



# 2018 NJ-1040

New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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040MP01180

Your Social Security Number (required)

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

VOODARA NIKHIL CHANDRA

875752946 VOODARA NIKHIL CHAN

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number)

Driver's License Number (Voluntary) (Instructions page 42)

V6463 59263 079

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Presidential disaster relief.

### **Direct Deposit Information**

| dd1. | Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)                    | dd1. | 1 |           |
|------|---|------|---|-----------|
| dd2. | Account type (C for checking, S for savings)  | dd2. | C |           |
| dd3. | Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. |   |           |
| dd4. | Routing number  | dd4. |   | 044000037 |
| dd5. | Account number  | dd5. |   | 793300893 |







Name(s) as shown on Form NJ-1040

## VOODARA NIKHIL CHANDRA

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number} \\ {\rm 875752946} \end{array}$ 

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|      |                       | 040M                                 | IP02     | 180                      |                         |              |                                    |                   |                  |                  |
|------|-----------------------|--------------------------------------|----------|--------------------------|-------------------------|--------------|------------------------------------|-------------------|------------------|------------------|
| Part | -year res             | sidents, provide months/days yo      | ou were  | a New Jersey resid       | ent during 2018:        |              | Fiscal year filer                  | s only:           |                  |                  |
| Fron | n:                    | То:                                  |          |                          |                         |              | Enter month of                     | your year end     | 2                | 019              |
|      | ng Statu<br>n only on |                                      |          |                          |                         |              |                                    |                   |                  |                  |
| 1.   | ×                     | Single                               |          |                          |                         |              |                                    |                   |                  |                  |
| 2.   |                       | Married/CU Couple, filing jo         | int retu | rn                       |                         |              |                                    |                   |                  |                  |
| 3.   |                       | Married/CU Partner, filing se        | parate   | return                   |                         |              |                                    |                   |                  |                  |
| 4.   |                       | Head of Household                    |          |                          |                         |              | Enter Spouse's/CU partner's SS     | SN                |                  |                  |
| 5.   |                       | Qualifying Widow(er)/Surviv          | ving CU  | J Partner                |                         |              |                                    |                   |                  |                  |
|      |                       | Indicate the year of your spor       | use's/C  | U partner's death:       | 2016                    | 2017         |                                    |                   |                  |                  |
|      | mptions n the oval    | s that apply. You must enter a total |          | oxes to the right and co | mplete the calculation. |              |                                    |                   | 1000             |                  |
| 6.   | Regul                 | ar                                   | ×        | Self                     | Spouse/CU Partner       | r            | Domestic Partner 1                 |                   | 1000             |                  |
| 7.   | Senio                 | r 65+ (Born in 1953 or earlier)      |          | Self                     | Spouse/CU Partner       | r            |                                    | x \$1,000 =       |                  |                  |
| 8.   | Blind                 | Disabled                             |          | Self                     | Spouse/CU Partner       | r            |                                    | x \$1,000 =       |                  |                  |
| 9.   | Vetera                | an                                   |          | Self                     | Spouse/CU Partner       | r            |                                    | x \$3,000 =       |                  |                  |
| 10.  | Qualit                | fied Dependent Children              |          |                          |                         |              |                                    | x \$1,500 =       |                  |                  |
| 11.  | Other                 | Dependents                           |          |                          |                         |              |                                    | x \$1,500 =       |                  |                  |
| 12.  | Deper                 | ndents Attending Colleges (See       | instruc  | tions)                   |                         |              |                                    | x \$1,000 =       |                  |                  |
| 13.  | Total                 | Exemption Amount (Add totals         | s from t | he lines at 6 through    | h 12)                   |              |                                    | 13.               | 1000             | •                |
| 14.  | Deper                 | ndent Information. Provide the       | followi  | ing information for      | each dependent. Fill    | l in oval or | aly if the dependent does not have | health insurance. | (See instruction | ons)             |
|      | Last N                | Name, First Name, Middle Initia      | al       |                          | •                       |              | Social Security Number             | Birth Year        | No               | Health Insurance |
| a.   |                       |                                      |          |                          |                         |              |                                    |                   |                  |                  |
| b.   |                       |                                      |          |                          |                         |              |                                    |                   |                  |                  |
| c.   |                       |                                      |          |                          |                         |              |                                    |                   |                  |                  |
| 1    |                       |                                      |          |                          |                         |              |                                    |                   |                  |                  |

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### Name(s) as shown on Form NJ-1040

