STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN



NJ-1040 2017 **Page 1**



For Privacy Act Notification, See Instructions For Tax Year Jan. – Dec. 2017 or Other Tax Year Beginning ______, 20___ Month Ending ______, 20___ On-line Federal Extension Confirmation #_____

1020

CHAMALLAMUDI PRANEETH

585 S LINCOLN AVE

WOODBRIDGE

1555

798092977

P02090332 301017196

C31676330001902



Under the penalties of perjury, I declare that I have examined this income tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

ΝJ

07095

>		>	If you have an amount due on Line 56, enclose yo	our
Your Signature	Date	Spouse/CU Partner's Signature (If filed	ed jointly both must sign) check and NJ-1040-V payment voucher with your and use the label for PO Box 111 .	r return
Fill in if NJ-1040-O is enclosed			If not, use the label for PO Box 555 .	
If enclosing copy of death certificat	e for deceased taxpayer, check	box (See instruction page 12)	You may also pay by e-check or credit card. See instruction page 11.	
Paid Preparer's Signature		Federal Ident	ntification Number	
APPANA RUPA V	ENKATA SATYA	SAI MANI K PO	2090332	
Firm's Name		Federal Emp	ployer Identification Number	
GLOBAL TAXES	LLC	30	-1017196	



appropriate mailing label.



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1555

CHAMALLAMUDI PRANEETH

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IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY **Residency Status** FROM TO FILING STATUS EXEMPTIONS Х 1 1. SINGLE 6. REGULAR 2. MARRIED/CU COUPLE FILING JOINT RETURN 7. AGE 65 OR OVER 3. MARRIED/CU COUPLE FILING SEPARATE RETURN 8. BLIND OR DISABLED NUMBER OF QUALIFIED DEPENDENT CHILDREN 4. HEAD OF HOUSEHOLD 9 5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER NUMBER OF OTHER DEPENDENTS 10. DEPENDENTS ATTENDING COLLEGE CHECKBOXES FOR EXEMPTIONS 11 REGULAR SPOUSE/CU PARTNER DOMESTIC PARTNER 12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 1 YOURSELF AGE 65 OR OLDER SPOUSE/CU PARTNER 12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) YOURSELF BLIND OR DISABLED SPOUSE/CU PARTNER 12C. VETERAN EXEMPTION VETERAN EXEMPTION YOURSELF SPOUSE/CU PARTNER DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR) LAST NAME. FIRST NAME. MIDDLE INITIAL SOCIAL SECURITY NUMBER HEALTH INS IND BIRTH YEAR A. В. C D. **GUBERNATORIAL ELECTIONS FUND** DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO 14. 83789 14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.) 15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500) 15A 15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A 15B. 16. 16. DIVIDENDS 17. 17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040) 18. 18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4) 19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 22) 19A **19B.** EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS 19B. 20. 20 DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1) 21. 21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1) NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4) 22. 22. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 25) 23. 23. 24. 24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED 25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25) 25. 83789 26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25) 26. 27A 27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 26) 27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26) 27B. 27C 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B) 83789 28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 28) 28. 29. 1000 29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 28 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7) 30. 30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28) 31. 31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS 32. 32. QUALIFIED CONSERVATION CONTRIBUTION 33. 33. HEALTH ENTERPRISE ZONE DEDUCTION ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11) 34. 34. 1000 35. 35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34) 82789 TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY 36. 36.



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CHAMALLAMUDI PRANEETH

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37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	374		2268	
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37H	s.		
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	370	2.		
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.		2268	•
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.		80521	
40.	TAX (FROM TAX TABLES, PAGE 52)	40.		3003	
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.			•
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41/			
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.		3003	•
43.	SHELTERED WORKSHOP TAX CREDIT	43.			•
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.		3003	•
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTI-	ER ZERO 45.		0	•
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.			•
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46 A			
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.		3003	•
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.		3329	•
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.			•
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.			•
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.			•
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51H	s.		
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	510	2.		
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.			•
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.			•
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.			•
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.		3329	•
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT	56. Amount			•
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.		326	
58.	YOUR 2018 TAX	58.			•
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.			•
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.			•
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.			•
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.			•
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.			•
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.			•
64C.	DESIGNATION CODE	640			
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.			•
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.		326	•
1	DIRECT DEPOSIT INFORMATION				
dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) dd1.		1		
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) dd2.		С		
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd3.				
dd4.	ROUTING NUMBER dd4.			101100045	
dd5.	ACCOUNT NUMBER dd5.		518	007321889	
dnm	DO NOT MAIL INDICATOR dnm				

pa.

pdr.

