

2018 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending _____, 20__

PROSERIES

Primary's Legal First Name, MI, Last Name, Primary's Social Security Number, Spouse's Legal First Name, MI, Last Name, Spouse's Social Security Number, Mailing Address, City, State or Province, Zip, Foreign Country Name

FILING STATUS: 1. Single, 2. Married Filing Joint, 3. Head of Household, 4. Married Filing Separately on the Same Return, 5. Married Filing Separately on Different Returns, 6. Qualifying Widow(er) with dependent child

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

7A. Yourself, Spouse, 65 or Over, 65 Special, Blind, Deaf, Head of Household/Qualifying Widow(er), Multiply number of boxes checked 7A 1 x \$26 = 26.00

Table with 4 columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you. Includes header 'Dependents (Do not list yourself or spouse)' and rows 1, 2, 3.

7B. Multiply number of DEPENDENTS from above 7B 0 x \$26 = 00, 7C. First name of Qualifying Individual(s) from AR1000RC5, 7C 0 x \$500 = 00, 7D. TOTAL PERSONAL TAX CREDITS: 26.00

Table with 3 columns: Description, (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only. Includes rows 8-25 for various income types and adjustments.



Primary SSN 160-83-7656

| | | (A) Primary/Joint Income | | (B) Spouse's Income Status 4 Only | |
|--|---|--------------------------|----------------------------------|---|-------------------------|
| | | | | | |
| TAX COMPUTATION | 26. ADJUSTED GROSS INCOME: (From Line 25, Columns A and B) | 26 | 49,456.00 | 26 | 00 |
| | 27. Select tax table: (See Instructions, Line 27) | | | | |
| | • <input type="checkbox"/> LOW INCOME Table <input checked="" type="checkbox"/> REGULAR Table | | | | |
| | If you qualify for the Low Income Tax Table, enter zero (0) on Line 27A. If not, then: | | | | |
| | Enter the larger of your: } • <input type="checkbox"/> Itemized Deductions (See Instructions, Line 27 and attach AR3) | | | | |
| | OR If your spouse itemizes on a separate return, check here • <input type="checkbox"/> | | | | |
| | <input checked="" type="checkbox"/> Standard Deduction (See Instructions, Line 27)..... | 27 | 2,200.00 | 27 | 00 |
| | 28. NET TAXABLE INCOME: (Subtract Line 27 from Line 26) | 28 | 47,256.00 | 28 | 00 |
| | 29. TAX: (Enter tax from tax table)..... | 29 | 2,057.00 | 29 | 00 |
| | 30. Combined tax: (Add amounts from Line 29, Columns A and B) | 30 | | 2,057.00 | |
| 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)..... | 31 | | | 00 | |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)..... | 32 | | | 00 | |
| 33. TOTAL TAX: (Add Lines 30 through 32)..... | 33 | | | 2,057.00 | |
| TAX CREDITS | 34. Personal Tax Credit(s): (Enter total from Line 7D) | 34 | 26.00 | | |
| | 35. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441) | 35 | | | 00 |
| | 36. Other Credits: (Attach AR1000TC) | 36 | 14.00 | | |
| | 37. TOTAL CREDITS: (Add Lines 34 through 36) | 37 | | | 40.00 |
| 38. NET TAX: (Subtract Line 37 from Line 33. If Line 37 is greater than Line 33, enter 0) | 38 | | | 2,017.00 | |
| PAYMENTS | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G) ... | 39 | 2,610.00 | | |
| | 40. Estimated tax paid or credit brought forward from 2017:..... | 40 | | | 00 |
| | 41. Payment made with extension: (See Instructions)..... | 41 | | | 00 |
| | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) | 42 | | | 00 |
| | 43. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) | 43 | | | 00 |
| | 44. TOTAL PAYMENTS: (Add Lines 39 through 43)..... | 44 | | | 2,610.00 |
| | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... | 45 | | | 00 |
| 46. Adjusted Total Payments: (Subtract Line 45 from Line 44)..... | 46 | | | 2,610.00 | |
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If Line 46 is greater than Line 38, enter difference) | 47 | | | 593.00 |
| | 48. Amount to be applied to 2019 estimated tax: | 48 | | | 00 |
| | 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) | 49 | | | 00 |
| | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47).....REFUND | 50 | | | 593.00 |
| | DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. • <input type="checkbox"/> | | | | |
| Routing Number | Account Number | | | <input checked="" type="checkbox"/> Checking or | |
| 0 4 4 0 0 0 0 3 7 | 7 9 0 5 1 0 2 7 0 | | | <input type="checkbox"/> Savings | |
| 51. AMOUNT DUE: (If Line 46 is less than Line 38, enter difference; If over \$1,000, continue to 52A)...TAX DUE | 51 | | | 00 | |
| 52A.UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A • <input type="checkbox"/> Penalty 52B • <input type="checkbox"/> | | | | 00 | |
| 52C.Add Lines 51 and 52B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions | TOTAL DUE 52C | | | 00 | |
| I D | DL# / State ID <u>944044561</u> Your state <u>AR</u> Issue Date (mm/dd/yyyy) <u>12/07/2018</u> Expiration Date (mm/dd/yyyy) <u>07/02/2020</u> | | | | |
| | DL# / State ID _____ Spouse state _____ Issue Date (mm/dd/yyyy) _____ Expiration Date (mm/dd/yyyy) _____ | | | | |
| FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS | | | | | |
| PLEASE SIGN HERE | PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| | Primary's Signature | Date | Telephone | May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Spouse's Signature | Date | Telephone | | |
| PAID PREPARER | Paid Preparer's Signature | | ID Number/Social Security Number | | For Department Use Only |
| | Preparer's Name <u>GLOBAL TAXES LLC</u> | | City/State/Zip | | A |
| | E-mail | | CUMMING GA 30041 | | Telephone |