## VOODARA NIKHIL CHANDRA

Your Social Security Number

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| 15.         | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.         | 41380         |   |
|-------------|--|-------------|---------------|---|
| 16a.        | Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)  | 16a.        | 11300         | • |
| 16b.        | Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a  | 16b.        |               | • |
| 17.         | Dividends  | 17.         |               |   |
| 18.         | Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)   | 18.         |               |   |
| 19.         | Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)   | 19.         |               | • |
| 20a.        | Pensions, Annuities, and IRA Withdrawals (See instructions)  | 20a.        |               |   |
| 20b.        | Excludable Pensions, Annuities, and IRA Withdrawals  | 20b.        |               | • |
| 21.         | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)     | 21.         |               | • |
| 22.         | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22.         |               | • |
| 23.         | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)                            | 23.         |               | • |
| 24.         | Net Gambling Winnings (See instructions)   | 24.         |               | • |
| 25.         | Alimony and Separate Maintenance Payments received   | 25.         |               | • |
| 26.         | Other (Enclose documents) (See instructions)   | 26.         |               | • |
| 27.         | Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.         | 41380         | • |
| 27.<br>28a. | Retirement/Pension Exclusion (See instructions)  | 27.<br>28a. | 41300         | • |
|             |  | 28b.        |               | • |
| 28b.        | Other Retirement Income Exclusion (Worksheet D and instructions page 22)  Total Evaluation Amount (Add Lines 28e and 28b)          |             |               | • |
| 28c.        | Total Exclusion Amount (Add Lines 28a and 28b)  New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)        | 28c.<br>29. | 41380         | • |
| 29.         |  |             | 1000          | • |
| 30.         | Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)   | 30.         | 1000          | • |
| 31.         | Medical Expenses (Worksheet F and instructions page 24)  Alimoral and Separate Maintenance Payments (See instructions)             | 31.         |               | • |
| 32.         | Alimony and Separate Maintenance Payments (See instructions)   | 32.         |               | • |
| 33.         | Qualified Conservation Contribution  | 33.         |               | • |
| 34.         | Health Enterprise Zone Deduction   | 34.         |               | • |
| 35.         | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)   | 35.         | 1000          | • |
| 36.         | Total Exemptions and Deductions (Add Lines 30 through 35)  | 36.         | 1000          | • |
| 37.         | Taxable Income (Subtract Line 36 from Line 29)   | 37.         | 40380<br>3240 | • |
| 38a.        | Total Property Taxes (18% of Rent) Paid (Instructions page 25)   | 38a.        | 3240          | • |
| 38b.        |  |             |               |   |
|             | Lot .  |             |               |   |
| 38b.        | Qualifier  |             |               |   |
| 38c.        |  |             |               |   |
| 20          | Fill in if you completed Worksheet G   | 20          | 2040          |   |
| 39.         | Property Tax Deduction (From Worksheet H) (See instructions)   | 39.         | 3240          |   |
| 40.         | New Jersey Taxable Income (Subtract Line 39 from Line 37)  | 40.         | 37140         |   |
| 41.         | Tax on Amount on Line 40 (Tax Table page 52)   | 41.         | 617           | • |
| 42.         | Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 42.         |               | • |
|             | Enter Code   |             | 61.7          |   |
| 43.         | Balance of Tax (Subtract Line 42 from Line 41)   | 43.         | 617           | • |
| 44.         | Child and Dependent Care Credit (See instructions)   | 44.         |               | • |
|             | Fill in if you are a CU couple claiming the Child and Dependent Care Credit  |             | 617           |   |
| 45.         | Balance of Tax (Subtract Line 44 from Line 43)   | 45.         | 617           | • |
| 46.         | Sheltered Workshop Tax Credit  | 46.         | 61.0          | • |
| 47.         | Balance of Tax (Subtract Line 46 from Line 45)   | 47.         | 617           | • |
| 48.         | Gold Star Family Counseling Credit (See instructions)  | 48.         | 61.7          | • |
| 49.         | Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry   | 49.         | 617           | • |
| 50.         | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00                 | 50.         | 0             | • |
| 51.         | Interest on Underpayment of Estimated Tax  | 51.         |               | • |
|             | Fill in if Form NJ-2210 is enclosed  |             | C1 F          |   |
| 52.         | Total Tax Due (Add Lines 49, 50, and 51)   | 52.         | 617           | • |
| _           |  |             |               |   |



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## VOODARA NIKHIL CHANDRA

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number} \\ {\rm 875752946} \end{array}$ 

