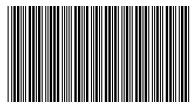
#### 2017 NJ-1040-V PAYMENT VOUCHER



0130201010

### **Payment by Credit Card**

You may pay your 2017 New Jersey income taxes or make payment of estimated tax for 2018 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

#### Payment by E-Check

You may pay your 2017 New Jersey income taxes or make a payment of estimated tax for 2018 by e-check. This option is available on the Division's Website at: <a href="www.nj.gov/treasury/taxation/">www.nj.gov/treasury/taxation/</a> Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

### **Payment by Check**

If you are paying your 2017 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2017 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2018, use separate checks or money orders for each payment. Send your 2018 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

#### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V 712-41-1917 GARL Garlapati, Sujith 703 plaza drive Woodbridge, NJ 07095

1555 2017

Make your check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:

1.00



### NJ-1040 2017 Page 1



#### 040MD01170

#### STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Priv	acy Act No	tification, See Instr	uctions
For Tax Y	ear Jan. – E	Dec. 2017 or Other	Tax Year
Beginning	, 20	_ Month Ending	, 20
On-line Federal E	xtension Co	nfirmation #	

GARLAPATI SUJITH

703 PLAZA DRIVE

WOODBRIDGE NJ 07095 1014

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and statements,	and to the b	•	dge and belief	, it is tru	e, correct a	nd comp	cluding accompanying schedules lete. If prepared by a person other any knowledge.	Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI  Mail your return in the envelope provided and affix the appropriate mailing label.
>				>				If you have an amount due on Line 56, enclose your
Your Signature			Date	Spo	ouse/CU Partne	r's Signatu	re (If filed jointly both must sign)	check and NJ-1040-V payment voucher with your return and use the label for <b>PO Box 111</b> .
Fill in if NJ-1040	O is enclosed	1						If not, use the label for PO Box 555.
If enclosing copy	of death certi	ficate for deceased to	axpayer, check	box (See i	nstruction pa	ge 12)		You may also pay by e-check or credit card. See
Paid Preparer's Si	gnature					Fede	ral Identification Number	instruction page 11.
APPANA	RUPA	VENKATA	SATYA	SAI	MANI	K	P02090332	
Firm's Name						Fede	ral Employer Identification Number	1
GLOBAL	TAXES	S LLC					30-1017196	



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#### GARLAPATI SUJITH

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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 X 1 1. SINGLE REGULAR 2. MARRIED/CU COUPLE FILING JOINT RETURN 7. AGE 65 OR OVER 3. MARRIED/CU COUPLE FILING SEPARATE RETURN BLIND OR DISABLED NUMBER OF QUALIFIED DEPENDENT CHILDREN 4. HEAD OF HOUSEHOLD 9 5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER NUMBER OF OTHER DEPENDENTS CHECKBOXES FOR EXEMPTIONS DEPENDENTS ATTENDING COLLEGE 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. 41600 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. 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. 41600 26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25) 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) 41600 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) 40600 TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY 36. 36.

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NJ-1040 (2017)

PAGE 3

## GARLAPATI SUJITH

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37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.		
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.		
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.		
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.		
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	40600	
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	752	
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.		
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.		
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	752	
43.	SHELTERED WORKSHOP TAX CREDIT	43.		
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	752	
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0	
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.		
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.		
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	752	
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	751	
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	51B.		
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.		
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.	751	
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 AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 61, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 61, 61, 61, 61, 61, 61, 61, 61, 61, 61$	56.	1	•
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.		
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	64C.		
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.		

### DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	4
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	
dd5.	ACCOUNT NUMBER	dd5.	
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

Department of the Treasury Division of Revenue

NJ *e-file* Signature Authorization

▶ Do not send to New Jersey. Keep for your records. **▶** See instructions.