ARKANSAS INDIVIDUAL INCOME TAX
TAX CREDITS

| | |
|--|---|
| Primary Taxpayer's Name/ Trust (Fiduciary) SAI TEJA GUNDLAPALLY | Primary's Social Security Number/ FEIN (Fiduciary) 160-83-7656 |
|--|---|

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

| | | | |
|--|-----|-----|----|
| 1. State Political Contribution Credit: (See instructions)..... | 1 ● | | 00 |
| 2. Other State Tax Credit: [Attach copy of other state tax return(s)] <u>See Other States Credit</u> | 2 ● | 14. | 00 |
| 3. Credit for Adoption Expenses: (Attach federal Form 8839) | 3 ● | | 00 |
| 4. Phenylketonuria Disorder Credit: (See instructions. Attach AR1113)..... | 4 ● | | 00 |

If certificate is issued to an individual, leave FEIN box below blank.

Primary:

| | | | |
|----------------|--------|----------|----|
| 5A. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5B. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5C. BIC Code ● | FEIN ● | Amount ● | 00 |

Spouse:

| | | | |
|----------------|--------|----------|----|
| 5D. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5E. BIC Code ● | FEIN ● | Amount ● | 00 |
| 5F. BIC Code ● | FEIN ● | Amount ● | 00 |

5. Business Incentive Tax Credit(s): (Add amounts from 5A-5F above) 5 ●

| | |
|--|----|
| | 00 |
|--|----|

A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.

6. TOTAL CREDITS:
Add Lines 1 through 5. Enter total on Line 36, Form AR1000F/AR1000NR, or Line 23, Form AR1002F/AR1002NR ... 6 ●

