

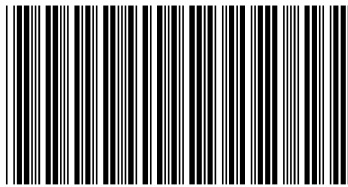
2023 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year
Beginning _____, 2023 Ending _____, 2024

1555

NJ-1040NR
2023
Page 1



040NV01230

Your Social Security Number
448454025

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
WASHINGTON

Home Address (Number and Street, incl. apt. # or rural route)
720 BAKER ST APT B

Driver's License # (Voluntary)

State

City, Town, Post Office

State

ZIP Code

SAN FRANCISCO

CA

94115

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

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.

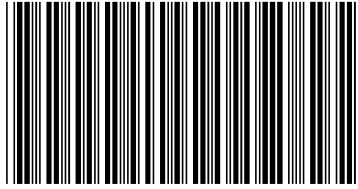
Yes

No

Yes

No





040NV02230

Name(s) as shown on Form NJ-1040NR
PRABHU SHIVANI

Your Social Security Number
448454025

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

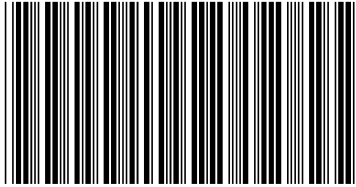
| | | | | | | | |
|---|------|-------------------|------------------|------|---|------|------|
| 6. Regular | Self | Spouse/CU Partner | Domestic Partner | 6. | 1 | | |
| 7. Age 65 or over | Self | Spouse/CU Partner | | 7. | | | |
| 8. Blind or Disabled | Self | Spouse/CU Partner | | 8. | | | |
| 9. 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. 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 Check box if you completed lines 69 through 75 | 15. | 37917 . | 15. | 14583 . |
| 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 68) | 19. | . | 19. | . |
| 20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) | 20. | 0 . | 20. | 0 . |
| 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. | 37917 . | 27. | 14583 . |



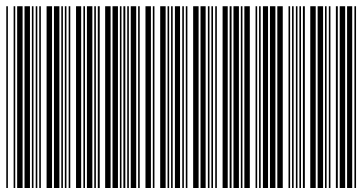
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Name(s) as shown on Form NJ-1040NR
PRABHU SHIVANI

Your Social Security Number
448454025

1555

| | | | |
|--|------|---------|---|
| 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. | 37917 . | 29. 14583 . |
| 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. | 36917 . | |
| 40. Tax on amount on line 39 (From Tax Table) | 40. | 610 . | |
| 41. Income Percentage B. (line 29) / A. (line 29) = <u>38.46</u> % | | | |
| 42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41) | 42. | | 235 . |
| 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. | | 235 . |
| 48. Interest on Underpayment of Estimated Tax. | 48. | | . |
| Check box if Form NJ-2210NR is enclosed | | | |
| 49. Total Tax Due (Add line 47 and line 48) | 49. | | 235 . |
| 50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions) | 50. | 547 . | |
| 51. New Jersey Estimated Tax Payments/Credit from 2022 return | 51. | . | Also enter on line 51: |
| 52. Tax paid on your behalf by Partnership(s) | 52. | . | • Payments made in connection with sale of NJ real property |
| 53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) | 53. | . | • Payments by S corporation for nonresident shareholder |
| 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. | . | |



040NV04230

Name(s) as shown on Form NJ-1040NR
PRABHU SHIVANI

Your Social Security Number
448454025

1555

| | | | |
|-----|--|------|-------|
| 57. | Total Payments/Credits (Add lines 50 through 56) | 57. | 547 . |
| 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. | 312 . |
| 60. | Amount from line 59 you want to credit to your 2024 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. | . |
| 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. | 312 . |

NOTE:
An entry on lines 60 through 61F 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.

> _____
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

| | |
|--|--|
| Name(s) as shown on Form NJ-1040NR PRABHU SHIVANI | Your Social Security Number 448454025 |
|--|--|

| | | |
|---------------|---|---|
| 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 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) |
|--------------------------------------|-----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 65. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|--|-----|--|
| 66. Capital Gains Distribution | 6 | |
| 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. | |

| | | |
|----------------|---|---|
| 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. Note: Residents of states that impose a convenience of the employer test , see instructions before completing Part II. |
|----------------|---|---|

| | | |
|---|-----|--|
| 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 line 15, col. B)
 (Enter amount from line 69) (Salary earned inside N.J.)

| | | |
|-----------------|--|---|
| 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 _____ % = \$ _____

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR PRABHU SHIVANI | Social Security Number 448-45-4025 |
|--|---------------------------------------|

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

New Jersey Gross Income Tax
Business Income Summary Schedule

2023

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, column A. If loss, enter zero on line 18, column A.) | | 4. |

Part II 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. | B-304 SHREE GAYATRI | 448454025 | 1 | -5,440. |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.) | | | 4. -5,440. |

Part III 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) | Share of tax paid on your behalf by Partnerships | Share of Pass-Through Business Alternative Income Tax |
|----|---|-------------|---------------------------------------|--|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.) | | | | |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52. | | | | |
| 6. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.) | | | | |

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 | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) | Share of Pass-Through Business Alternative Income Tax |
|----|--|-------------|---|---|
| 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 24, column A. If loss, enter zero on line 24, column A.) | | | 4. |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.) | | | 5. |

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR PRABHU SHIVANI | Social Security Number 448-45-4025 |
|--|---------------------------------------|

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

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2023

| Part I Income (Loss) | | Column A | | Column B | |
|--|---|------------------------------------|------|------------------------------------|----------|
| | | 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. | -5,440. |
| 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. | -5,440. |
| 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 (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. | | |
| Part III Loss Carryforward to Tax Year 2024 | | | | | |
| 12. | Loss Carryforward to Tax Year 2024 | 12. | | (| -5,440.) |

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- 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. 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 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 12. If the amount on 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

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

2023

| | |
|------------------------|------------------------------------|
| Name PRABHU SHIVANI | Social Security No. 448-45-4025 |
|------------------------|------------------------------------|

| | Income from all sources | Income attributed to New Jersey (part-year resident or non- resident only) |
|---|-------------------------------|---|
| Not applicable if a part-year nonresident with NJ source income. | | |
| 1 Wages, from Form W-2 | 37,917. | 14,583. |
| Deductions from wages: Complete the following if included on line 1 above and meet all requirements (see help) | | |
| a Meals and lodging | | |
| b Employee business expenses | | |
| c Moving expenses | | |
| d Compensation for injuries or sickness | | |
| e Total deductions from wages | | |
| f Taxable wages | 37,917. | 14,583. |
| 2 Miscellaneous income, Form 8919 | | |
| 3 Excess employee business expense reimbursement | | |
| 4 Taxable tips, from Form 4137, plus non-cash tips | | |
| 5 Excess moving expense reimbursement | | |
| 6 Wages earned as a household employee (if less than \$2,000 and without a Form W-2) | | |
| 7 Wages from a foreign source | | |
| 8 Ordinary income from ESPP stock sale and incentive stock options | | |
| 9 Military spouses residency relief act (see New Jersey instructions) . . | | |
| 10 Other: _____ _____ _____ _____ | | |
| 11 Total wages, salaries, tips, etc | 37,917. | 14,583. |
| Enter on line 15 of NJ-1040 or NJ-1040NR | | |