Division of Revenue			
Do not mail the NJ-8	879 to New Jersey		
Taxpayer's name	Social security number	er	
Garlapati, Sujith	712-41-1917		
Spouse's name Spouse's social security number			
or Civil Union Prtnr's			
Part I Tax Return Information—Tax Year Ending December 3	31, 2017 (Whole Dollars Only)		
1 New Jersey Taxable income		1 40,600.	
2 Total tax		<b>2</b> 752.	
3 New Jersey income tax withheld		<b>3</b> 751.	
4 Refund		4	
5 Amount you owe		5 1.	
Part II Declaration and Signature Authorization of Taxpayer Under penalties of perjury, I declare that I have examined a copy of my elec			
schedules and statements for the tax year ending December 31, 2017 at correct, and complete. I further declare that the amounts in Part I above income tax return. I acknowledge that I have read the Consent to Disclosure a included on the copy of my electronic income tax return and I agree to the pidentification number (PIN) as my signature for my electronic income tax ret Consent.	are the amounts shown on the cand, if applicable, Electronic Funds provisions contained therein. I hav	copy of my electronic s Withdrawal Consent e selected a personal	
Taxpayer's PIN: check one box only			
□ Lauthorize to	enter my PIN	as my signature	
electronically filed income tax return.	do not enter all zeros		
I will enter my PIN as my signature on my tax year <sup>2017</sup> electronically are entering your own PIN <b>and</b> your return is filed using the Practitic below.			
Your signature ▶	Date <b>&gt;</b>		
Spouse's PIN: check one box only			
(or Civil Union Prtnr's PIN)			
□ Lauthorize to	enter my PIN	as my signature	
electronically filed income tax return.	do not enter all zeros	<i>y g</i>	
I will enter my PIN as my signature on my tax year 2017 electronically are entering your own PIN <b>and</b> your return is filed using the Practitic below.			
Spouse's signature ▶ or Civil Union Prtnr's	Date <b>&gt;</b>		
Practitioner PIN Method Returns C	Only—continue below		
Part III Certification and Authentication—Practitioner PIN Me	ethod		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s	· · · · · · · · · · · · · · · · · · ·	5 8 7 2 7 8 nter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on treturn for the taxpayer(s) indicated above. I confirm that I am submitting this the Practitioner PIN method.	the tax year 2017 electronically files return in accordance with the re	led income tax equirements of	
ERO's signature ▶	Date ▶ <u>06/08/2018</u>		

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

Part I — Personal Information	
Taxpayer:  Last Name	Spouse:  Last Name
c/o (care of)  Street Address 703 plaza drive  City	Apt. No . State NJ ZIP Code 07095 st year's NJ tax return
Part II — Main Form	
Form NJ-1040NR: Nonresident Tax Return  Enter state of residency  Form NJ-1040: Part-Year Resident Tax Return  Enter dates of New Jersey residency From	To  Jersey sources during your period of nonresidence? will be prepared.
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	
Regular Age 65 or over Blind Disabled Veteran exemption  Number of qualifying dependent children	<u> </u>

Sujith Garlapati	712-41-1917	_ Page <b>2</b>
Part V — Other Information		
<b>b</b> If joint return, does your spouse wish	yer taxes for the Gubernatorial Elections Fund?	
Part VI — Preparer Code		
1 Paid preparer code 1		
Part VII — Electronic Filing Information		
New! State e-file disclosure consent:  By using a computer system and software to prepare and to the disclosure of all information pertaining to my use of return and to the electronic transmission of my client's talk Revenue and Enterprise Services.  X 1 The state return will be filed electronically  Yes No  X 2 Will federal PIN(s) be used? (See Help)  3 Date return was EFiled	of the system and software to create my client's ex return to the State of New Jersey, Division of	sent
Electronic PDF Attachments		
PDF's that you have selected to attach to your state e-fil Description	e return are listed below. Filename	
Becompain	Tioname	
Part VIII — Direct Deposit Information or Electron	onic Funds Withdrawal Information	
Direct Deposit:  Yes No  X Do you want direct deposit of state tax refu	and? (EF - All filers; Print filers - residents filers	only)
Electronic Funds Withdrawal:  Yes No  Do you want electronic funds withdrawal o	f 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
Yes No
Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?
Bank name for International ACH Transaction
Part IX - Extension Status
Part IX - Extension Status
Yes No
Yes No  X Has the tax return due date been extended for a six month extension?
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?
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
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?
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
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

NJIW0101.SCR 03/12/18

Keep for your records

Name as Shown on Return

Garlapati, Sujith

Social Security No.
712-41-1917

#### **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 Tax Help 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
I28 TECHNOLOGIES  - State Wages	<u>NJ</u>	41,600.	41,600.	
Total federal wages from column C  Total state wages from column D  Less wages excluded from New Jersey ret (by checking box in column E)  Wages from all sources	urn	41,600.	41,600.	

Name Garl	apati, Sujith		Social Security Number 712-41-1917		
Tax	Payments for the Current Year				
			S	State	
		Da	te	Payment	
1 2 3 4	First Payment		-		
5	Additional Payments Payment		-		
6 7	Overpayment from previous year applied to current year		6 7		
8	Total tax payments		8		
Inco	me Taxes Withheld for the Current Year				
	State withholding on Forms W-2		9 10 11 12 a b c	751.	
14	Total income tax withheld		14	751.	
15	Date return will be filed and balance paid		15	04/17/2018	

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Sujith Garlapati 712-41-1917 1

# **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?
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  Total rent paid in 2017
С	If your filing status is married filing separate return, did you maintain the same residence as your spouse?
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