| | |
|-----|----|
| 14. | 00 |
|-----|----|

BUSINESS INCENTIVE CREDIT TYPES

| | |
|---|---|
| Code Credit Type | Code Credit Type |
| 0001....Advantage Arkansas | 0028....Tourism Development |
| 0002....Affordable Housing | 0029....Tuition Reimbursement Program |
| 0003....AR Plus | 0030....Targeted Business Payroll |
| 0004....AR Plus 50% Technology-Based | 0031....Venture Capital Investment |
| 0005....AR Plus 75% Technology-Based | 0032....Youth Apprenticeship |
| 0006....AR Plus 100% Technology-Based | 0033....Youth Apprenticeship Work Base Learning |
| 0008....Capital Development Company | 0034....Waste Reduction, Reuse or Recycle Equipment |
| 0009....Child Care Facility | 0035....Water Impounded Outside Critical |
| 0010....Coal Mining Producing and Extracting | 0036....Water Impounded Within Critical |
| 0011....Delta Geotourism | 0037....Water Surface Outside Critical |
| 0013....Enterprise Zone | 0038....Water Surface Inside Critical |
| 0014....Equipment Donation/Sale | 0039....Water Surface Inside Critical-Industrial or Commercial |
| 0015....Equity Investment Incentive | 0040....Water Land Leveling |
| 0016....Existing Workforce Training | 0041....Wetland Riparian Zone Creation/Restoration |
| 0017....Family Savings Initiative Act | 0042....Wetland Riparian Zone Conservation |
| 0018....Historic Rehabilitation | 0043....Central Business Improvement District Rehab and Dev |
| 0019....Low Income Housing | 0044....Biodiesel Incentive Credit |
| 0020....Public Roads Incentive | 0045....Recycle Equipment for Steel Manufacturer |
| 0021....Research Park Authority | 0046....Recycle-Steel Manufacturer Amendment 82 Project Act 862 |
| 0022....Research and Development with Universities | 0047....Recycle-Expansion Project Act 1046 |
| 0023....In-House Research Income Tax Credit | 0048....Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046 |
| 0024....In-House Research by Targeted Business Income Tax Credit | 0049....Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046 |
| 0025....In-House Research Area of Strategic Value Income Tax Credit | 0050....Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046 |
| 0026....Qualified Research | 0051....Apprenticeship Program |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: SAI TEJA; Last Name: GUNDLAPALLY; Primary's Social Security Number: 160-83-7656; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 2400 SE JAYEL TR, APT. 1; Telephone: (330) 622-2805; City: BENTONVILLE; State or Province: AR; ZIP: 72712; Check if address is outside U.S. Foreign Country: []

Table with 5 rows and 3 columns: Line, Description, Amount. 1. Total Income: 49,456.00; 2. Net Tax: 2,017.00; 3. State Income Tax Withheld: 2,610.00; 4. Refund: 593.00; 5. Tax Due: 00.00

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2018 Arkansas income tax return. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2018 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: Primary's Signature, Date, Spouse's Signature, Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only: Signature, Date, Check if paid preparer [], Check if self-employed [], P02090332, Your SSN or PTIN, GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196, Firm's name and address, FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only: Signature, Date, Check if self-employed [], P02090332, Preparer's SSN or PTIN, APPANA RUPA VENKATA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041, Firm's name and address, FEIN

Additional information from your 2018 Arkansas Tax Return

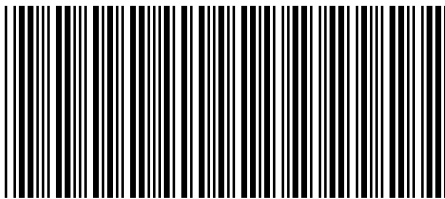
Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

| Other State | Oth. State AGI | Oth. Tax Due | Allowable Tax Crd. | Withholding Amt |
|-------------|----------------|--------------|--------------------|-----------------|
| NJ | 887. | 14. | 14. | 3. |

NJ-1040-NR
2018



040NV01180

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2018 - December 31, 2018 or Other Tax Year
Beginning _____, 20 _____ Ending _____, 20 _____
Check box [] if application for federal extension is attached
or enter confirmation number _____

1030

Your Social Security Number

160-83-7656

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

Arkansas

Driver's License # (Voluntary)

944044561

State

AR

Joint filers enter first name and initial of each - Enter spouse/CU partner last name only if different.

Last Name, First Name, and Initial

GUNDLAPALLY SAI TEJA

Home Address (Number and Street, incl. apt. # or rural route)

2400 SE JAYEL TR, Apt. 1

City, Town, Post Office

BENTONVILLE

State

AR

Zip Code

72712

Change of address

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency.

