

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶ 587278201910101yqoxp

Taxpayer's name VISHWARAJ DEVKOTA	Social security number 204-90-9888
Spouse's name	Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	49,590.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	4,319.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	6,807.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	2,488.
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

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, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

0	9	8	8	8
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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize \_\_\_\_\_ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	1	2	3	4	5
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Acknowledgement and General Information for  
Taxpayers Who File Returns Electronically**

Thank you for participating in IRS *e-file*.

204-90-9888

Taxpayer name VISHWARAJ DEVKOTA

Taxpayer address (optional)

10115 113 STREET

SOUTH RICHMOND HILL NY 11419

1.  Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 04/11/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201910101yqoxp.
3.  Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

**If You Need to Make a Change to Your Return**

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

**If You Need to Ask About Your Refund**

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: **VISHWARAJ** Last name: **DEVKOTA** Your social security number: **204-90-9888**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **101-15 113 STREET** Apt. no. \_\_\_\_\_ Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **SOUTH RICHMOND HILL NY 11419** If more than four dependents, see inst. and  here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **IT**

Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Preparer's name: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: \_\_\_\_\_ PTIN: **P02090332** Firm's EIN: \_\_\_\_\_ Check if:  3rd Party Designee  Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: \_\_\_\_\_

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	53,090.
<b>2a</b>	Tax-exempt interest	<b>2a</b>	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3a</b>	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b>	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5a</b>	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>-3,500.</b>	<b>6</b>	49,590.
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		<b>7</b>	49,590.
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)		<b>8</b>	12,000.
<b>9</b>	Qualified business income deduction (see instructions)		<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	37,590.
<b>11</b>	<b>a</b> Tax (see inst.) <b>4,319.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )		<b>11</b>	4,319.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>		<b>12</b>	
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>		<b>13</b>	4,319.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4		<b>15</b>	4,319.
<b>16</b>	Total tax. Add lines 13 and 14		<b>16</b>	6,807.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863		<b>18</b>	6,807.
<b>19</b>	Add any amount from Schedule 5		<b>19</b>	2,488.
<b>20a</b>	Add lines 16 and 17. These are your total payments		<b>20a</b>	2,488.
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>		<b>21</b>	
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		<b>22</b>	
<b>23</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>		<b>23</b>	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for—**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

**Refund**

**▶ b** Routing number **021200339** **▶ c** Type:  Checking  Savings

**▶ d** Account number **381045660357**

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

VISHWARAJ DEVKOTA

Your social security number

204-90-9888

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>10</b>	
	<b>11</b>	Alimony received . . . . .		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .		<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>14</b>	
	<b>15a</b>	Reserved . . . . .		<b>15b</b>	
	<b>16a</b>	Reserved . . . . .		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>17</b>	-3,500.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .		<b>19</b>	
	<b>20a</b>	Reserved . . . . .		<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____		<b>21</b>		
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .		<b>22</b>	-3,500.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>		
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>		
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>		
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>		
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>		
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>		
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>		
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>		
	<b>32</b>	IRA deduction . . . . .	<b>32</b>		
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>			
<b>34</b>	Reserved . . . . .	<b>34</b>			
<b>35</b>	Reserved . . . . .	<b>35</b>			
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>			

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

VISHWARAJ DEVKOTA

Your social security number

204-90-9888

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

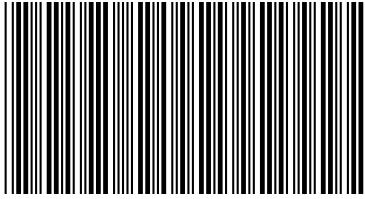
**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	HYDERABAD HYDERABAD TELANGANA IN 500031				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,000.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-3,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-3,500.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,000.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	3,500.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>		-3,500.		



