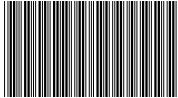
## NJ-1040 2017 Page 1



### 0.4034700110

### STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

| For Priv          | acy Act Notification, See Inst | ructions |
|-------------------|--------------------------------|----------|
| For Tax Y         | ear Jan Dec. 2017 or Other     | Tax Year |
| Beginning         | , 20 Month Ending _            | , 20     |
| On-line Federal E | xtension Confirmation #        |          |

### NALLAMALA CHAITANYA

1 SHENANDOAH BLVD

NESCONSET NY 11767 1014

1555

035894455

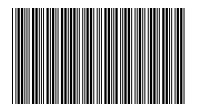
REV 12/18/17 PRO

P02090332 301017196

N02921200058911



| Under the penal  | ties of perju  | ary, I declare that I  | I have examin  | ed this ir | ncome tax 1    | eturn,    | , including accompanying schedules       | Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable |
|--|----------------|------------------------|----------------|------------|----------------|-----------|--|---|
| and statements, and to the best of my knowledge and belief,<br>than the taxpayer, this declaration is based on all information |                |                        |                |            |                |           | to: STATE OF NEW JERSEY – TGI            |   |
| than the taxpaye   | er, this deci  | aration is based on    | i an imorman   | on or win  | ich the prej   | oarer i   | has any knowledge.                       | Mail your return in the envelope provided and affix the appropriate mailing label.                      |
| >  |                |                        |                | >          |                |           |  | If you have an amount due on Line 56, enclose your  |
| Your Signature   |                |                        | Date           | Spo        | ouse/CU Partne | er's Sign | nature (If filed jointly both must sign) | check and NJ-1040-V payment voucher with your return and use the label for <b>PO Box 111</b> .          |
| Fill in if NJ-1040-  | O is enclosed  | 1                      |                |            |                |           |  | If not, use the label for <b>PO Box 555</b> .   |
| If enclosing copy  | of death certi | ficate for deceased to | axpayer, check | box (See i | nstruction pa  | ge 12)    | )  | You may also pay by e-check or credit card. See   |
| Paid Preparer's Sig  | gnature        |                        |                |            |                | Fe        | ederal Identification Number             | instruction page 11.  |
| APPANA   | RUPA           | VENKATA                | SATYA          | SAI        | MANI           | K         | P02090332                                |   |
| Firm's Name  |                |                        |                |            |                | Fe        | ederal Employer Identification Number    | 1   |
| GLOBAL   | TAXES          | S LLC                  |                |            |                |           | 30-1017196                               |   |



### NALLAMALA CHAITANYA

035894455 1555

**Residency Status** IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

| PROM  | 10                         |                                    |   |                        |      |                |
|---|----------------------------|------------------------------------|---|------------------------|------|----------------|
| FILING STATUS                                   |                            |                                    | EXEMPTIONS  |                        |      |                |
| 1. SINGLE                                       |                            | ×                                  | 6. REGULAR  |                        |      | 1              |
| 2. MARRIED/CU COU                               | PLE FILING JOINT RE        | TURN                               | 7. AGE 65 OR OVER                                       |                        |      |                |
| 3. MARRIED/CU COU                               | PLE FILING SEPARAT         | E RETURN                           | 8. BLIND OR DISABLED                                    |                        |      |                |
| 4. HEAD OF HOUSEH                               | OLD                        |                                    | <ol><li>NUMBER OF QUALIFIED</li></ol>                   | DEPENDENT CHILDRI      | EN   |                |
| 5. QUALIFYING WIDO                              | OW(ER)/SURVIVING C         | CU PARTNER                         | <ol><li>NUMBER OF OTHER DEF</li></ol>                   | PENDENTS               |      |                |
| CHECKBOXES FO                                   | R EXEMPTIONS               |                                    | 11. DEPENDENTS ATTENDIN                                 | NG COLLEGE             |      |                |
| REGULAR SP                                      | OUSE/CU PARTNER            | DOMESTIC PARTNER                   | 12A. TOTAL (LINE 12A - ADD                              | LINES 6, 7, 8, AND 11) |      | 1              |
| AGE 65 OR OLDER YO                              | DURSELF                    | SPOUSE/CU PARTNER                  | 12B. TOTAL (LINE 12B - ADD                              | LINES 9 AND 10)        |      |                |
| BLIND OR DISABLED YO                            | DURSELF                    | SPOUSE/CU PARTNER                  | 12C. VETERAN EXEMPTION                                  |                        |      |                |
| VETERAN EXEMPTION YO                            | DURSELF                    | SPOUSE/CU PARTNER                  |   |                        |      |                |
| DEPENDENT'S INI<br>LAST NAME. FIRST<br>A.<br>B. |                            |                                    | TACH RIDER IF MORE THAN FOUR)<br>SOCIAL SECURITY NUMBER | BIRTH YEA              | AR H | IEALTH INS IND |
| C.  |                            |                                    |   |                        |      |                |
| D.  |                            |                                    |   |                        |      |                |
| GUBERNATORIAL                                   |                            |                                    |   |                        |      |                |
| DO YOU WISH TO                                  | DESIGNATE \$1 OF Y         | YOUR TAXES FOR THIS                | FUND?   | YES                    | NO   |                |
| IF JOINT RETURN.                                | DOES YOUR SPOU             | SE/CU PARTNER WISH                 | TO DESIGNATE \$1?                                       | YES                    | NO   |                |
|   |                            |                                    |   |                        |      | 01001          |
|   |                            |                                    | W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF Y        |                        |      | 31234 .        |
|   |                            | CTIONS) (ENCLOSE FEDERAL           |   |                        | 5A.  | •              |
| <b>15B.</b> TAX EXEMPT INT                      | EREST INCOME (SEE INST     | TRUCTIONS) (ENCLOSE SCHEI          | DULE) DO NOT INCLUDE ON LINE 15A                        |                        | 5B.  | •              |
| <b>16.</b> DIVIDENDS                            |                            |                                    |   | 1                      |      | •              |
| 17. NET PROFITS FRO                             | M BUSINESS (SCHEDULE       | NJ-BUS-1, PART 1, LINE 4) (EN      | CLOSE COPY OF FEDERAL SCHEDULE C, FORM                  | ,                      | 7.   | •              |
| 18. NET GAINS FROM                              | DISPOSITION OF PROPER      | RTY (SCHEDULE B, LINE 4)           |   |                        | 8.   | •              |
| <b>19A.</b> PENSIONS, ANNU                      | ITIES, AND IRA WITHDRA     | WALS (SEE INSTRUCTION PA           | GE 22)  | 1                      | 9A.  | •              |