From:

To:

FILING STATUS (Check only one box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return

Name and SSN of Spouse/CU Partner

- 4. Head of Household
- 5. Qualifying Widow(er)/Surviving CU Partner

14. **Dependent Information**

Last Name, First Name, Middle Initial

Social Security Number

Birth Year

- A.
- B.
- C.
- D.

EXEMPTIONS

- 6. Regular Domestic Partner 6. 1
- 7. Age 65 or Over 7.
- 8. Blind or Disabled 8.
- 9. Veteran Exemption 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.

GUBERNATORIAL ELECTIONS FUND

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

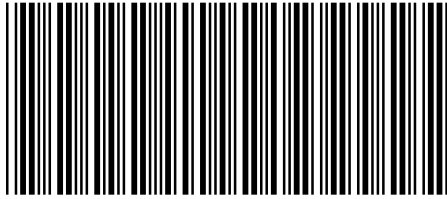
Yes No
Yes No

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

| | 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 64 through 70 | 15. 32897 | 15. 915 |
| 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 63) | 19. . | 19. . |
| 20. Net gains or income from rents, royalties, patents (Schedule NJ-BUS-1, Part II, Line 4) | 20. . | 20. . |
| 21. Net gambling winnings (See instructions) | 21. . | 21. . |
| 22. Pensions, Annuities, and IRA Withdrawals | 22. . | 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. . | 25. . |
| 26. Other - State Nature and Source _____ | 26. . | 26. . |
| 27. TOTAL INCOME (Add Lines 15 through 26) | 27. 32897 | 27. 915 |
| 28a. Pension Exclusion (See Instructions) | 28a. . | 28a. . |
| 28b. Other Retirement Income Exclusion (See Worksheet and Instructions) | 28b. . | 28b. . |
| 28c. Total Exclusion Amount (Add Line 28a and Line 28b) | 28c. . | 28c. . |





040NV02180

GUNDLAPALLY SAI TEJA

160837656

| | | | | | |
|-----|--|------|---------|------|-------|
| 29. | Gross Income (Subtract Line 28c from Line 27) | 29. | 32897 . | 29. | 915 . |
| 30. | Gross Income (From Line 29) | 30. | 32897 . | 30. | 915 . |
| 31. | Total Exemption Amount (See Instructions) | 31. | 1000 . | | |
| 32. | Medical Expenses (See Worksheet and Instructions) | 32. | . | | |
| 33. | Alimony and separate maintenance payments | 33. | . | | |
| 34. | Qualified Conservation Contribution | 34. | . | | |
| 35. | Health Enterprise Zone Deduction | 35. | . | | |
| 36. | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) | 36. | . | | |
| 37. | Total Exemptions and Deductions (Add Lines 31 through 36) | 37. | 1000 . | | |
| 38. | TAXABLE INCOME (Subtract Line 37 from Line 30, Column A) | 38. | 31897 . | | |
| 39. | Tax on amount on Line 38 (From Tax Table page 34) | 39. | 488 . | | |
| 40. | Income Percentage B. (Line 30) / A. (Line 30) = | | 2.78 | | |
| 41. | NEW JERSEY TAX (Multiply amount from Line 39 <u>488</u> x <u>2.78</u> % from Line 40) | 41. | | 14 . | |
| 42. | Sheltered Workshop Tax Credit (Enclose GIT-317. See Instruction) | 42. | | . | |
| 43. | Balance of Tax (Subtract Line 42 from Line 41) | 43. | | 14 . | |
| 44. | Gold Star Family Counseling Credit (See Instructions) | 44. | | . | |
| 45. | Balance of Tax After Credits (Subtract Line 44 from Line 43) | 45. | | 14 . | |
| 46. | Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210 is enclosed. | 46. | | . | |
| 47. | Total Tax and Penalty (Add Line 45 and Line 46) | 47. | | 14 . | |
| 48. | Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) | 48. | 3 . | | |
| 49. | New Jersey Estimated Tax Payments/Credit from 2017 return | 49. | . | | |
| 50. | Tax paid on your behalf by Partnership(s) | 50. | . | | |
| 51. | EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) | 51. | . | | |
| 52. | EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450) | 52. | . | | |
| 53. | EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) | 53. | . | | |
| 54. | Total Payments/Credits (Add Lines 48 through 53) | 54. | | 3 . | |
| 55. | If Line 54 is LESS THAN Line 47, enter AMOUNT YOU OWE | 55. | | 11 . | |
| 56. | If Line 54 is MORE THAN Line 47, enter OVERPAYMENT | 56. | | . | |
| 57. | Deductions from Overpayment on Line 56 that you elect to credit to: | | | | |
| | (A) Your 2019 Tax | 57A. | . | | |
| | (B) N.J. Endangered Wildlife Fund | 57B. | . | | |
| | (C) N.J. Children's Trust Fund | 57C. | . | | |
| | (D) N.J. Vietnam Veteran's Memorial Fund | 57D. | . | | |
| | (E) N.J. Breast Cancer Research Fund | 57E. | . | | |
| | (F) U.S.S. N.J. Educational Museum Fund | 57F. | . | | |
| | (G) Designated Contribution CODE | 57G. | . | | |
| 58. | Total Deductions From Overpayment (Add Lines 57A through 57G) | 58. | | . | |
| 59. | REFUND (Amount to be sent to you. Subtract Line 58 from Line 56) | 59. | | . | |

