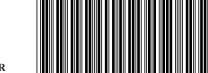
2023 NJ-1040NR

New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

1555



NJ-1040NR 2023 Page 1

040NV01230

For Taxable Y	Year January 1, 2023	– Dec	ember 31,	2023 or	Other	Tax	Year
Beginning _	, 2	2023	Ending			_ , 20)24

Your Social Security Number 39996059

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint filers enter first name and middle initial of each}.\ \ Enter\ spouse/CU\ partner\ last\ name\ only\ if\ different.)$

SANGARAJU MOUNIKA RAJ

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

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

TEXAS

21323 BALDOVIN WAY

 $\begin{array}{l} {\rm Driver's\ License\ \#\ (Voluntary)} \\ {\rm 43321562} \end{array}$

TX

City, Town, Post Office TOMBALL

State ZIP Code **TX 77375**

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)

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

prial 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 Yes No No



NJ-1040NR

Net profits from business (Schedule NJ-BUS-1, Part I, line 4)

Net gambling winnings (See Instructions)

Other - State Nature and Source

Net gains or income from disposition of property (From line 68)

Taxable pensions, annuities, and IRA distributions/withdrawals

Alimony and separate maintenance payments received

TOTAL INCOME (Add lines 15 through 26)

Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)

Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)

Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)

NJ-1040NR 2023 Page 2

040NV02230

Your Social Security Number

399996059

1555

0

28800

	ng Status eck only ON								
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							
Exe	emptions								
6.	Regular	S	elf	Spouse/CU Partner	Domestic	6.	1		
7.	Age 65 c	or over S	elf	Spouse/CU Partner	Partner	7.			
8.	Blind or	Disabled S	elf	Spouse/CU Partner		8.			
9.	Veteran	Exemption S	elf	Spouse/CU Partner					9.
10.	Number	of your qualified dependent children						10.	
11.	Number	of other dependents						11.	
12.	Depende	nts attending colleges (See Instructions)				12.			
13.		13a – Add lines 6, 7, 8, and 12. For line 13b – Add l 13c – Enter amount from line 9.	ines 10 and 11.			13a.	1	13b.	13c.
Dep	endent I	nformation							
14.	Depende	nt's Last Name, First Name, Middle Initial		Dependent's Social Sec	curity Number		Birth '	Year	
	a								
	b								
	c								
	d								
				COL. A - AMOU!	NT OF GROSS INCOM	ИЕ (EVERYW	HERE) C	OL. B - AMOUNT FF	ROM NEW JERSEY SOURCE
15.	Wages,	salaries, tips, and other employee compensation		15.	107	7700		15.	28800
	Check	box if you completed lines 69 through 75							
16.	Interest			16.			•	16.	
17	Divide	nds		17				17	

18.

19.

20.

21. 22.

23.

24.

26.

27.

18. 19.

20.

24.

26.

27.

0

107700

18.

19.

20.21.

22. 23.

24.

25.

26.

27.

