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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 #_____

VELAGAPUDI KRISHNA CHAITANYA

7083 WATERSEDGE DRIVE APT 105

CINCINNATI OH 45241 1210

1555

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P02090332 301017196

UW357102

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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.							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					ouse/CU Partne	r's Sigr	nature (If filed jointly both must sign)	check and NJ-1040-V payment voucher with your return and use the label for PO Box 111 .				
Fill in if NJ-1040-O) is enclosed	i						If not, use the label for PO Box 555 .				
								You may also pay by e-check or credit card. See				
Paid Preparer's Sign	nature					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					



VELAGAPUDI KRISHNA CHAITANYA

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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 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 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. 25866 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. 3 NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4) 19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 22) 19A 19B. 19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS 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. 25869 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) 25869 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) 24869 TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY 36. 36.

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VELAGAPUDI KRISHNA CHAITANYA

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			0.00	
	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	900	•
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.		
	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.		
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	0.40.60	٠
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	24869	•
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	365	•
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.	365	•
43.	SHELTERED WORKSHOP TAX CREDIT	43.		•
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	365	
45.	$\textbf{USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.PAGE} \ \textbf{36}) \ \textbf{IF NO} \ \textbf{USE} \ \textbf{TAX}, \textbf{ENTROPORTION OF STATE} \ \textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.PAGE} \ \textbf{36}) \ \textbf{IF NO} \ \textbf{USE} \ \textbf{TAX}, \textbf{ENTROPORTION OF STATE} \ \textbf{AND} \ \textbf{INSTR.PAGE} \ \textbf{36}) \ \textbf{IF NO} \ \textbf{USE} \ \textbf{TAX}, \textbf{ENTROPORTION OF STATE} \ \textbf{AND} \ \textbf{INSTR.PAGE} \ \textbf{36}) \ \textbf{IF NO} \ \textbf{USE} \ \textbf{TAX}, \textbf{ENTROPORTION OF STATE} \ \textbf{AND} \ $	r 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.	365	
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	657	
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	50	
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.	707	
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.	342	
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.	342	
	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.	Ĉ		
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd3.	Ŭ		

uu1.	KEI OND CHEEK BOX (1 FOR KEI CND), 4 FOR NO KEI CND)	uu1.		
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.		267084131
dd5.	ACCOUNT NUMBER	dd5.		673753302
dnm.	DO NOT MAIL INDICATOR	dnm.		
pa.	POWER OF ATTORNEY INDICATOR	pa.		
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.		

SCHEDULES A & B (Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2017

Name(s) as shown on Form NJ-1040								Your S	Your Social Security Number				
VE	VELAGAPUDI, KRISHNA CHAITANYA								543-91-9869				
	Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes a separate Schedule A must be enclosed for												
	A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS												
1.	Income properly taxed by both New Jersey and other jurisdiction during tax year. See instructions page 40. (Indicate jurisdiction name												
2.	2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)												
3.	Maximum Allowable Credit Percentage 1 (Divide Line 2 into Line 1) 2									3. %			
	IF YOU ARE NOT ELIGIB	BLE FOR A PROPERTY TAX BENEFIT,	ONLY COMPLETE CO	LUMN B.		CC	DLUMN A		COLUMN B				
4.	Taxable Income (after I	Exemptions and Deductions) from I	Line 36, Form NJ-10	40	4.			4.					
5.	, ,	in Box 5a the amount from Worksh See instructions page 34.	eet G, 5a.										
	Property Tax Deduction. Enter the amount from Worksheet G, line 2. See instructions page 35. 5.							5.		- 0 -			
6.	New Jersey Taxable In	come (Line 4 minus Line 5)			6.			6.					
7.	Tax on Line 6 amount ((From Tax Table or Tax Rate Sched	lules)		7.			7.					
8.	Allowable Credit (Line	3 times Line 7)			8.			8.					
9.	Credit for Er Taxes Paid to ta: Other ta: Jurisdiction Se												
		redit allowed. (Enter lesser of Line ay not exceed your New Jersey	, ,		9.			9.					
 If you are not eligible for a Property Tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040. If you are eligible for a Property Tax benefit, you must complete Worksheet J on page 43 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit. 													
Schedule B NET GAINS OR INCOME FROM List the net gains or income, less net loss, derived from the sale, exchange, or othe disposition of property including real or personal whether tangible or intangible.								her					
1.	Kind of property an description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	Mo., d. Gross e.Cost or other be as adjusted (see instruction and expense of			ions)	(loss) (d less e)					
	ABBVIE INC	10/19/2017	12/13/2017	17 193.			190.			3.			
2.	2. Capital Gains Distributions								2.				
3.	Other Net Gains								3.				
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)							4.		3.			