

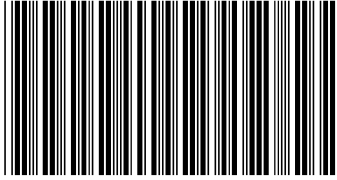
2023 NJ-1040NR
New Jersey Nonresident Income Tax Return

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
652021104

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
FLORIDA

Home Address (Number and Street, incl. apt. # or rural route)
12001 BELCHER RD S APT G114

Driver's License # (Voluntary)
J253420982810

State
FL

City, Town, Post Office
LARGO

State ZIP Code
FL 33773

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:

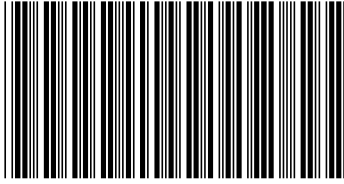
To:

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
Yes

No
No





040NV02230

Name(s) as shown on Form NJ-1040NR
JAYACHANDRAN JAYANANDAN

Your Social Security Number
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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

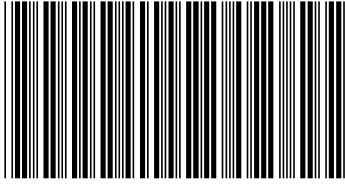
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							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 Check box if you completed lines 69 through 75	15.	28584 .	15.	12320 .
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.	28584 .	27.	12320 .



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Name(s) as shown on Form NJ-1040NR
JAYACHANDRAN JAYANANDAN

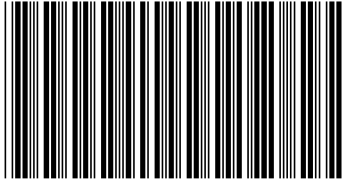
Your Social Security Number
652021104

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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.	28584	29.	12320
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.	27584	.	.
40. Tax on amount on line 39 (From Tax Table)	40.	413	.	.
41. Income Percentage B. (line 29) / A. (line 29) = <u>43.10</u> %				
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.			178
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.			178
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.			178
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	581	.	.
51. New Jersey Estimated Tax Payments/Credit from 2022 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



040NV04230

Name(s) as shown on Form NJ-1040NR
JAYACHANDRAN JAYANANDAN

Your Social Security Number
652021104

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	581 .
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.	403 .
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.	403 .

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

VENKATA SAI PAVAN KUMAR DUDIPALLI

P02470833

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

88-2145487

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: **JAYACHANDRAN JAYANANDAN**
 Your Social Security Number: **652021104**

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 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. _____

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 _____% = \$ _____

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

2023

Name JAYACHANDRAN JAYANANDAN	Social Security No. 652-02-1104
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	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	28,584.	12,320.
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	28,584.	12,320.
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 Enter on line 15 of NJ-1040 or NJ-1040NR	28,584.	12,320.