-1040NR

Name(s) as shown on Form NJ-1040NR
SANGARAJU MOUNIKA RAJ

Your Social Security Number

399996059

1555

NJ-1040NR 2023 Page 3

040NV03230

on/Patirament Evaluaion (See Instructions)	280				
,		•	201		
· ·		•			•
· · · · · · · · · · · · · · · · · · ·		107700		20000	•
·			29.	20000	•
*		1000 .			
* * *		•			
		•			
		•			
•					
		0.			
		•			
		•			
ASS Deduction	37b.	•			
gher Education Tuition Deduction	37c.				
Exemptions and Deductions (Add lines 30 through 37c)	38.				
ble Income (Subtract line 38 from line 29, column A)	39.				
n amount on line 39 (From Tax Table)	40.	4671 .			
ne Percentage B. (line 29) / A. (line 29) = $\underline{26.74}$ %					
Jersey Tax (Multiply amount from line 40 by income percentage from line 41)			42.	1249	•
ered Workshop Tax Credit (Enclose GIT-317. See Instructions)			43.		
Star Family Counseling Credit (See Instructions)			44.		
t for Employer of Organ/Bone Marrow Donor (See instructions)			45.		
Credits (Add lines 43, 44, and 45)			46.		
ce of Tax After Credits (Subtract line 46 from line 42)			47.	1249	
st on Underpayment of Estimated Tax.			48.		
c box if Form NJ-2210NR is enclosed					
Tax Due (Add line 47 and line 48)			49.	1249	
New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) year nonresidents, see instructions)	50.	1401 .			
Jersey Estimated Tax Payments/Credit from 2022 return	51.				
aid on your behalf by Partnership(s)	52.				
s NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.		 Payments 	by S corporation for	
s NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.		nonresider	t shareholder	
s NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.				
Through Business Alternative Income Tax Credit (See instructions)	56.				
	gher Education Tuition Deduction Exemptions and Deductions (Add lines 30 through 37c) ole Income (Subtract line 38 from line 29, column A) In amount on line 39 (From Tax Table) Be Percentage B. (line 29) / A. (line 29) =	Retirement Income Exclusion (See Worksheet and Instructions) Exclusion Amount (Add line 28a and line 28b) Exclusion Amount (Add line 28a and line 28b) Exclusion Amount (See Instructions) Exemption Amount (See Instructions) 30. Examption Amount (See Instructions) 31. Expenses (See Worksheet and Instructions) 32. Exemption Amount (See Instructions) 33. In part and separate maintenance payments 34. In part and separate maintenance payments 35. In part and separate maintenance payments 36. In Enterprise Zone Deduction 37a. In Enterprise Zone Deduction 37b. In Enterprise Zone Deduction (See instructions) 36. ST Deduction 37a. ASS Deduction 37b. By By Education Tuition Deduction (See instructions) 37c. Exemptions and Deductions (Add lines 30 through 37c) 38. By B	Retirement Income Exclusion (See Worksheet and Instructions) Exclusion Amount (Add line 28a and line 28b) 1ncome (Subtract line 28c from line 27) Exemption Amount (See Instructions) 30. 10000 . Exemption Amount (See Instructions) 31. 30. 10000 . Exemption Amount (See Instructions) 32. 31. 32. 32. 33. 34. 34. 34. 34. 34. 34. 34. 34. 34	Retirement Income Exclusion (See Worksheet and Instructions) Exclusion Amount (Add line 28a and line 28b) 28c. 29c. 107700 29c. 29c. 1007700 29c. 29c. 10070 30c. 29c. 29c. 29c. 1007700 29c. 2	Retirement Income Exclusion (See Worksheet and Instructions) 28b. 28c. 28c. 28c. 28c. 28c. 28c. 28c. 28c

N.I. 10 40ND



 $\label{eq:Name} \begin{array}{ll} \mbox{Name}(s) \mbox{ as shown on Form NJ-1040NR} \\ \mbox{SANGARAJU } \mbox{MOUNIKA } \mbox{RAJ} \end{array}$

Your Social Security Number

399996059

1555

NJ-1040NR 2023 Page 4

040NV04230

57.	Total Payments/Credits (Add lines 50 through 56)				57.	1401 .
58.	If line 57 is less than line 49, you have tax due. Subtract If you owe tax, you can still make a donation on line 6.		nter the amount you owe		58.	•
59.	If line 57 is more than line 49, you have an overpaymen	nt. Subtract line 49 from line	e 57 and enter the overpayment		59.	152 .
60.	Amount from line 59 you want to credit to your 2024 to	ax			60.	
61.	Amount you want to credit to:					
	(A) N.J. Endangered Wildlife Fund		61A.		NOTE:	
	(B) N.J. Children's Trust Fund		61B.		An entry on lines reduce your tax r	60 through 61F will
	(C) N.J. Vietnam Veterans' Memorial Fund		61C.	•	reduce your tax i	orana
	(D) N.J. Breast Cancer Research Fund		61D.			
	(E) U.S.S. N.J. Educational Museum Fund		61E.			
	(F) Designated Contribution	Code	61F.	•		
62.	Total Adjustments to Tax Due/ Overpayment (Add line	es 60 through 61F)			62.	
63.	Balance due (If line 58 is more than zero, add line 58 a	nd 62)			63.	
64.	Refund amount (If line 59 is more than zero, subtract li	ne 62 from line 59)			64.	152 .

