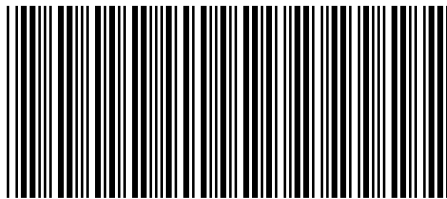


NJ-1040-NR
2018



040NV01180

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2018 - December 31, 2018 or Other Tax Year
Beginning _____, 20 _____ Ending _____, 20 _____
Check box [] if application for federal extension is attached
or enter confirmation number _____

1030

Your Social Security Number
722-80-2188

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Michigan

Driver's License # (Voluntary) State
5175758553 NJ

Joint filers enter first name and initial of each - Enter spouse/CU partner last name only if different.

Last Name, First Name, and Initial

PASHAM SURESH

Home Address (Number and Street, incl. apt. # or rural route)

901 GARDEN TERRACE

City, Town, Post Office

NORTH ARLINGTON

State Zip Code
NJ 07031

Change of address

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency.

From: To:

FILING STATUS (Check only one box)

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

EXEMPTIONS

- 6. Regular Domestic Partner 6. 1
- 7. Age 65 or Over 7.
- 8. Blind or Disabled 8.
- 9. Veteran Exemption 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 - Add Lines 10 and 11. For Line 13c - Enter amount from Line 9. 13a. 1 13b. 13c.

14. Dependent Information

Last Name, First Name, Middle Initial Social Security Number Birth Year

- A.
- B.
- C.
- D.

GUBERNATORIAL ELECTIONS FUND

Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "yes" box(es), it will not increase your tax or reduce your refund.

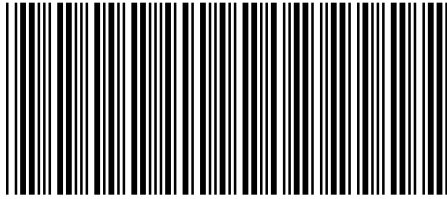
Yes No
Yes No

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

	COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)	COL. B - AMOUNT FROM NEW JERSEY SOURCES
15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 64 through 70	15. 103878	15. 27000
16. Interest	16. .	16. .
17. Dividends	17. 1	17. 0
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4)	18. .	18. .
19. Net gains or income from disposition of property (From Line 63)	19. 1003	19. 0
20. Net gains or income from rents, royalties, patents (Schedule NJ-BUS-1, Part II, Line 4)	20. .	20. .
21. Net gambling winnings (See instructions)	21. .	21. .
22. Pensions, Annuities, and IRA Withdrawals	22. .	22. .
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 received	25. .	25. .
26. Other - State Nature and Source _____	26. .	26. .
27. TOTAL INCOME (Add Lines 15 through 26)	27. 104882	27. 27000
28a. Pension Exclusion (See Instructions)	28a. .	28a. .
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b. .	28b. .
28c. Total Exclusion Amount (Add Line 28a and Line 28b)	28c. .	28c. .





040NV02180

PASHAM SURESH

722802188

29. Gross Income (Subtract Line 28c from Line 27)	29.	104882	.	29.	27000	.
30. Gross Income (From Line 29)	30.	104882	.	30.	27000	.
31. Total Exemption Amount (See Instructions)	31.	1000	.			
32. Medical Expenses (See Worksheet and Instructions)	32.		.			
33. Alimony and separate maintenance payments	33.		.			
34. Qualified Conservation Contribution	34.		.			
35. Health Enterprise Zone Deduction	35.		.			
36. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	36.		.			
37. Total Exemptions and Deductions (Add Lines 31 through 36)	37.	1000	.			
38. TAXABLE INCOME (Subtract Line 37 from Line 30, Column A)	38.	103882	.			
39. Tax on amount on Line 38 (From Tax Table page 34)	39.	4491	.			
40. Income Percentage B. (Line 30) / A. (Line 30) =		25.74				
41. NEW JERSEY TAX (Multiply amount from Line 39 <u>4491</u> x <u>25.74</u> % from Line 40)	41.			41.	1156	.
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instruction)	42.		.			
43. Balance of Tax (Subtract Line 42 from Line 41)	43.		.	43.	1156	.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.			
45. Balance of Tax After Credits (Subtract Line 44 from Line 43)	45.		.	45.	1156	.
46. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210 is enclosed.	46.		.	46.		.
47. Total Tax and Penalty (Add Line 45 and Line 46)	47.		.	47.	1156	.
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48.	1292	.			
49. New Jersey Estimated Tax Payments/Credit from 2017 return	49.		.			
50. Tax paid on your behalf by Partnership(s)	50.		.			
51. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	51.		.			
52. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	52.		.			
53. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	53.		.			
54. Total Payments/Credits (Add Lines 48 through 53)	54.		.	54.	1292	.
55. If Line 54 is LESS THAN Line 47, enter AMOUNT YOU OWE	55.		.			
56. If Line 54 is MORE THAN Line 47, enter OVERPAYMENT	56.		.	56.	136	.
57. Deductions from Overpayment on Line 56 that you elect to credit to:						
(A) Your 2019 Tax	57A.		.			
(B) N.J. Endangered Wildlife Fund	57B.		.			
(C) N.J. Children's Trust Fund	57C.		.			
(D) N.J. Vietnam Veteran's Memorial Fund	57D.		.			
(E) N.J. Breast Cancer Research Fund	57E.		.			
(F) U.S.S. N.J. Educational Museum Fund	57F.		.			
(G) Designated Contribution CODE	57G.		.			
58. Total Deductions From Overpayment (Add Lines 57A through 57G)	58.		.			
59. REFUND (Amount to be sent to you. Subtract Line 58 from Line 56)	59.		.	59.	136	.

Also enter on line 49:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

NOTE:
AN ENTRY ON LINE 57A, B, C, D, E, F,
OR G WILL REDUCE YOUR TAX
REFUND

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 information of which the preparer has any knowledge.

Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature	Federal Identification Number
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Firm's Name	Federal Employer Identification Number
GLOBAL TAXES LLC	30-1017196

Name(s) as shown on Form NJ-1040NR
 PASHAM SURESH

Your Social Security Number
 722-80-2188

PART I NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

(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 other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
60. APEX CLEARING	01/01/2018	12/31/2018	18594	17669	925
Robinhood Securiti	01/01/2018	12/31/2018	809	731	78

61. Capital Gains Distribution	61	
62. Other Net Gains.....	62	
63. Net Gains (Add Lines 60, 61, and 62) (Enter here and on Line 19) (If Loss, enter ZERO).....	63	1003

PART II ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

64. Amount reported on Line 15 in Column A required to be allocated	64	
65. Total days in taxable year	65	
66. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	66	
67. Total days worked in taxable year (subtract Line 66 from 65)	67	
68. Deduct days worked outside New Jersey.....	68	
69. Days worked in New Jersey (subtract Line 68 from Line 67)	69	

70. ALLOCATION FORMULA _____ x _____ = _____ (Include this amount on Line 15, Col. B)
 (Enter amount from Line 64) (Salary earned inside N.J.)

PART III ALLOCATION OF BUSINESS INCOME TO NEW JERSEY (See instructions if other than Formula Basis of allocation is used.)

BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in Column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____