0130201010

### 2018 NJ-1040-NR-V PAYMENT VOUCHER

#### 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](http://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](http://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

204-90-9888 DEVK  
DEVKOTA, VISHWARAJ  
101-15 113 STREET  
SOUTH RICHMOND HILL, NY 11419

1555 2018

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

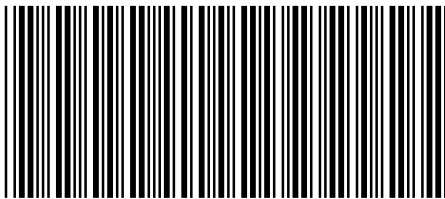
State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 643  
Trenton, NJ 08646-0643

Enter amount of payment here:

263.00



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

204-90-9888

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

New York

Driver's License # (Voluntary)

State

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

Last Name, First Name, and Initial

DEVKOTA VISHWARAJ

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

101-15 113 STREET

City, Town, Post Office

SOUTH RICHMOND HILL

State

NY

Zip Code

11419

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

**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

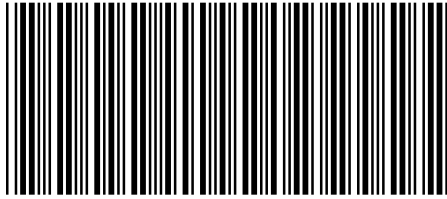
COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

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. 80975	15. 27885
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. 0	20. 0
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. 80975	27. 27885
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

DEVKOTA VISHWARAJ

204909888

29.	Gross Income (Subtract Line 28c from Line 27)	29.	80975	.	29.	27885	.
30.	Gross Income (From Line 29)	30.	80975	.	30.	27885	.
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.	79975	.			
39.	Tax on amount on Line 38 (From Tax Table page 34)	39.	2968	.			
40.	Income Percentage B. (Line 30) / A. (Line 30) =		34.44				
41.	NEW JERSEY TAX (Multiply amount from Line 39 <u>2968</u> x <u>34.44</u> % from Line 40)	41.			1022		
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instruction)	42.		.			
43.	Balance of Tax (Subtract Line 42 from Line 41)	43.		.	1022		
44.	Gold Star Family Counseling Credit (See Instructions)	44.		.			
45.	Balance of Tax After Credits (Subtract Line 44 from Line 43)	45.		.	1022		
46.	Penalty for Underpayment of Estimated Tax. <span style="float:right">Check box if Form NJ-2210 is enclosed.</span>	46.		.			
47.	Total Tax and Penalty (Add Line 45 and Line 46)	47.		.	1022		
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48.	759	.			
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.		.	759		
55.	If Line 54 is LESS THAN Line 47, enter AMOUNT YOU OWE	55.		.	263		
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 <span style="float:right">CODE</span>	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 DEVKOTA VISHWARAJ	Your Social Security Number 204-90-9888
---	--

<b>PART I</b>	<b>NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>	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.					

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		

<b>PART II</b>	<b>ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY</b>	(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 \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on Line 15, Col. B)  
(Enter amount from Line 64) (Salary earned inside N.J.)

<b>PART III</b>	<b>ALLOCATION OF BUSINESS INCOME TO NEW JERSEY</b>	(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 \_\_\_\_\_ % = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR DEVKOTA, VISHWARAJ	Social Security Number 204-90-9888
--	---------------------------------------

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2018**

<b>Part I Net Profits From Business</b>		List the net profit (loss) from business(es). See Instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3) (Enter here and on Line 18, Column A. If loss, enter ZERO on Line 18, Column A.)		4.	
<b>Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	HYDERABAD	204909888	1	-3,500.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20, Column A. If loss, enter ZERO on Line 20, Column A.)		4.	-3,500.
<b>Part III Distributive Share of Partnership Income</b>		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships (Column D)
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, Column A. If loss, enter ZERO on Line 23, Column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3 of Column D.) Enter total here and include on Line 50.			
<b>Part IV Net Pro Rata Share of S Corporation Income</b>		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 24, Column A. If loss, enter ZERO on Line 24, Column A.)		4.	

