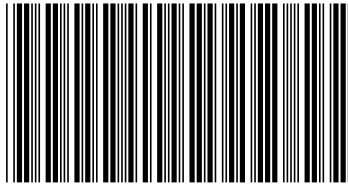


2023 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2023
Page 1



040NV01230

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

1555

Your Social Security Number
599435509

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
WASHINGTON

Home Address (Number and Street, incl. apt. # or rural route)
4200 ALDERWOOD MALL BLVD

Driver's License # (Voluntary)

State

City, Town, Post Office
LYNNWOOD

State

ZIP Code

WA 98036

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:

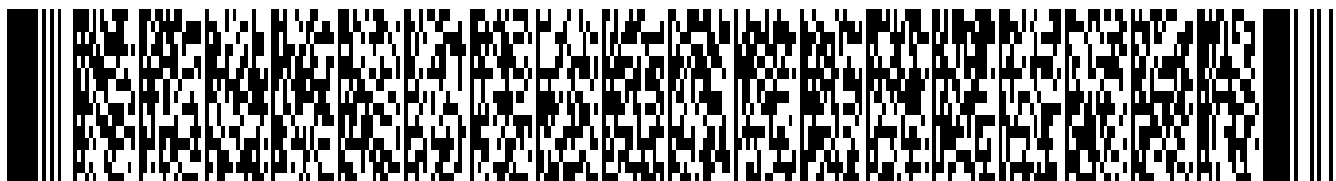
Gubernatorial Elections Fund Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

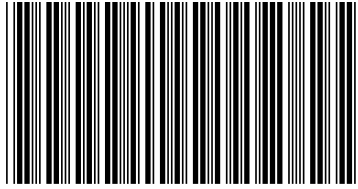
Yes

No

Yes

No





040NV02230

Name(s) as shown on Form NJ-1040NR
CHAUDHARI CHAITRALIRAJOO

Your Social Security Number
599435509

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

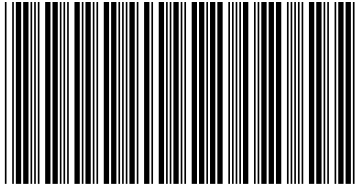
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							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.	39188	.	15.	12105	.
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.	39188	.	27.	12105	.



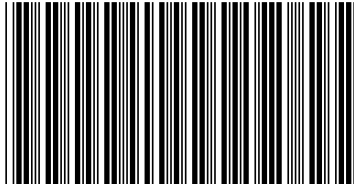
040NV03230

Name(s) as shown on Form NJ-1040NR
CHAUDHARI CHAITRALIRAJOO

Your Social Security Number
599435509

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.	39188 .	29. 12105 .
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.	38188 .	
40. Tax on amount on line 39 (From Tax Table)	40.	654 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>30.89</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.		202 .
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.		202 .
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.		202 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	375 .	
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
CHAUDHARI CHAITRALIRAJOO

Your Social Security Number
599435509

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	375 .
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.	173 .
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.	173 .

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

P02082703

Firm's Federal Employer Identification Number

Firm's Name **GLOBAL TAXES LLC**

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 CHAUDHARI CHAITRALIRAJOO	Your Social Security Number 599435509
---	---

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 CHAUDHARI CHAITRALIRAJOO	Social Security No. 599-43-5509
----------------------------------	------------------------------------

	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	39,188.	12,105.
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	39,188.	12,105.
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	39,188.	12,105.



04 02 24

Use only black ink/UPPERCASE letters. Use whole dollars only.

23000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 599 43 5509

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 9999

First name CHAITRALIRAJOO

M.I. Last name CHAUDHARI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 4200 ALDERWOOD MALL BLVD

Address line 2 (apartment number, suite number, etc.)

City LYNNWOOD

State ZIP code WA 98036

Ohio county (first four letters) FRAN

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary *Indicate state

Resident Part-year resident* X Nonresident* WA

Check only one for spouse (if filing jointly) *Indicate state

Resident Part-year resident* Nonresident*

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying surviving spouse

Married filing jointly

Married filing separately

Spouse's SSN

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income (39188), Additions (2a), Deductions (2b), Ohio adjusted gross income (39188), Exemption amount (2400), Ohio income tax base (36788), Taxable business income (6), and Taxable nonbusiness income (36788).



MM-DD-YY

2023 Ohio IT 1040
Individual Income Tax Return



SSN: 599 43 5509

23000298 Sequence No. 2

7a. Amount from line 7 on page 17a. 36788
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....8a. 656
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b.
8c. Income tax liability before credits (line 8a plus line 8b)8c. 656
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule).....9. 472
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) 10. 184
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... 11.
12. Unpaid use tax (see instructions)..... 12.
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... 13. 184
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) 14. 253
15. Estimated and extension payments, and credit carryforward from last year's return..... 15.
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule) 16.
17. Amended return only – amount previously paid with original and/or amended return 17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... 18. 253
19. Amended return only – overpayment previously requested on original and/or amended return..... 19.
20. Line 18 minus line 19. Place a "-" in the box if negative..... 20. 253
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....21.
22. Interest due on late payment of tax (see instructions)22.
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.
24. Overpayment (line 20 minus line 13)24. 69
25. Original return only – portion of line 24 carried forward to next year's tax liability25.
26. Original return only – portion of line 24 you wish to donate:
a. Wishes for Sick Children b. Wildlife Species c. Military Injury Relief
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer Total....26g.

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 69

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (925) 523-8489

Spouse's signature _____ Date _____

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



Many of these credits must be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

Table listing 23 categories of nonrefundable credits with corresponding line numbers and values (e.g., 1. Tax liability before credits... 656, 10. Total... 0, 11. Tax less credits... 656).



2023 Ohio Schedule of Credits

Primary taxpayer's SSN

599 43 5509



23280298

Sequence No. 8

24. Grape production credit	24.	
25. InvestOhio credit (include a copy of the credit certificate)	25.	
26. Lead abatement credit (include a copy of the credit certificate)	26.	
27. Opportunity zone investment credit (include a copy of the credit certificate)	27.	
28. Technology investment credit carryforward (include a copy of the credit certificate)	28.	
29. Enterprise zone day care & training credits (include a copy of the credit certificate)	29.	
30. Research & development credit (include a copy of the credit certificate)	30.	
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.	
32. Ohio low-income housing credit (include a copy of the credit certificate)	32.	
33. Affordable single-family housing credit (include a copy of the credit certificate)	33.	
34. Total (add lines 12 through 33)	34.	0
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35.	656
<u>Residency Credits</u>		
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	472
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.	
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	472

Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.	
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.	
41. Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.	
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.	
43. Venture capital credit (include a copy of the credit certificate)	43.	
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.	



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Primary taxpayer's SSN

Sequence No. 11

599 43 5509

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 253

Part B - W-2s

1. P/S	Box b - EIN P 874634369	Box 1 - Wages, tips, other compensation 10962	Box 2 - Federal income tax withheld 845
	Box 15 - Employer's Ohio ID number 54205814	Box 16 - Ohio wages, tips, etc. 10962	Box 17 - Ohio income tax 253
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio Withholding

Primary taxpayer's SSN
599 43 5509



23350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
2. P/S Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
3. P/S Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
2. P/S Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld