NJ-1040NR 2023 Page 1 040NV01230	F For Taxable Year J	2023 NJ-1040NR Jersey Nonresident Income Tax R for Privacy Act Notification, See Instructions January 1, 2023 – December 31, 2023 , 2023 Ending	s or Other Tax Year 1555
Your Social Security Number 0.06220252	Last Name, First Name, Initial (Joint filers enter first name	e and middle initial of each. Enter spouse/CU partner	r last name only if different.)
096339253	SADULA VISHAL		
Spouse's/CU Partner's Social Security Number			
State of Residency (outside NJ) TEXAS	Home Address (Number and Street, incl. apt. # or 901 SEDONA ST	rural route)	
Driver's License # (Voluntary) State	City, Town, Post Office	State ZIP Code	
219934207 CT	LITTLE ELM	TX 7506	8
This is an amended return Federal extension application attached or enter of The address above is a foreign address Your address has changed Death certificate for deceased taxpayer is attache I authorize the Division of Taxation to discuss m	ed (See instructions)		
NJ Residency Status If you were a New Jersey resid give the period of New Jersey	lent for ANY part of the tax year, Fror Fror residency.	n:	To:

Gubernatorial
Elections FundDo you want to designate \$1 of your taxes for this fund? If jointYesNoFlections Fundreturn, 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.YesNo







Name(s) as shown on Form NJ-1040NR SADULA VISHAL

Your Social Security Number 096339253

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Filing Status

(Check	only	ONE	box)
(,		,

1. X	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 Par	tner		
5.	Qualifying Widow(er)/Surviving CU Partner				
Exemptions					
6. Regular	Self	Spouse/CU Partner	Domestic	6.	1
7	Calf	Smourae/CUI Domtmon	Partner	7	

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 – Ad For line 13c – Enter amount from line 9.	d lines 10 and 11.		13a.	1	13b.	13c.

Dependent Information

14. Deper	ndent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a.			
b.			
с.			
d.			

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15.	Wages, salaries, tips, and other employee compensation	15.	17940		15.	4286 .
	Check box if you completed lines 69 through 75					
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.		•	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.	17940		27.	4286 .



NJ-1040NR 2023 Page 3 Name(s) as shown on Form NJ-1040NR SADULA VISHAL

Your Social Security Number 096339253

28a. Pension/Retirement Exclusion (See Instructions) 28a. Other Retirement Income Exclusion (See Worksheet and Instructions) 28b. 28b. 28b. Total Exclusion Amount (Add line 28a and line 28b) 28c. 28c. 28c. 17940 4286 29. Gross Income (Subtract line 28c from line 27) 29. 29 Total Exemption Amount (See Instructions) 30. 1000 30. 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 Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) 35. 0 35. Organ/Bone Marrow Donation Deduction (See instructions) 36 36. NJBEST Deduction 37a. 37a. 37b. NJCLASS Deduction 37b. 37c. NJ Higher Education Tuition Deduction 37c. 1000 38. Total Exemptions and Deductions (Add lines 30 through 37c) 38. 16940 Taxable Income (Subtract line 38 from line 29, column A) 39. 39. . 237 40. Tax on amount on line 39 (From Tax Table) 40. B. (line 29) / A. (line 29) = 23.89 % Income Percentage 41. 57 42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41) 42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions) 43 43 Gold Star Family Counseling Credit (See Instructions) 44. 44. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 45. 45 46. Total Credits (Add lines 43, 44, and 45) 46. 57 47. Balance of Tax After Credits (Subtract line 46 from line 42) 47. 48. Interest on Underpayment of Estimated Tax. 48. Check box if Form NJ-2210NR is enclosed 57 Total Tax Due (Add line 47 and line 48) 49. 49. 70 Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) 50. 50. . (Part-year nonresidents, see instructions) New Jersey Estimated Tax Payments/Credit from 2022 return Also enter on line 51: 51. 51. Payments made in connection Tax paid on your behalf by Partnership(s) 52 52 with sale of NJ real property Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) 53. Payments by S corporation for 53. • nonresident shareholder Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450) 54. 54 55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) 55.

