NJ-1040 2017 Page 1



STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

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 #_____

NAKKA GOWTHAM

86 REA AVE

MIDLAND PARK NJ 07432 0235

1555

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REV 12/18/17 PRO

P02090332 301017196

N02213000001911



than the taxpayer, this declaration is based on all information of which the preparer has 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 check and NJ-1040-V payment voucher with your return and use the label for PO Box 111.
Your Signature			Date	Spouse/CU Partner's Signature (If filed jointly both must sign)				
Fill in if NJ-1040-O) is enclosed	i						If not, use the label for PO Box 555 .
If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)							You may also pay by e-check or credit card. See	
Paid Preparer's Signature						F	ederal Identification Number	instruction page 11.
APPANA	RUPA	VENKATA	SATYA	SAI	MANI	K	P02090332	
Firm's Name						F	Federal Employer Identification Number	
GLOBAL '	TAXES	S LLC					30-1017196	



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NAKKA GOWTHAM

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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 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. 52000 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. 52000 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) 52000 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) 51000 TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY 36. 36.

NJ-1040 (2017)

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			1 4 4 0	
	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A. 37B.	1440	•
	37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)			
	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	1 4 4 0	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	1440	•
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	49560	•
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	1247	•
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.	1247	
43.	SHELTERED WORKSHOP TAX CREDIT	43.		
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	1247	
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.	1247	
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	1801	
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.	1801	
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	56.		
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	554	
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.	554	

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
$\mathbf{dd3.} \ \ FILL \ IN \ THE \ CHECKBOX \ IF \ REFUND \ IS \ GOING \ TO \ AN \ ACCOUNT \ OUTSIDE \ THE \ UNITED \ STATES$	dd3.	
dd4. ROUTING NUMBER	dd4.	065400137
dd5. ACCOUNT NUMBER	dd5.	000000110726050
dnm. DO NOT MAIL INDICATOR	dnm.	
pa. POWER OF ATTORNEY INDICATOR	pa.	
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

Department of the Treasury Internal Revenue Service (99)

Moving Expenses

► Go to www.irs.gov/Form3903 for the latest information. ▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 170

Name(s) shown on return Your social security number GOWTHAM NAKKA 669-53-1398 Before you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving ✓ See Members of the Armed Forces in the instructions, if applicable. 1 Transportation and storage of household goods and personal effects (see instructions) . . . 1 500. 2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals 2 3 500. Add lines 1 and 2 . . . 3 4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Is line 3 more than line 4? You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. X Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 500. 5 For Paperwork Reduction Act Notice, see your tax return instructions. BAA Form **3903** (2017)