my knowledge and belief, it	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)	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244		
Paid Preparer's Signature				Federal Identification Number	11chton, 143 00040-0244		
SYAM PRIYA	RAM SAGAR	GUPTA I	ΓALLAM	P02082703	You can also make a payment on our website: nj.gov/taxation		
				Firm's Federal Employer Identification Number	1		
Firm's Name GLOBAL	TAXES LLC			84-3171965			

							Social Security Nun	nber	
SANGARAJU MOUNIKA RAJ								96059	
Part I	Net Gains or Income Fron Disposition of Property	disp		income, less net l ty including real o D.					orted
(a) Kind of property and description (b) Date aquired aquired (C) Date sold (Mo., day, yr.) (d) Gross sales price basis as adju (see instruction)					(e) Cost or othe basis as adjust (see instruction and expense of	sted ons)	(f) Gain or (loss) (d less e)		
65.									
					Ì				
							\vdash		
							1 1		
66. Capital Gai	ns Distribution						66.		
67. Other Net (Gains						67.		
68. Net Gains ((Add lines 65, 66, and 67) (E	nter here and o	n line 19) (If loss	s, enter zero)			68.		
Part II	Allocation of Wage and Sa Income Earned Partly Inst Outside New Jersey	ide and N	ansacted or if ot ote: Residents	f compensation de her basis of alloca of states that impo e completing Part	ation is	s used.			
69. Amount rep	oorted on line 15 in column A	required to be a	allocated				69.		
70. Total days	n taxable year						70.		
71. Deduct nor	nworking days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			71.		
!	worked in taxable year (subtr						72.		
73. Deduct day	s worked outside New Jerse	y					73.		
74. Days worke	ed in New Jersey (subtract lir	ne 73 from line 7	72)				74.		
75. Allocation	Formula			ine 69) (Salary				e this amount on , col. B)	
Part III	Allocation of Business Income to New Jersey	(S	ee instructions i	f other than Form	ula Ba	sis of allocation i	s used.)	
ı	ation Percentage (From Sch	,							
	e line number and amount of entage to determine amount				n A tha	at is required to be	e alloca	ted and multiply	by
From	n Line No \$		х	% = \$					
Fron	n Line No \$. x	% = \$					
From	From Line No \$ x % = \$								

Name(s) as shown on Form NJ-1040NR	Social Security Number
SANGARAJU MOUNIKA RAJ	399-99-6059

Schedule NJ-BUS-1 (Form NJ-1040NR) New Jersey Gross Income Tax Business Income Summary Schedule

2023

Pa	rt I Net Profits From Busine	ess	Li	st the net prof	fit (lo	ss) from busin	ness(es). S	ee Instructions.	
	Business Name			curity Numbe deral EIN	r/	Profit or (Los		(Loss)	
1.									Ш
2.									
3.									
4.	Net Profit or (Loss). (Add lines 1, 2, and line 18, column A. If loss, enter zero on				4.				
Pa	Net Gains or Income From Rents, Royalties, Patents, and Copyright		form of Type of		es, pa	itents, and co	pyrights. S	ived from or in the ee instructionsCopyrights	ne
	Source of Income or Loss. If rental real enter physical address of property			urity Number/ eral EIN		ype – Enter number from list above	Inc	ome or (Loss)	
1.	SATYA SAI NAGAR,KRC RAJU		3999960	59		1		-22,410.	
2.									
3.									
4.	Net Income or (Loss). (Add lines 1, 2, ar (Enter here and on line 20, column A. If		er zero on lin	e 20, column	A.)	4.		-22,410.	
Pa	rt III Distributive Share of Pa	artners	ship Incom	ne		the distributivent partnership(s		income (loss) tructions.	
	Partnership Name	Fed	leral EIN	Share of Partnership Income or (Loss)		Share of on your b Partne	ehalf by	Share of Pass Through Busine Alternative Inco Tax	ess
1.									
2.									
3.									
4.	Distributive Share of Partnership Income or (Add lines 1, 2, and 3.) (Enter here and on lin If loss, enter zero on line 23, column A.)	Loss). le 23, colu	ımn A.						
5.	Total Share of tax paid on your behalf by Part 2, and 3.) Enter total here and include on line		(Add lines 1,						
6.	Total Share of Pass-Through Business Altern lines 1, 2, and 3.) (Enter here and include on		ome Tax (Add						
Pa	Part IV 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	Fe	ederal EIN	1		S Corporation able Loss)		Pass-Through Busi native Income Tax	
1.									
2.									
3.									
4.	Net Pro Rata Share of S Corporation Income (Add lines 1, 2, and 3.) (Enter here and on lin If loss, enter zero on line 24, column A.)		, , , , , , , , , , , , , , , , , , ,						
5.	Total Share of Pass-Through Business Alterna (Add lines 1, 2, and 3.) (Enter here and include								