N J-8879

Department of the Treasury Division of Revenue

NJ *e-file* Signature Authorization

► Do not send to New Jersey. Keep for your records.

► See instructions.

2017

Do not mail the NJ-8879 to New Jersey

Taxpayer's name		Social security number			
Spou	amallamudi, Praneeth ise's name <i>i</i> l Union Prtnr's	798-09-2977 Spouse's social security number or Civil Union Prtnr's			
Ра	rt I Tax Return Information—Tax Year Ending December 31, 2017 (W	hole Dollars Only)			
1	New Jersey Taxable income		1	80,521.	
2	Total tax		2	3,003.	
3	New Jersey income tax withheld		3	3,329.	
4	Refund		4	326.	
5	Amount you owe		5		

5 Amount you owe

Declaration and Signature Authorization of Taxpayer Part II

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

	l authorize	to enter my PIN		as my signature
	ERO firm name on my tax year 2017 electronically filed income tax return.		do not enter all zeros	
	I will enter my PIN as my signature on my tax year ²⁰¹⁷ electric are entering your own PIN and your return is filed using the below.			
Your	signature ►	Date	▶	
-	use's PIN: check one box only il Union Prtnr's PIN) authorize	to enter my PIN	do not enter all zeros	as my signature
	on my tax year 2017 electronically filed income tax return.			
	I will enter my PIN as my signature on my tax year 2017 electron are entering your own PIN and your return is filed using the below.			
	se's sianature	Date	▶	
	Practitioner PIN Method Re	turns Only—cont	inue below	
Par	rt III Certification and Authentication—Practitioner	PIN Method		
ERO	D's EFIN/PIN. Enter your six-digit EFIN followed by your five-	digit self-selected PIN.	do not e	5 8 7 2 7 8 nter all zeros
retur	tify that the above numeric entry is my PIN, which is my sign in for the taxpayer(s) indicated above. I confirm that I am sub Practitioner PIN method.			
ERO's	s signature ►	Date	▶ <u>06/06/2018</u>	

ERO Must Retain This Form — See Instructions Do Not Submit This Form to New Jersey Unless Requested To Do So

New Jersey Information Worksheet Keep for your records

2017

Taxpayer: Last Name Chamallamudi First Name Praneeth Middle Initial Suffix Social Security No 798-09-2977 Date of Birth 01/06/90 Age as of 12/31/2017. 27 Date of Death * Home Phone * * Check one of these boxes to designate daytime phone	Spouse: Last Name				
c/o (care of)	Apt. No State NJ ZIP Code 07095 st year's NJ tax return				
Part II – Main Form					
X Form NJ-1040: Resident Tax Return					
Part III – Filing Status					
X Single Married/Civil Union Couple, filing joint return Married/Civil Union Partner, filing separate return Yes No Did the taxpayer maintain the same re If Yes, enter the gross income reported on spouse Head of household Qualifying widow(er)/Surviving Civil Union Partner	•				
Part IV – Exemptions					
You Spouse/CU Partner Dor Regular X Image: Constraint of the state of the s	· · · · · · · · · · · · · · · · · · ·				

Part V - Other Information

 At least two-thirds of gross income is derived from farming or fishing You do not need forms mailed to you next year Presidential Disaster Relief Death certificate attached for deceased taxpayer Yes No 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund? b If joint return, does your spouse wish to designate \$1? G Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?
Part VI – Preparer Code

1 Paid preparer code $\cdot \cdot \underline{1}$

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

X	1 The state return will be filed electronically
Ye	es No
	X 2 Will federal PIN(s) be used? (See Help)
3	Date return was EFiled
4	Date return was accepted by the state
5	Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Part VIII - Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit: Yes No

162	
X	

Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

Yes No

Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA				
X Checking account				
Savings account				
Routing number				
Account number				
Payment date to withdraw from the account above				
State balance-due amount from this return				

International ACH Transactions

X	Will the funds for t	this refund (or payment	:) go to (or come	e from) an acco	ount outside	the U.S.?
		Bank name for Intern	ational ACH Tra	ansaction		

Part IX - Extension Status

Yes No X Has the tax return due date been extended for a six month extension? Is the extension due to a natural disaster declared by the state? Extended due date QuickZoom to Form NJ-630: Application for Extension of Time to File	
QuickZoom to Form NJ-1040	

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Total Wages Worksheet ► Keep for your records

Name as Shown on Return	Social Security No.
Chamallamudi, Praneeth	798-09-2977

	Important Information
Note:	Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.
Note:	Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example). see http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf
Note:	Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.
Note:	If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14
	See <i>Tax Help</i> for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
COGNIZANT TRIZETTO - State Wages	NJ		<u>83,789.</u>	
Total federal wages from column CTotal state wages from column DLess wages excluded from New Jersey ret(by checking box in column E)Wages from all sources		82,913.	83,789.	