Keep a copy of this schedule for your records

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2018**

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-3,500.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2017			5b.	( )
6.	Totals	6a.	0.	6b.	-3,500.
<b>PART II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.		
9.	Business Increment (Line 7 minus Line 8)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
<b>PART III Loss Carryforward to Tax Year 2019</b>					
12.	Loss Carryforward to Tax Year 2019	12.			( 3,500. )

**Instructions**

- Line 1a. Enter the amount from Line 18, Column A, of Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from Line 20, Column A, of Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from Line 23, Column A, of Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from Line 24, Column A, of Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and on Line 36 of Form NJ-1040NR, and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 36 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: VISHWARAJ DEVKOTA

Spouse's name: (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

1 Federal adjusted gross income (from applicable line) 1. 49590.
2 Refund 2. 67.
3 Amount you owe 3.
4 Financial institution routing number 4. 021200339
5 Financial institution account number 5. 381045660357
6 Account type: [X] Personal checking [ ] Personal savings [ ] Business checking [ ] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name VISHWARAJ		MI	Your last name (for a joint return, enter spouse's name on line below) DEVKOTA		Your date of birth (mmddyyyy) 03231989	Your social security number 204909888
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box) 101-15 113 STREET					Apartment number	New York State county of residence HILL
City, village, or post office SOUTH RICHMOND HILL			State NY	ZIP code 11419	Country (if not United States)	School district name SOUTH RICHMOND HILL
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number ..... 010
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

- A Filing status**  
(mark an **X** in one box):
- ①  Single
  - ②  Married filing joint return (enter spouse's social security number above)
  - ③  Married filing separate return (enter spouse's social security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er)

**B Did you itemize** your deductions on your 2018 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No



**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see page 15) ..... Yes  No

(2) Enter the amount ...  .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) ..... Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes  No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 15):

(1) Number of months **you** lived in NYC in 2018 .....

(2) Number of months **your spouse** lived in NYC in 2018 .....

**G** Enter your **2-character special condition code(s) if applicable** (see page 15) .....

**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box.



201001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
204909888

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	53090 .00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	-3500 .00
12	Rental real estate included in line 11 .....	12	-3500 .00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 16) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	49590 .00
18	Total federal adjustments to income (see page 16) Identify: .....	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	49590 .00

**New York additions** (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	49590 .00

**New York subtractions** (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18) .....	26	.00
27	Taxable amount of social security benefits (from line 15) ....	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 19) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	49590 .00



**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	41590 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	000 .00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	41590 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
 VISHWARAJ DEVKOTA

Your social security number  
 204909888

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	41590 .00
<b>39</b> NYS tax on line 38 amount (see page 22) .....	<b>39</b>	2319 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b> Resident credit (see page 23) .....	<b>41</b>	1022 .00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	1022 .00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	1297 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	1297 .00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b> NYC taxable income (see instructions) .....	<b>47</b>	.00
<b>47a</b> NYC resident tax on line 47 amount (see page 23) .....	<b>47a</b>	.00
<b>48</b> NYC household credit (page 23) .....	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00
<b>54a</b> MCTMT net earnings base ...	<b>54a</b>	.00
<b>54b</b> MCTMT .....	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 26) .....	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 27; do not leave line 59 blank) .....	<b>59</b>	0 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 28)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>	.00	<b>60o</b> Veterans' Homes	<b>60o</b>	.00
<b>60b</b> Missing/Exploited Children	<b>60b</b>	.00	<b>60p</b> Love Your Library Fund	<b>60p</b>	.00
<b>60c</b> Breast Cancer Research	<b>60c</b>	.00	<b>60q</b> Lupus Fund	<b>60q</b>	.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>	.00	<b>60r</b> Military Family Fund	<b>60r</b>	.00
<b>60e</b> Olympic Fund (\$2 or \$4)	<b>60e</b>	.00	<b>60s</b> CUNY Fund	<b>60s</b>	.00
<b>60f</b> Prostate Cancer	<b>60f</b>	.00			
<b>60g</b> 9/11 Memorial	<b>60g</b>	.00			
<b>60h</b> Volunteer Firefighting	<b>60h</b>	.00			
<b>60i</b> Teen Health Education	<b>60i</b>	.00			
<b>60j</b> Veterans Remembrance	<b>60j</b>	.00			
<b>60k</b> Homeless Veterans	<b>60k</b>	.00			
<b>60l</b> Mental Illness Anti-Stigma	<b>60l</b>	.00			
<b>60m</b> Women's Cancers Fund	<b>60m</b>	.00			
<b>60n</b> Autism Fund	<b>60n</b>	.00			
<b>60</b> Total voluntary contributions (add lines 60a through 60s) .....	<b>60</b>	.00			
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	1297 .00			

