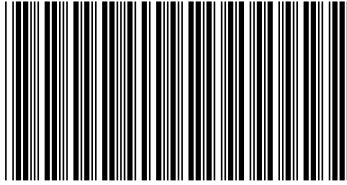**2022 NJ-1040NR**
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year
Beginning _____ , 2022 Ending _____ , 2023

1555

Your Social Security Number
123450097

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
TEXAS

Home Address (Number and Street, incl. apt. # or rural route)
9277 SPRUCE VALLEY DR

Driver's License # (Voluntary)   State
C3487 77275 089   NJ

City, Town, Post Office
FRISCO

State   ZIP Code
TX   75033

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
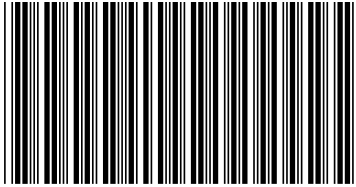
Name(s) as shown on Form NJ-1040NR
CHINTA VISHNU NANDAN

Your Social Security Number
123450097

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
5.		Qualifying Widow(er)/Surviving CU Partner

Name and SSN of Spouse/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. 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	15. 10940 .	15. 10940 .
	Check box if you completed lines 69 through 75		
16.	Interest	16. 24 .	16. 0 .
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 68)	19. 40 .	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. .	21. .
22.	Taxable pensions, annuities, and IRA distributions/withdrawals	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. .	
26.	Other – State Nature and Source _____	26. .	26. .
27.	TOTAL INCOME (Add lines 15 through 26)	27. 11005 .	27. 10940 .
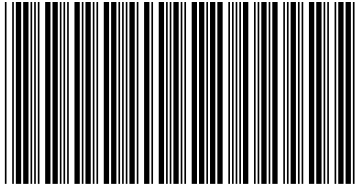
Name(s) as shown on Form NJ-1040NR
CHINTA VISHNU NANDAN

Your Social Security Number
123450097

1555

040NV03220

28a.	Pension/Retirement Exclusion (See Instructions)	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.	11005 .	29.	10940	
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 .			
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.			
37a.	NJBEST Deduction	37a.	.			
37b.	NJCLASS Deduction	37b.	.			
37c.	NJ Higher Education Tuition Deduction	37c.	.			
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .			
39.	**Taxable Income** (Subtract line 38 from line 29, column A)	39.	10005 .			
40.	Tax on amount on line 39 (From Tax Table)	40.	140 .			
41.	Income Percentage B. (line 29) / A. (line 29) = __99.41__ %					
42.	**New Jersey Tax** (Multiply amount from line 40 by income percentage from line 41)			42.	139	.
43.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)			43.		.
44.	Gold Star Family Counseling Credit (See Instructions)			44.		.
45.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)			45.		.
46.	Total Credits (Add lines 43, 44, and 45)			46.		.
47.	Balance of Tax After Credits (Subtract line 46 from line 42)			47.	139	.
48.	Interest on Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed			48.		.
49.	Total Tax Due (Add line 47 and line 48)			49.	139	.
50.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	245 .			
51.	New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.			
52.	Tax paid on your behalf by Partnership(s)	52.	.			
53.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.			
54.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.			
55.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.			
56.	Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.			

Also enter on line 51:
- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

040NV04220

Name(s) as shown on Form NJ-1040NR
CHINTA VISHNU NANDAN

Your Social Security Number
123450097

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	245 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58.	.
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	106 .
60.	Amount from line 59 you want to credit to your 2023 tax	60.	.
61.	Amount you want to credit to:		

	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution Code	61F.	.

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	106 .

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.

> _____   _____
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 Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC   84-3171965

Pay amount on line 63 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

Division Use: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Name(s) as shown on Form NJ-1040NR	Your Social Security Number
CHINTA VISHNU NANDAN	123450097

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 as reported on federal Schedule D.

(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)
65. Robinhood Securiti	01/01/2022	12/31/2022	52	12	40

66. Capital Gains Distribution	66.	
67. Other Net Gains	67.	
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)	68.	40

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.)

69. Amount reported on line 15 in column A required to be allocated	69.	
70. Total days in taxable year	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.	
72. Total days worked in taxable year (subtract line 71 from line 70)	72.	
73. Deduct days worked outside New Jersey	73.	
74. Days worked in New Jersey (subtract line 73 from line 72)	74.	

75. **Allocation Formula** _____ x _____ = _____ (Include this amount on
(Enter amount from line 69) (Salary earned inside N.J.) line 15, col. B)

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 _____ % = $ _____