Also enter on line 49:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

NOTE:
AN ENTRY ON LINE 57A, B, C, D, E, F,
OR G 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.

Pay amount on Line 55 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 may also pay by e-check or credit card.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature Federal Identification Number
P02090332

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

| | |
|--|--|
| Name(s) as shown on Form NJ-1040NR GUNDLAPALLY SAI TEJA | Your Social Security Number 160-83-7656 |
|--|--|

| | | |
|---------------|---|---|
| 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. |
|---------------|---|---|

| (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 other basis as adjusted (see instructions) and expense of sale | (f) Gain or (loss) (d less e) |
|--------------------------------------|----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 60. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|----|--|
| 61. Capital Gains Distribution | 61 | |
| 62. Other Net Gains..... | 62 | |
| 63. Net Gains (Add Lines 60, 61, and 62) (Enter here and on Line 19) (If Loss, enter ZERO)..... | 63 | |

| | | |
|----------------|---|---|
| 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.) |
|----------------|---|---|

| | | |
|---|----|--|
| 64. Amount reported on Line 15 in Column A required to be allocated | 64 | |
| 65. Total days in taxable year | 65 | |
| 66. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) | 66 | |
| 67. Total days worked in taxable year (subtract Line 66 from 65) | 67 | |
| 68. Deduct days worked outside New Jersey..... | 68 | |
| 69. Days worked in New Jersey (subtract Line 68 from Line 67) | 69 | |

70. ALLOCATION FORMULA _____ x _____ = _____
(Enter amount from Line 64) (Salary earned inside N.J.) (Include this amount on Line 15, Col. B)

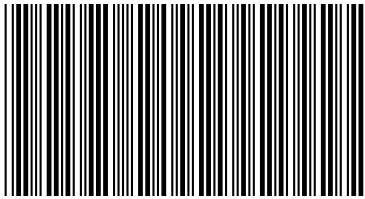
| | | |
|-----------------|--|---|
| PART III | ALLOCATION OF BUSINESS INCOME TO NEW JERSEY | (See instructions if other than Formula Basis of allocation is used.) |
|-----------------|--|---|

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 _____ % = \$ _____



2018 NJ-1040-NR-V PAYMENT VOUCHER

0130201010

Payment by Credit Card

You may pay your 2018 New Jersey income taxes or make payment of estimated tax for 2019 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2018 New Jersey income taxes or make a payment of estimated tax for 2019 by e-check. This option is available on the Division's Website at: www.njtaxation.org. 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 2018 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 244, Trenton, NJ 08646-0244.