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Your social security number  
204909888

62 Enter amount from line 61 ..... **62** 1297 .00

**Payments and refundable credits** (see pages 29 through 32)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	1364 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).  
**Do not send federal Form W-2 with your return.**

76 Total payments (add lines 63 through 75) ..... **76** 1364 .00

**Your refund, amount you owe, and account information** (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	67 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	67 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	67 .00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) ..... **79** .00

See page 34 for payment options.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... **80** .00

See page 37 for the proper assembly of your return.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... **81** .00

82 Other penalties and interest (see page 34) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number 021200339 83c Account number 381045660357

84 Electronic funds withdrawal (see page 35) ..... Date \_\_\_\_\_ Amount \_\_\_\_\_ .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name APPANA RUPA VENKATA SATY	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02090332	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041		Employer identification number	
E-mail:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation IT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (848) 247 9855
E-mail: RAJD921@GMAIL.COM	

201004183555

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# New York State Resident Credit

# IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return VISHWARAJ DEVKOTA	Identifying number as shown on return 204909888
---	--

**Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.**

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
		Whole dollars only		Whole dollars only
1 Wages, salaries, tips, etc. ....	1	53090.00	1	27885.00
2 Taxable interest income.....	2	.00	2	.00
3 Ordinary dividends .....	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes.....	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss.....	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses .....	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities .....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	-3500.00	11	0.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of social security benefits.....	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15 .....	16	49590.00	16	27885.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16) .....	18	49590.00	18	27885.00
19 New York adjustments (see instructions) .....	19	.00	19	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions) .....	20	49590.00	20	27885.00
21 Capital gain portion of lump-sum distributions (see instr.) ..	21	.00	21	.00
22 Add lines 20 and 21.....	22	49590.00	22	27885.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)

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**Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia**

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** NJ

Also enter the locality name, if applicable Locality name: \_\_\_\_\_

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions)..... **24** 1022.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (see instructions)..... **25** 2319.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) .... **26** 0.5623

27 Multiply line 25 by line 26..... **27** 1304.00

28 Enter amount from line 24 or line 27, whichever is less (see instructions)..... **28** 1022.00

29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) ..... **29** .00

30 Add lines 28 and 29 ..... **30** 1022.00

**Part 3 – Application of Credit**

31 Tax due before credits (see instructions) ..... **31** 2319.00

32 Other credits that you applied before this credit (see instructions) ..... **32** .00

33 Subtract line 32 from line 31 ..... **33** 2319.00

34 Enter the amount from line 30 or line 33, whichever is less (see instructions) ..... **34** 1022.00

**Part 4 – Information from your return filed with the other state, local government, or the District of Columbia**

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)..... **35** 759.00

36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **36** .00

37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **37** 263.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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# Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

## W-2 Record 1

Box a Employee's social security number for this W-2 Record

204909888

Box b Employer identification number (EIN)

273229076

### Box c Employer's information

Employer's name			
COMPU TEK SOULUTIONS INC			
Employer's address (number and street)			
24155 DRAKE RD SUITE 145			
City	State	ZIP code	Country (if not United States)
FARMINGTON HILLS	MI	48335	