 56. Pass-Through Business Alternative Income Tax Credit (See instructions)
 56.

1555



Name(s) as shown on Form NJ-1040NR SADULA VISHAL

Your Social Security Number 096339253

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57.	Total Payments/Credits (Add lines 50 through 56)			57.	70	
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 If you owe tax, you can still make a donation on line 61A throug		e amount you owe	58.		•
59.	If line 57 is more than line 49, you have an overpayment. Subtra	ct line 49 from line 57 ar	d enter the overpayment	59.	13	
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.	NOTE:		
	(B) N.J. Children's Trust Fund		61B.	An entry on lines 60 throug reduce your tax refund	h 61F wil	1
	(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 thro	ugh 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 fro	m line 59)		64.	13	

Under penalties of perjury, I my knowledge and belief, it information of which the pre	Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:				
>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	Tenton, 13 00040-0244
SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	P02082703	You can also make a payment on our website: nj.gov/taxation
				Firm's Federal Employer Identification Number	
Firm's Name GLOBAL	TAXES LLC			84-3171965	

_____ 4 _____

____5 ____

____6___

7_

8

Division Use: 1

2_

3_

							NJ	-1040NR (2023) Pa	ge 4
Name(s) as show	vn on Form NJ-1040NR						Your	Social Security Nur	nber
SADULA VI	SHAL						0963	39253	
Part I	Net Gains or Income Fron Disposition of Property	disp		income, less net rty including real o D.					orted
(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 ot basis as adjus (see instructio and expense o	sted ons)	(f) Gain or (lo (d less e)	
65.									
					İ		1 1		
							+ +		
							+ +		
66. Capital Ga	ins Distribution			I	<u> </u>	<u> </u>	66.		
	Gains						67.		
	(Add lines 65, 66, and 67) (E						68.		
	ſ	S		f compensation de				usiness	I
Part II	Allocation of Wage and Sa Income Earned Partly Insi Outside New Jersey	de and N	ansacted or if ot ote: Residents	her basis of alloca of states that impo e completing Part	ation is ose a c	s used.			
69. Amount re	oorted on line 15 in column A	required to be a	allocated				69.		
70. Total days	in taxable year						70.		
71. Deduct nor	nworking days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			71.		
72. Total days	worked in taxable year (subtr	act line 71 from	line 70)				72.		
73. Deduct day	s worked outside New Jerse	y					73.		
74. Days work	ed in New Jersey (subtract lir	ne 73 from line 7	72)				74.		
75. Allocation	Formula	x (Ente	er amount from I	ine 69) (Salary	/ earne	ed inside N.J.)	`	e this amount on , col. B)	
Part III	Allocation of Business Income to New Jersey	(S	ee instructions	if other than Form	iula Ba	isis of allocation i	s used.)	
Business Alloc	ation Percentage (From Sche	edule NJ-NR-A)							
	e line number and amount of entage to determine amount				n A tha	at is required to b	e alloca	ated and multiply	by
Fron	n Line No \$		X	% = \$					
Fron	n Line No \$. ×	% = \$					
Fron	n Line No \$		_ X	% = \$					

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

2023

Name <u>SADI</u>	ULA VISHAL		Social Security No.		
	Not applicable if a part-year nonresident with NJ source income.	Incon from a sourc	all	Income attributed to New Jersey (part-year resident or non- resident only)	
b c d	Wages, from Form W-2 Deductions from wages: Complete the following if included on line 1 above and meet all requirements (see help) Meals and lodging Employee business expenses Employee business expenses Compensation for injuries or sickness Compensation for injuries or sickness Total deductions from wages Total deductions from wages Miscellaneous income, Form 8919 Excess employee business expense reimbursement Taxable tips, from Form 4137, plus non-cash tips Excess moving expense reimbursement Wages earned as a household employee (if less than \$2,000 and without a Form W-2) Wages from a foreign source Ordinary income from ESPP stock sale and incentive stock options Military spouses residency relief act (see New Jersey instructions) Other:		,940.	4,286.	
11	Total wages, salaries, tips, etc	17	,940.	4,286.	

njiw1501.SCR 11/10/23