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| 040MP04180  |  |            |            |                    |  |   |   |    |  |
|---|--|------------|------------|--------------------|--|---|---|----|--|
| 53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)   |  |            |            |                    |  | 53.   | 1106  |    |  |
| 54. Property Tax Credit (See instructions page 25)  |  |            |            |                    |  | 54.   |   |    |  |
| 55. New Jersey Estimated Tax Payments/Credit from 2017 tax return   |  |            |            |                    |  | 55.   |   |    |  |
| 56. New Jersey Earned Income Tax Credit (See instructions)  |  |            |            |                    |  | 56.   |   |    |  |
| Fill in if you had the IRS calculate your federal earned income credit  |  |            |            |                    |  |   |   |    |  |
| Fill in if you are a CU couple claiming the NJ Earned Income Tax Credi  | t  |            |            |                    |  |   |   |    |  |
| 57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (Sec  | Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) |            |            |                    |  |   |   |    |  |
| 58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-24:  | 50) (See instructi   | ons)       |            |                    |  | 58.   |   |    |  |
| 59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ  | -2450) (See instr  | ructions)  |            |                    |  | 59.   |   |    |  |
| 60. Wounded Warrior Caregivers Credit (See instructions)  |  |            |            |                    |  | 60.   |   |    |  |
| 51. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)   |  |            |            |                    |  | 61.   | 1106  |    |  |
| 62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from  | Line 52 and ente   | r the amou | int you ow | e                  |  | 62.   |   |    |  |
| If you owe tax, you can still make a donation on Lines 65 through 72.   |  |            |            |                    |  |   |   |    |  |
| 63. If the total on Line 61 is more than Line 52, you have an overpayment. S  | Subtract Line 52 t   | from Line  | 61 and ent | er the overpayment |  | 63.   | 489   |    |  |
| 64. Amount from Line 63 you want to credit to your 2019 tax   |  |            |            |                    |  | 64.   |   |    |  |
| 65. Contribution to N.J. Endangered Wildlife Fund   | \$10   | \$20       | Other      |                    |  | 65.   |   |    |  |
| 66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse   | \$10   | \$20       | Other      |                    |  | 66.   |   |    |  |
| 67. Contribution to N.J. Vietnam Veterans' Memorial Fund  | \$10   | \$20       | Other      |                    |  | 67.   |   |    |  |
| 68. Contribution to N.J. Breast Cancer Research Fund  | \$10   | \$20       | Other      |                    |  | 68.   |   |    |  |
| 69. Contribution to U.S.S. New Jersey Educational Museum Fund   | \$10   | \$20       | Other      |                    |  | 69.   |   |    |  |
| 70. Other Designated Contribution (See instructions)  | \$10   | \$20       | Other      | Enter Code         |  | 70.   |   |    |  |
| 71. Other Designated Contribution (See instructions)  | \$10   | \$20       | Other      | Enter Code         |  | 71.   |   |    |  |
| 72. Other Designated Contribution (See instructions)  | \$10   | \$20       | Other      | Enter Code         |  | 72.   |   |    |  |
| 73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 thro  | ugh 72)  |            |            |                    |  | 73.   |   |    |  |
| 74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73)   |  |            |            |                    |  | 74.   |   |    |  |
| 75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line   | e 63)  |            |            |                    |  | 75.   | 489   |    |  |
| Gubernatorial Elections Fund  |  |            |            |                    |  |   |   |    |  |
| Do you want to designate \$1 to the Gubernatorial Elections Fund?   | You Yes  |            |            | No                 |  |   |   |    |  |
| If joint return does your spouse want to designate \$1?   | Spous  | se/CU Par  | iner       | Yes                | No   |   |   |    |  |
| This does not reduce your refund or increase your balance due.  |  |            |            |                    |  |   |   |    |  |
| Health Insurance  |  |            |            |                    |  |   |   |    |  |
| Indicate whether or not you (and your spouse/CU partner or domestic   | You  |            |            | Yes                | No   |   |   |    |  |
| partner) have health insurance coverage on the date you file this return.   | Spous  | se/CU Par  | iner       | Yes                | No   |   |   |    |  |
|   | Domestic Partner Yes   |            |            |                    | No   |   |   |    |  |
| Under penalties of perjury, I declare that I have examined this Incomstatements, and to the best of my knowledge and belief, it is true, corthe taxpayer, this declaration is based on all information of which the | rect, and comp   | lete. If p | repared by |                    | an Enclose pay voucher and envelope and New Reve | I tax return. Use the<br>d mail to:<br>Jersey Division of<br>enue Processing Cer<br>Box 111 | e NJ-1040-V payment<br>e labels provided with<br>Taxation<br>nter |    |  |
| Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date   |  |            |            |                    |  | nton, NJ 08645-0111<br>ial Security number<br>r payable to:                                 | and make check or   |    |  |
| Paid Preparer's Signature Federal Identification Number   |  |            |            |                    | You can also                                     | State of New Jersey – TGI You can also make a payment on our website: www.njtaxation.org    |   |    |  |
|   |  | Ρſ         | 02090      | 0332               |  | Refund or No Tax  | Due Address   |    |  |
| Firm's Name   |  |            |            |                    |  | els provided with the<br>Jersey Division of<br>enue Processing Cer                          | e envelope and mail to<br>Taxation                                | o: |  |
|   |  |            |            |                    |  | Box 555   |   |    |  |