



2019 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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040MP01190

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 711498413} \end{array}$

y Number (required)

Last Name, First Name, Initial Goint Filers enter first name and middle initial of each. Enter spouse's CU partner's last name ONLY if different.)

NAWATHE SHASHANK

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

 $\begin{array}{l} {\rm County/Municipality\;Code\;(See\;Table\;page\;50)} \\ {\rm 1205} \end{array}$

Home Address (Number and Street, including apartment number)

214 ANNUNCIATION STREET

 $\begin{array}{ccc} \text{City, Town, Post Office} & \text{State} & \text{ZIP Code} \\ \text{LAFAYETTE} & \text{LA} & 70508 \end{array}$

Driver's License Number (Voluntary) (Instructions page 42)

142D157013

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.

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.		111000614
dd5.	Account number	dd5.		119690722



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Name(s) as shown on Form NJ-1040 NAWATHE SHASHANK

Your Social Security Number 711498413

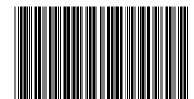
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Part-year residents, provide mon	ths/days you were a New Jersey resident during 2019:	Fiscal year filers only:	
From:	To:	Enter month of your year end	2020

	ng Status n only one.											
1. 2. 3. 4. 5.	X S	Single Married/CU Couple, filing joi Married/CU Partner, filing see Head of Household Qualifying Widow(er)/Surviv Indicate the year of your spou	parate	return J Partner	2017	2018	Enter spouse's/CU partne	r's SSN				
	mptions n the ovals th	nat apply. You must enter a total i	in the bo	oxes to the right and co	omplete the calculation.							
6.	Regular		X	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	000		
7.	Senior 6	5+ (Born in 1954 or earlier)		Self	Spouse/CU Partner				x \$1,000 =			
8.	Blind/Di	sabled		Self	Spouse/CU Partner				x \$1,000 =			
9.	Veteran			Self	Spouse/CU Partner				x \$6,000 =			
10.	Qualified	d Dependent Children							x \$1,500 =			
11.	Other De	ependents							x \$1,500 =			
12.	Depende	ents Attending Colleges (See	instruc	tions)					x \$1,000 =			
13.	Total Ex	emption Amount (Add totals	from t	he lines at 6 throug	h 12)				13. 1	000	•	
14.	Depende	ent Information. Provide the	followi	ing information for	each dependent.							
	Last Nan	ne, First Name, Middle Initia	ıl				Social Security Number		Birth Year	No	Health Ins	surance
0												

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Name(s) as shown on Form NJ-1040 $\,$

NAWATHE SHASHANK

Your Social Security Number

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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.	6278	•
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.	6278	
28a.	Retirement/Pension Exclusion (See instructions)	28a.		
28b.	Other Retirement Income Exclusion (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.	6278	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.		
31.	Medical Expenses (Worksheet F and instructions page 22)	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.		
37.	Taxable Income (Subtract line 36 from line 29)	37.		
38a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.		
38b.	Block			
38b.	Lot			
38b.	Qualifier			
38c.	County/Municipality Code			
	Fill in if you completed Worksheet G			
38d.	Indicate your residency status during 2019 (fill in only one) Homeowner Tenant	Both		
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.		
40.	New Jersey Taxable Income (Subtract line 39 from line 37)	40.		
41.	Tax on Amount on line 40 (Tax Table page 52)	41.		
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.		
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.	0	
46.	Sheltered Workshop Tax Credit	46.	· ·	•
47.	Balance of Tax (Subtract line 46 from line 45)	47.	0	
48.	Gold Star Family Counseling Credit (See instructions)	48.	9	
49.	Balance of Tax After Credit (Subtract line 48 from line 47) If zero or less, make no entry	49.		•
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	Ο	•
51.	Interest on Underpayment of Estimated Tax	51.	9	•
J1.	Fill in if Form NJ-2210 is enclosed	J1.		•
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Name(s) as shown on Form NJ-1040

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Your Social Security Number 711498413

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52.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in Total Tax Due (Add lines 49 through 52)					52.	0.	
52								
53.						53.	0.	
54.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					54.	127 .	
55.	Property Tax Credit (See instructions page 23)					55.		
56.	New Jersey Estimated Tax Payments/Credit from 2018 tax return					56.		
57.	New Jersey Earned Income Tax Credit (See instructions)					57.		
	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.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See ins	structions)				58.		
59.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450)	(See instructi	ons)			59.		
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-24:	50) (See instr	ructions)			60.	•	
61.	Wounded Warrior Caregivers Credit (See instructions)					61.		
62.	Total Withholdings, Credits, and Payments (Add lines 54 through 61)					62.	127 .	
63.	If line 62 is less than line 53, you have tax due. Subtract line 62 from line 53	and enter th	e amount y	ou owe		63.		
	If you owe tax, you can still make a donation on lines 66 through 73.							
64.	If the total on line 62 is more than line 53, you have an overpayment. Subtra	ct line 53fror	n line 62aı	nd enter the	e overpayment	64.	127 .	
65.	Amount from line 64 you want to credit to your 2020 tax					65.	•	
66.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other		66.	•	
67.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other		67.	•	
68.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other		68.	•	
69.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other		69.	•	
70.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other		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.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	73.	•	
74.	Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through	73)				74.	•	
75.	Balance due (If line 63 is more than zero, add line 63 and line 74)					75.		
76.	Refund amount (If line 64 is more than zero, subtract line 74 from line 64)					76.	127 .	

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.

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.

Spouse's/CU Partner's Signature (required if filing jointly) Date Date Your Signature

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Federal Employer Identification Number

GLOBAL TAXES LLC

<u>30-1017196</u>

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