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2017

Name(s)	Social Security No.
Chamallamudi, Praneeth	798-09-2977

Worksheet G - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. If you claim a credit for taxes paid to other jurisdictions, complete only Lines 1 and 2 of this schedule. Complete Schedule A and Worksheet J.

1	Property tax . Enter the property tax you paid in 2017 from line 37a of FNJ-1040		1	2,268.
2	Property tax deduction. Is the amount on line 1 of this worksheet \$10,0 more (\$5,000 or more if you and your spouse file separate returns but maintained the same principal residence)?	000 or		
	Yes. Enter \$10,000 (\$5,000 if you and your spouse file separate returns but maintained the same principal residence).	9		
	XNo.Enter the amount from line 1.Also enter this amount on line 4, Column A below. See instructions		2	2,268.
	STOP if you are claiming a credit for taxes paid to other jurisdiction	ıs.		
	Complete only lines 1 and 2. Then complete Schedule A and Worksheet J. See instructions.	Column	A	Column B
•	Touching in come (come from line 20 of your NU 1040)	0.0 5		~~ ~~~
3 4 5	Taxable income (copy from line 36 of your NJ-1040) Property tax deduction (copy from line 2 of this worksheet) Taxable income after property tax deduction (subtract		268. 268.	82,789.
4 5	Property tax deduction (copy from line 2 of this worksheet) Taxable income after property tax deduction (subtract line 4 from line 3)		268.	
4	Property tax deduction (copy from line 2 of this worksheet) Taxable income after property tax deduction (subtract	2,2	268.	
4 5	Property tax deduction (copy from line 2 of this worksheet) Taxable income after property tax deduction (subtract line 4 from line 3)	2,2 80,5 3,0	268. 521.	-0- 82,789.
4 5 6	Property tax deduction (copy from line 2 of this worksheet) Taxable income after property tax deduction (subtract line 4 from line 3)	2,2 80,5 3,0	268. 521. 003. 7	-0- 82,789. 3,147. 144.

rm NJ-1040	Enter amount from
Line 38	Line 4, Column A
Line 39	Line 5, Column A
Line 40	Line 6, Column A
Line 49	Make no entry

No.

You receive a greater tax benefit from the Property Tax Credit. (**Part-year residents**, see instructions before answering "No.") Make the following entries on Form NJ-1040.

Form NJ-1040	Enter amount from:
Line 38	Make no entry
Line 39	Line 5, Column B
Line 40	Line 6, Column B
Line 49	\$50 (\$25 if you and your spouse/civil union partner file
	separate returns but maintain the same principal
	residence). Part-year residents, see instructions.

Tax Payments Worksheet ► Keep for your records

2017

Name	Social Security Number
Chamallamudi, Praneeth	798-09-2977

Tax Payments for the Current Year

		State	
		Date	Payment
1 2 3 4	First Payment		
5	Additional Payments Payment		
6 7 8	Overpayment from previous year applied to current year		6 7 8

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2		3,329.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
С	State withholding on Forms 1099-K	С	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,329.
15	Date return will be filed and balance paid	15	04/17/2018

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Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

	Property Tax Information Smart Worksheet F
1	Did you live in more than one qualifying New Jersey residence during 2017?
2	Did you share ownership of a principal residence during 2017 with anyone other than your spouse?
3	Did a principal residence you owned during 2017 consist of multiple units? Yes Yes
4	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit?
5	Were you both a homeowner and a tenant during 2017? Yes X No
	If the answer to any of the above questions is Yes, complete Schedule G-1. QuickZoom to Schedule G-1
Α	Total property tax paid in 2017
в	Part-year residents: Enter the amount while a resident of New Jersey 12,600 Total rent paid in 2017. 12,600
С	Part-year residents: Enter the amount while a resident of New Jersey
D	Answer this question on NJ Information Wks (if Yes, reduce by 50%) Yes No You were a New Jersey homeowner on October 1, 2017 and
	you are eligible and file for a 2017 Homestead Benefit Yes No