Box 1 Wages, tips, other compensation  
53090.00

Box 8 Allocated tips  
.00

Box 10 Dependent care benefits  
.00

Box 11 Nonqualified plans  
.00

Box 12a Amount  
.00

Box 12b Amount  
.00

Box 12c Amount  
.00

Box 12d Amount  
.00

Box 14a Amount  
20.00

Box 14b Amount  
94.00

Box 14c Amount  
42.00

Box 14d Amount  
5.00

Description
NJ FLI
Description
UI/HC/WD
Description
DI
Description
NYSDI

Box 13 Statutory employee  Retirement plan  Third-party sick pay  Corrected (W-2c)

NY State information:

Box 15a NY State  N  Y

Box 16a NYS wages, tips, etc.  
53090.00

Box 17a NYS income tax withheld  
1364.00

Other state information:

Box 15b other state  N  J

Box 16b Other state wages, tips, etc.  
27885.00

Box 17b Other state income tax withheld  
759.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a .00  
Locality b .00

Box 19 Local income tax withheld  
Locality a .00  
Locality b .00

Box 20 Locality name  
Locality a  
Locality b

## W-2 Record 2

Box a Employee's social security number for this W-2 Record

204909888

Box b Employer identification number (EIN)

273229076

### Box c Employer's information

Employer's name			
COMPU TEK SOULUTIONS INC			
Employer's address (number and street)			
24155 DRAKE RD SUITE 145			
City	State	ZIP code	Country (if not United States)
FARMINGTON HILLS	MI	48335	

Box 1 Wages, tips, other compensation  
.00

Box 8 Allocated tips  
.00

Box 10 Dependent care benefits  
.00

Box 11 Nonqualified plans  
.00

Box 12a Amount  
.00

Box 12b Amount  
.00

Box 12c Amount  
.00

Box 12d Amount  
.00

Box 14a Amount  
26.00

Box 14b Amount  
.00

Box 14c Amount  
.00

Box 14d Amount  
.00

Description
NYPFL
Description
Description
Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay  Corrected (W-2c)

NY State information:

Box 15a NY State  N  Y

Box 16a NYS wages, tips, etc.  
.00

Box 17a NYS income tax withheld  
.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.  
.00

Box 17b Other state income tax withheld  
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a .00  
Locality b .00

Box 19 Local income tax withheld  
Locality a .00  
Locality b .00

Box 20 Locality name  
Locality a  
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

VISHWARAJ DEVKOTA

Your social security number

204-90-9888

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

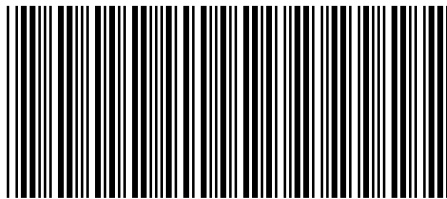
<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	HYDERABAD HYDERABAD TELANGANA IN 500031					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	3		<b>A</b>	365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,000.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-3,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-3,500.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,000.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	3,500.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>		-3,500.		

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

204-90-9888

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

New York

Driver's License # (Voluntary)

