

2021 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2021  
Page 1



040NV01210

For Taxable Year January 1, 2021 – December 31, 2021 or Other Tax Year  
Beginning \_\_\_\_\_, 2021 Ending \_\_\_\_\_, 2022

1555

Your Social Security Number  
301351307

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
GIMKALA REVATHI

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
NEW HAMPSHIRE

Home Address (Number and Street, incl. apt. # or rural route)  
13 STRAWBERRYBANK ROAD, APT. 11

| Driver's License # (Voluntary) | State | City, Town, Post Office | State | ZIP Code |
|--------------------------------|-------|-------------------------|-------|----------|
| NHL16986754                    | NH    | NASHUA                  | NH    | 03062    |

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

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

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

To:

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

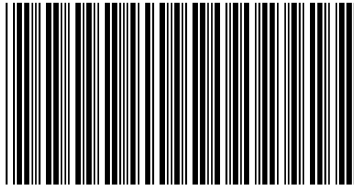
Yes

No

Yes

No





040NV02210

Name(s) as shown on Form NJ-1040NR  
GIMKALA REVATHI

Your Social Security Number  
301351307

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**

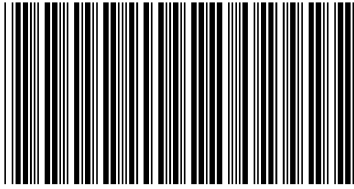
|                                                                                                                               |      |                   |                  |      |   |      |      |
|-------------------------------------------------------------------------------------------------------------------------------|------|-------------------|------------------|------|---|------|------|
| 6. Regular                                                                                                                    | Self | Spouse/CU Partner | Domestic Partner | 6.   | 1 |      |      |
| 7. Age 65 or over                                                                                                             | Self | Spouse/CU 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 – Add lines 10 and 11.<br>For line 13c – Enter amount from line 9. |      |                   |                  | 13a. | 1 | 13b. | 13c. |

**Dependent Information**

| 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|-------------------------------------------------------|------------------------------------|------------|
| a. _____                                              |                                    |            |
| b. _____                                              |                                    |            |
| c. _____                                              |                                    |            |
| d. _____                                              |                                    |            |

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

|                                                                                                              |      |       |   |      |       |   |
|--------------------------------------------------------------------------------------------------------------|------|-------|---|------|-------|---|
| 15. Wages, salaries, tips, and other employee compensation<br>Check box if you completed lines 68 through 74 | 15.  | 16320 | . | 15.  | 16320 | . |
| 16. Interest                                                                                                 | 16.  | .     | . | 16.  | .     | . |
| 17. Dividends                                                                                                | 17.  | .     | . | 17.  | .     | . |
| 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 65)                                          | 19.  | .     | . | 19.  | .     | . |
| 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.  | .     | . | 21.  | .     | . |
| 22. Taxable pensions, annuities, and IRA distributions/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.  | 16320 | . | 27.  | 16320 | . |
| 28a. Pension/Retirement 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. | .     | . |
| 29. Gross Income (Subtract line 28c from line 27)                                                            | 29.  | 16320 | . | 29.  | 16320 | . |
| 30. Total Exemption Amount (See Instructions)                                                                | 30.  | 1000  | . |      |       |   |
| 31. Medical Expenses (See Worksheet and Instructions)                                                        | 31.  | .     | . |      |       |   |
| 32. Alimony and separate maintenance payments                                                                | 32.  | .     | . |      |       |   |
| 33. Qualified Conservation Contribution                                                                      | 33.  | .     | . |      |       |   |
| 34. Health Enterprise Zone Deduction                                                                         | 34.  | .     | . |      |       |   |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)                                 | 35.  | 0     | . |      |       |   |