If you are paying your 2018 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 2019, use separate checks or money orders for each payment. Send your 2019 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
Nonresident Payment Voucher
NJ-1040-NR-V

160-83-7656 GUND
GUNDLAPALLY, SAI TEJA
2400 SE JAYEL TR, Apt. 1
BENTONVILLE, AR 72712

1555 2018

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

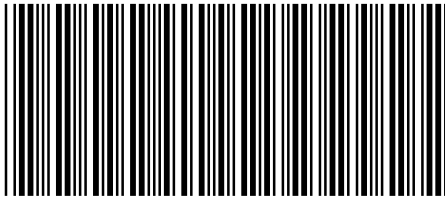
State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

11.00



NJ-1040-NR
2018



040NV01180

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2018 - December 31, 2018 or Other Tax Year
Beginning _____, 20 _____ Ending _____, 20 _____
Check box [] if application for federal extension is attached
or enter confirmation number _____

1030

Your Social Security Number
160-83-7656

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Arkansas

Driver's License # (Voluntary) State
944044561 AR

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

GUNDLAPALLY SAI TEJA

Home Address (Number and Street, incl. apt. # or rural route)
2400 SE JAYEL TR, Apt. 1

City, Town, Post Office State Zip Code
BENTONVILLE AR 72712

Change of address

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency.

FILING STATUS (Check only one box)

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
- _____
Name and SSN of Spouse/CU Partner
- 4. Head of Household
 - 5. Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS

- 6. Regular Domestic Partner 6. 1
- 7. Age 65 or Over 7.
- 8. Blind or Disabled 8.
- 9. Veteran Exemption 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.

14. Dependent Information

| Last Name, First Name, Middle Initial | Social Security Number | Birth Year |
|---------------------------------------|------------------------|------------|
| A. | | |
| B. | | |
| C. | | |
| D. | | |

GUBERNATORIAL
ELECTIONS FUND

Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish 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

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

| | 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 64 through 70 | 15. 32897 | 15. 915 |
| 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 63) | 19. . | 19. . |
| 20. Net gains or income from rents, royalties, patents (Schedule NJ-BUS-1, Part II, Line 4) | 20. . | 20. . |
| 21. Net gambling winnings (See instructions) | 21. . | 21. . |
| 22. Pensions, Annuities, and IRA Withdrawals | 22. . | 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. . | 25. . |
| 26. Other - State Nature and Source _____ | 26. . | 26. . |
| 27. TOTAL INCOME (Add Lines 15 through 26) | 27. 32897 | 27. 915 |
| 28a. Pension Exclusion (See Instructions) | 28a. . | 28a. . |
| 28b. Other Retirement Income Exclusion (See Worksheet and Instructions) | 28b. . | 28b. . |
| 28c. Total Exclusion Amount (Add Line 28a and Line 28b) | 28c. . | 28c. . |



| | |
|--|--|
| Name(s) as shown on Form NJ-1040NR GUNDLAPALLY SAI TEJA | Your Social Security Number 160-83-7656 |
|--|--|

| | | |
|---------------|---|---|
| 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. |
|---------------|---|---|

| (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 other basis as adjusted (see instructions) and expense of sale | (f) Gain or (loss) (d less e) |
|--------------------------------------|----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 60. | | | | | |
| | | | | | |
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| | | | |
|---|----|--|--|
| 61. Capital Gains Distribution | 61 | | |
| 62. Other Net Gains..... | 62 | | |
| 63. Net Gains (Add Lines 60, 61, and 62) (Enter here and on Line 19) (If Loss, enter ZERO)..... | 63 | | |

| | | |
|----------------|---|---|
| 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.) |
|----------------|---|---|

| | | | |
|---|----|--|--|
| 64. Amount reported on Line 15 in Column A required to be allocated | 64 | | |
| 65. Total days in taxable year | 65 | | |
| 66. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) | 66 | | |
| 67. Total days worked in taxable year (subtract Line 66 from 65) | 67 | | |
| 68. Deduct days worked outside New Jersey..... | 68 | | |
| 69. Days worked in New Jersey (subtract Line 68 from Line 67) | 69 | | |

70. ALLOCATION FORMULA _____ x _____ = _____
(Enter amount from Line 64) (Salary earned inside N.J.) (Include this amount on Line 15, Col. B)

| | | |
|-----------------|--|---|
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BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)
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