State

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

Last Name, First Name, and Initial

DEVKOTA VISHWARAJ

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

101-15 113 STREET

City, Town, Post Office

SOUTH RICHMOND HILL

State

NY

Zip Code

11419

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

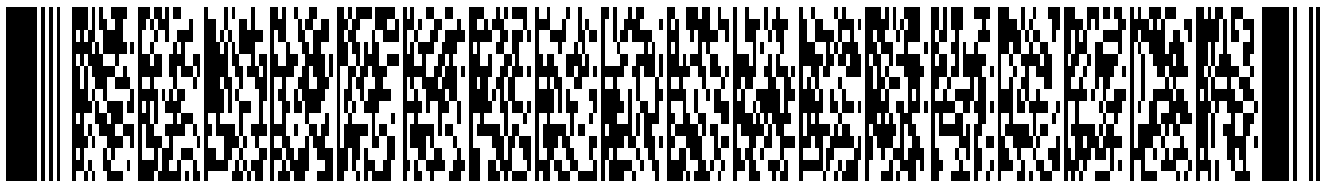
Yes

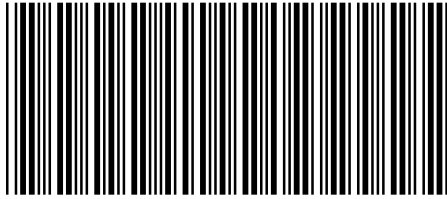
No

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. 80975	15. 27885
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. 0	20. 0
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. 80975	27. 27885
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. .





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DEVKOTA VISHWARAJ

204909888

29.	Gross Income (Subtract Line 28c from Line 27)	29.	80975 .	29.	27885 .
30.	Gross Income (From Line 29)	30.	80975 .	30.	27885 .
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.	79975 .		
39.	Tax on amount on Line 38 (From Tax Table page 34)	39.	2968 .		
40.	Income Percentage B. (Line 30) / A. (Line 30) =		34.44		
41.	NEW JERSEY TAX (Multiply amount from Line 39 <u>2968</u> x <u>34.44</u> % from Line 40)	41.		1022 .	
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instruction)	42.		.	
43.	Balance of Tax (Subtract Line 42 from Line 41)	43.		1022 .	
44.	Gold Star Family Counseling Credit (See Instructions)	44.		.	
45.	Balance of Tax After Credits (Subtract Line 44 from Line 43)	45.		1022 .	
46.	Penalty for Underpayment of Estimated Tax. <span style="float:right">Check box if Form NJ-2210 is enclosed.</span>	46.		.	
47.	Total Tax and Penalty (Add Line 45 and Line 46)	47.		1022 .	
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48.	759 .		
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.		759 .	
55.	If Line 54 is LESS THAN Line 47, enter AMOUNT YOU OWE	55.		263 .	
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 <span style="float:right">CODE</span>	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 DEVKOTA VISHWARAJ	Your Social Security Number 204-90-9888
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<b>PART I</b>	<b>NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>	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.					

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	

<b>PART II</b>	<b>ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY</b>	(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)

<b>PART III</b>	<b>ALLOCATION OF BUSINESS INCOME TO NEW JERSEY</b>	(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 \_\_\_\_\_ % = \$ \_\_\_\_\_



Name(s) as shown on Form NJ-1040NR DEVKOTA, VISHWARAJ	Social Security Number 204-90-9888
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**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2018**

<b>Part I Net Profits From Business</b>		List the net profit (loss) from business(es). See Instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3) (Enter here and on Line 18, Column A. If loss, enter ZERO on Line 18, Column A.)		4.	
<b>Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	HYDERABAD	204909888	1	-3,500.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20, Column A. If loss, enter ZERO on Line 20, Column A.)		4.	-3,500.
<b>Part III Distributive Share of Partnership Income</b>		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships (Column D)
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, Column A. If loss, enter ZERO on Line 23, Column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3 of Column D.) Enter total here and include on Line 50.			
<b>Part IV Net Pro Rata Share of S Corporation Income</b>		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 24, Column A. If loss, enter ZERO on Line 24, Column A.)		4.	

Keep a copy of this schedule for your records

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2018**

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-3,500.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2017			5b.	( )
6.	Totals	6a.	0.	6b.	-3,500.
<b>PART II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.		
9.	Business Increment (Line 7 minus Line 8)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
<b>PART III Loss Carryforward to Tax Year 2019</b>					
12.	Loss Carryforward to Tax Year 2019	12.			( 3,500. )

**Instructions**

- Line 1a. Enter the amount from Line 18, Column A, of Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from Line 20, Column A, of Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from Line 23, Column A, of Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from Line 24, Column A, of Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and on Line 36 of Form NJ-1040NR, and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 36 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**