayment from previous per	iod. If line 10 is		0.		0.	0.	0.
zero, subtract line 8 from line 9. Otherwise e 12. <b>Underpayment</b> (If line 5 is greater than line		11.		8	96.	1,792.	2,688.
10 from line 5)		12.	896.	8	96.	896.	896.
13. <b>Overpayment</b> (If line 10 is greater than line from line 10)		13.					
Part IIExceptions(See instructions. Complete worksheets for exception 1 at line 15, do not file							
14. Total amount paid and withheld from Januar payment due date shown. (Do not include w			April 15, 2021	June 15, 2021	S	ept 15, 2021	Jan 18, 2022
December 31, 2021.) (See instructions)	-	14.	0.	0		0.	0.
15. Exception 1 – Enter 2020 tax (2020 NJ-1040NR, line 46)	\$	15.	25% of 2020 Tax	50% of 2020 Tax	x 759	% of 2020 Tax	100% of 2020 Tax
16. Exception 2 – Tax on 2020 gross income usi exemptions and tax rates	ng 2021	16.	25% of Tax	50% of Tax		75% of Tax	100% of Tax
		10.	20% of Tax	40% of Tax		60% of Tax	
17. Exception 3 – Tax on annualized 2021 incom	าย	17.					
18. Exception 4 – Tax on 2021 income over 3, 5 periods		18.	90% of Tax	90% of Tax		90% of Tax	
If the amount of any e at line	exception is equal to 14, interest will <b>not</b>				nount		

19. Total Interest (Include this amount on line 47, Form NJ-1040NR)......See. 2210. Wks

\$

#### NJ-2210NR

# Worksheets

# Exception II Tax on 2020 gross income using 2021 exemptions and tax rates

1.	Enter 2020 Gross Income (line 29, column A, 2020 NJ-1040NR)	1.	
2.	Enter 2021 Total Exemptions (line 30, 2021 NJ-1040NR)	2.	
3.	Subtract line 2 from line 1	3.	
4.	Calculate tax on line 3 (2021 tax rates)	4.	
5.	Income Percentage (line 40, 2021 NJ-1040NR)	5.	
6.	Multiply line 4 by line 5. Enter the applicable percentage of this amount on line 16, Part II of this form	6.	

# **Exception III** Tax on 2021 Annualized Income (attach calculations)

			1/1/21 – 3/31/21	1/1/21 – 5/31/21	1/1/21 – 8/31/21
1.	Enter the portion of Gross Income (line 29, column A, NJ-1040NR) that is applicable to each period shown	1.			
2.	Annualization amounts	2.	4	2.4	1.5
3.	Annualized Income (Multiply line 1 by line 2)	3.			
4.	Enter Total Exemptions (line 30, NJ-1040NR)	4.			
5.	Subtract line 4 from line 3	5.			
6.	Calculate tax on line 5	6.			
7.	Enter the portion of Gross Income from New Jersey sources (line 29, column B, NJ-1040NR) that is applicable to each period shown	7.			
8.	Percentage of income from New Jersey sources (Divide line 7 by line 1)	8.			
9.	Multiply line 6 by line 8. Enter the applicable percentage of this amount on line 17, Part II of this form	9.			

# Exception IV Tax on Actual 2021 Taxable Income over 3, 5, and 8-month periods (attach calculations)

		1/1/21 – 3/31/21	1/1/21 – 5/31/21	1/1/21 – 8/31/21
Enter the actual amount of Taxable Income (line 38, NJ-1040NR) that is applicable to each period shown				
2. Calculate tax on line 1	2.			
3. Income percentage (line 40, NJ-1040NR)	3.			
4. Multiply line 2 by line 3. Enter 90% of this amount on line 18, Part II of this form	4.			

2020

Name as Shown on Return	Social Security No.	
BOYAPALLI, PRADEEP REDDY & BADDHAM, ANUPRIYA	059-89-0677	

# Option 1

		A	В	С	D	E	F	G
F	Period	Amount Due (line 5, NJ-2210/2210NR)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210/2210NR)	Balance (C - D)	Multi- plier	Interest (E x F)
1	6/16-							
	7/15						.005	
2	7/16 - 9/15						.010	
3	9/16 - 1/15						.021	
4	1/16 - 4/15						.016	
5	Total inte	erest for Option	1		1		. 5	

# Option 2

	Payment due dates	<b>(a)</b> 6/15/2020	<b>(b)</b> 7/15/2020	<b>(c)</b> 9/15/2020	<b>(d)</b> 1/15/2021				
1 2 3	Payment date	<u>04/15/2022</u> 896.	<u>04/18/2022</u> 896.	<u>04/18/2022</u> 896.	<u>04/18/2022</u> 896.				
4 5 a	previous quarter	896.	<u> </u>	<u>    1,792.</u> 2,688.	<u>    2,688.</u> <u>    3,584.</u>				
b 6	due date to payment date or next quarter due date, whichever is earlier Interest rate Late payment interest.	2	<u>3</u> 0625	<u>4</u> 0625	<u>3</u> 0625				
	(Line 4 times line 5a times line 5b divided by 12.) If line 1 is blank, skip	9.	28.	56.	56.				
7 8 9 a	lines 7 through 10.Payment amountUnderpayment amountNumber of months frompayment date to next	0. 896.	0. 1,792.	0. 2,688.	<u>0.</u> 3,584				
b 10	quarter due date Interest rate Underpayment interest. (Line 8 times line 9a times	0 0625	0 0625	0 0625	0 0625				
	line 9b divided by 12.)	0.	0.	0.	0.				
11	<b>11</b> Total interest for Option 2. Add lines 6 and 10, columns (a) through (d) <b>11</b> 149.								

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