



2020 Income Tax Return

New Jersey Return

Thank you for using
FreeTaxUSA.com to prepare your
2020 income tax return.

You can view the status of your e-filed tax return by
signing in to your account at www.freetaxusa.com.

2021 tax preparation on FreeTaxUSA.com will be
available starting in January of 2022.

We look forward to preparing your 2021 tax return.



Your Social Security Number (required)
832227567

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
JEYAMURUGAN SIBI MYLON

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

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
83 OAKLAND AVE APT 1

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07306

Driver's License Number (Voluntary) (See instructions)
J29787090008931

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.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	<input checked="" type="checkbox"/>	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes		No

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.		021202337
dd5. Account number	dd5.		870917791





Name(s) as shown on Form NJ-1040
JEYAMURUGAN SIBI MYLON

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Part-year residents, provide months/days you were a New Jersey resident during 2020:
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: 2018 2019

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 | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1955 or earlier) | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | <input type="checkbox"/> | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | <u>1000</u> . |

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____



Name(s) as shown on Form NJ-1040
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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.	66931	.	
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.	66931	.	
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.	
28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	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.	66931	.	
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	.	
31. Medical Expenses (See Worksheet F and instructions)	31.	12589	.	
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. Organ/Bone Marrow Donation Deduction (See instructions)	36.	6000	.	
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	19589	.	
38. Taxable Income (Subtract line 37 from line 29)	38.	47342	.	
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	2592	.	
39b. Block	.	.	.	
39b. Lot	.	.	.	
39b. Qualifier			Fill in if you completed Worksheet G	
39c. County/Municipality Code				
39d. Indicate your residency status during 2020 (fill in only one)	Homeowner	<input checked="" type="checkbox"/>	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	2592	.	
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	44750	.	
42. Tax on Amount on line 41 (Tax Table page 52)	42.	981	.	
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	.	.	
Enter Code				
44. Balance of Tax (Subtract line 43 from line 42)	44.	981	.	
45. Child and Dependent Care Credit (See instructions)	45.	.	.	
Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
46. Sheltered Workshop Tax Credit	46.	.	.	
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.	
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.	
49. Total credits (Add lines 45 through 48)	49.	.	.	
50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	981	.	
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	.	.	
52. Interest on Underpayment of Estimated Tax	52.	.	.	
Fill in if Form NJ-2210 is enclosed				



Name(s) as shown on Form NJ-1040
JEYAMURUGAN SIBI MYLON

Your Social Security Number
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53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	.
54. Total Tax Due (Add lines 50 through 53)	54.	981 .
55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	1478 .
56. Property Tax Credit (See instructions page 23)	56.	.
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.	.
58. New Jersey Earned Income Tax Credit (See instructions) 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	58.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	1478 .
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	.
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	497 .
67. Amount from line 66 you want to credit to your 2021 tax	67.	.
68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other	68.	.
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other	69.	.
70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	70.	.
71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other	71.	.
72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other	72.	.
73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	73.	.
74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	74.	.
75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	75.	.
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	497 .

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 Firm's Federal Employer Identification Number

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:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
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 - Refunds
PO Box 555
Trenton, NJ 08647-0555

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax
 (Form NJ-1040) Alternative Business Calculation Adjustment **2020**

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.		1b.	
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.		4b.	
5.	Loss Carryforward From Tax Year 2019			5b.	(-2,437)
6.	Totals	6a.		6b.	-2,437
PART 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 (Line 7 minus line 8)	9.			
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.			
PART III Loss Carryforward to Tax Year 2021					
12.	Loss Carryforward to Tax Year 2021	12.			(-2,437)

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040).
- 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 continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 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-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 JEYAMURUGAN SIBI MYLON	Social Security Number 832-22-7567
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Schedule NJ-HCC

Health Care Coverage

2020

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

PART I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

PART II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Name Social Security Number													
Exemption number: <input style="width: 100px;" type="text"/>													Check box if this individual has more than one exemption number <input type="checkbox"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Name Social Security Number													
Exemption number: <input style="width: 100px;" type="text"/>													Check box if this individual has more than one exemption number <input type="checkbox"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Name Social Security Number													
Exemption number: <input style="width: 100px;" type="text"/>													Check box if this individual has more than one exemption number <input type="checkbox"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Name Social Security Number													
Exemption number: <input style="width: 100px;" type="text"/>													Check box if this individual has more than one exemption number <input type="checkbox"/>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Name Social Security Number													
Exemption number: <input style="width: 100px;" type="text"/>													Check box if this individual has more than one exemption number <input type="checkbox"/>

Keep a copy of this schedule for your records