040NV03210

Name(s) as shown on Form NJ-1040NR  
GIMKALA REVATHI

Your Social Security Number  
301351307


1555

|                                                                                                                       |      |       |   |
|-----------------------------------------------------------------------------------------------------------------------|------|-------|---|
| 36. Organ/Bone Marrow Donation Deduction (See instructions)                                                           | 36.  | .     | . |
| 37. Total Exemptions and Deductions (Add lines 30 through 36)                                                         | 37.  | 1000  | . |
| 38. <b>Taxable Income</b> (Subtract line 37 from line 29, column A)                                                   | 38.  | 15320 | . |
| 39. Tax on amount on line 38 (From Tax Table page 34)                                                                 | 39.  | 215   | . |
| 40. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %                                                   |      |       |   |
| 41. <b>New Jersey Tax</b> (Multiply amount from line 39 by income percentage from line 40)                            | 41.  | 215   | . |
| 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.  | 215   | . |
| 47. Penalty for Underpayment of Estimated Tax.<br>Check box if Form NJ-2210NR is enclosed                             | 47.  | .     | . |
| 48. Total Tax and Penalty (Add line 46 and line 47)                                                                   | 48.  | 215   | . |
| 49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)                    | 49.  | 586   | . |
| 50. New Jersey Estimated Tax Payments/Credit from 2020 return                                                         | 50.  | .     | . |
| 51. Tax paid on your behalf by Partnership(s)                                                                         | 51.  | .     | . |
| 52. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)                                                               | 52.  | .     | . |
| 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.  | 586   | . |
| 57. If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe     | 57.  | .     | . |
| 58. If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment | 58.  | 371   | . |
| 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. | .     | . |
| (C) N.J. Vietnam Veterans' Memorial Fund                                                                              | 60C. | .     | . |
| (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.  | 371   | . |

Also enter on line 50:  
 • Payments made in connection with sale of NJ real property  
 • Payments by S corporation for nonresident shareholder

NOTE:  
 An entry on lines 59 through 60F 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.

>  04/12/2022  
 Your Signature Date

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

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703  
 Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

Pay amount on line 62 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 can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

|                                                       |                                          |
|-------------------------------------------------------|------------------------------------------|
| Name(s) as shown on Form NJ-1040NR<br>GIMKALA REVATHI | Your Social Security Number<br>301351307 |
|-------------------------------------------------------|------------------------------------------|

|               |                                                         |                                                                                                                                                                                                             |
|---------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Net Gains or Income From Disposition of Property</b> | 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 as reported on federal Schedule D. |
|---------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (a) Kind of property and description                                                             | (b) Date acquired (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) |
|--------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|-----------------------|----------------------------------------------------------------------------|-------------------------------|
| 64.                                                                                              |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
|                                                                                                  |                                   |                               |                       |                                                                            |                               |
| 65. Capital Gains Distribution .....                                                             |                                   |                               |                       |                                                                            | 65.                           |
| 66. Other Net Gains.....                                                                         |                                   |                               |                       |                                                                            | 66.                           |
| 67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero) ..... |                                   |                               |                       |                                                                            | 67.                           |

|                |                                                                                         |                                                                                                                               |
|----------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey</b> | (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.) |
|----------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

|                                                                                             |     |                             |                             |
|---------------------------------------------------------------------------------------------|-----|-----------------------------|-----------------------------|
| 68. Amount reported on line 15 in column A required to be allocated .....                   | 68. |                             |                             |
| 69. Total days in taxable year.....                                                         | 69. |                             |                             |
| 70. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) ..... | 70. |                             |                             |
| 71. Total days worked in taxable year (subtract line 70 from line 69) .....                 | 71. |                             |                             |
| 72. Deduct days worked outside New Jersey.....                                              | 72. |                             |                             |
| 73. Days worked in New Jersey (subtract line 72 from line 71).....                          | 73. |                             |                             |
| 74. Allocation Formula _____ x _____ = _____ (Include this amount on line 15, col. B)       |     |                             |                             |
|                                                                                             |     | (Enter amount from line 68) | (Salary earned inside N.J.) |

|                 |                                                    |                                                                       |
|-----------------|----------------------------------------------------|-----------------------------------------------------------------------|
| <b>Part III</b> | <b>Allocation of Business Income to New Jersey</b> | (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 \_\_\_\_\_% = \$ \_\_\_\_\_