Name(s) as shown on Form NJ-1040NR	Social Security Number
SANGARAJU MOUNIKA RAJ	399-99-6059

Schedule NJ-BUS-2 (Form NJ-1040NR)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

		Column A				Column B				
Par	t I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)				
1.	Net Profits From Business	1a.	0.		1b.	0.				
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	-22,410.				
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.				
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.				
5.	Loss Carryforward From Tax Year 2022				5b.	()			
6.	Totals	6a.	0.		6b.	-22,410.				
Par	t 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 (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.		0.50						
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.							
Par	Part III Loss Carryforward to Tax Year 2024									
12.	Loss Carryforward to Tax Year 2024				12.	-22,410.)			

Instructions

Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR. Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR. Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR. Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). 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. Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12. Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).	Line 1a.	Enter the amount from line 18, column A, Form NJ-1040NR.
Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Enter the amount from line 23, column A, Form NJ-1040NR. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 3b. Enter the amount from line 24, column A, Form NJ-1040NR. Line 4a. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 4b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). 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. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.	Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR. Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR. Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). 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. Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.	Line 2a.	Enter the amount from line 20, column A, Form NJ-1040NR.
Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR. Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). 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. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.	Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR. Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). 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 on line 35 of Form NJ-1040NR, and continue with line 12.	Line 3a.	Enter the amount from line 23, column A, Form NJ-1040NR.
Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR). Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). 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 on line 35 of Form NJ-1040NR, and continue with line 12.	Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR). 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 on line 35 of Form NJ-1040NR, and continue with line 12.	Line 4a.	Enter the amount from line 24, column A, Form NJ-1040NR.
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 on line 35 of Form NJ-1040NR, and continue with line 12.	Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
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 on line 35 of Form NJ-1040NR, and continue with line 12.	Line 5b.	Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR).
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 on line 35 of Form NJ-1040NR, and continue with line 12.	Line 6a.	Enter the total of lines 1a through 4a.
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 on line 35 of Form NJ-1040NR, and continue with line 12.	Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.	Line 7.	Enter the amount from line 6a of this schedule.
continue with line 12.	Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).	Line 9.	
	Line 10.	The adjustment percentage for Tax Year 2023 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-1040NR.	Line 11.	Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.

2023

If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Line 12.

Statement for Wages, Salaries, and Tips NJ-1040 or NJ-1040NR, line 15

2023

107,700.

28,800.

Name SANG	e Baraju mounika raj			Social Security No.		
	Not applicable if a part-year nonresident with NJ source income.	Incom from a source	all	Income attributed to New Jersey (part-year resident or non- resident only)		
1 a b c	Wages, from Form W-2		700.	28,800.		
e f 2	Total deductions from wages	107	700.	28,800.		
3 4 5 6	Excess employee business expense reimbursement Taxable tips, from Form 4137, plus non-cash tips Excess moving expense reimbursement					
7 8	\$2,000 and without a Form W-2)					
9 10	Military spouses residency relief act (see New Jersey instructions) Other:					

Enter on line 15 of NJ-1040 or NJ-1040NR