| 19B. EXCLUDABLE PE                              | NSIONS, ANNUITIES, AND     | IRA WITHDRAWALS                    |   | 19                     | 9B.  | •              |
| 20. DISTRIBUTIVE SH                             | ARE OF PARTNERSHIP IN      | ICOME (SCH. NJ-BUS-1, PART II, LII | NE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJK-1 OR FEDI  | ERAL SCH. K-1) 20      | 0.   | •              |
| 21. NET PRO RATA SH                             | HARE OF S CORPORATION      | N INCOME (SCH. NJ-BUS-1, PART II   | , LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJ-K-1 OR  | FEDERAL SCH. K-1) 2    | 1.   | •              |
| 22. NET GAIN OR INC                             | OME FROM RENTS, ROYA       | ALTIES, PATENTS & COPYRIGH         | ITS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)                | 2                      | 2.   |                |
| 23. NET GAMBLING W                              | VINNINGS (SEE INSTRUCT     | ΓΙΟΝ PAGE 25)                      |   | 2                      | 3.   |                |
| <b>24.</b> ALIMONY AND SE                       | EPARATE MAINTENANCE        | PAYMENTS RECEIVED                  |   | 2                      | 4.   |                |
| 25. OTHER (ENCLOSE                              | SCHEDULE) (SEE INSTRU      | JCTION PAGE 25)                    |   | 2                      | 5.   |                |
| 26. TOTAL INCOME (A                             | ADD LINES 14, 15A, 16, 17, | 18, 19A, AND 20 THROUGH 25         |   | 2                      | 6.   | 31234 .        |
| 27A. PENSION EXCLUS                             | ION (SEE INSTRUCTION F     | PAGE 26)                           |   | 2                      | 7A.  |                |
| 27B. OTHER RETIREME                             | ENT INCOME EXCLUSION       | S (SEE WORKSHEET AND INST          | TRUCTION PAGE 26)                                       | 2'                     | 7B.  |                |
| 27C. TOTAL EXCLUSIO                             | N AMOUNT (ADD LINE 27      | 7A AND LINE 27B)                   |   | 2'                     | 7C.  |                |
| 28. NEW JERSEY GRO                              | SS INCOME (SUBTRACT I      | LINE 27C FROM LINE 26) (SEE I      | NSTRUCTION PAGE 28)                                     | 2                      | 8.   | 31234 .        |
| 29. TOTAL EXEMPTION                             | ON AMOUNT (SEE INSTRU      | CTION PAGE 28 TO CALCULA           | ΓΕ AMOUNT) (PART YEAR RESIDENTS SEE INST                | RUCTION PAGE 7) 29     | 9.   | 1000 .         |
| 30. MEDICAL EXPENS                              | SES (SEE WORKSHEET AN      | ID INSTRUCTION PAGE 28)            |   | 3                      | 0.   |                |
| 31. ALIMONY AND SE                              | EPARATE MAINTENANCE        | PAYMENTS                           |   | 3.                     | 1.   |                |
| 32. QUALIFIED CONS                              | ERVATION CONTRIBUTION      | ON                                 |   | 3.                     | 2.   |                |
| 33. HEALTH ENTERPR                              | RISE ZONE DEDUCTION        |                                    |   | 3.                     | 3.   |                |
| 34. ALTERNATIVE BU                              | JSINESS CALCULATION A      | ADJUSTMENT (SCHEDULE NJ-E          | SUS-2, LINE 11)   | 3                      | 4.   |                |
|   |                            | DD LINES 29 THROUGH 34)            |   | 3:                     | 5.   | 1000 .         |
|   |                            | OM LINE 28) IF ZERO OR LESS.       | MAKE NO ENTRY   | 3                      | 6.   | 30234 .        |
|   |                            |                                    |   |                        |      | _              |

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NJ-1040 (2017)

PAGE 3

# NALLAMALA CHAITANYA

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| 37A. | TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)   | 37A.       |       |   |
|------|---|------------|-------|---|
| 37B. | BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)   | 37B.       |       |   |
| 37C. | COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)  | 37C.       |       |   |
| 38.  | PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)  | 38.        |       |   |
| 39.  | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY  | 39.        | 30234 |   |
| 40.  | TAX (FROM TAX TABLES, PAGE 52)  | 40.        | 459   |   |
| 41.  | CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS   | 41.        |       |   |
| 41A. | JURISDICTION CODE (SEE INSTRUCTIONS)  | 41A.       |       |   |
| 42.  | BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)  | 42.        | 459   |   |
| 43.  | SHELTERED WORKSHOP TAX CREDIT   | 43.        |       |   |
| 44.  | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)   | 44.        | 459   |   |
| 45.  | $USE\ TAX\ DUE\ ON\ INTERNET,\ MAIL-ORDER,\ OR\ OTHER\ OUT-OF-STATE\ PURCHASES\ (SEE\ WKST\ AND\ INSTR.\ PAGE\ 36)\ IF\ NO\ USE\ TAX,\ ENTER\ ZERO$   | 45.        | 0     |   |
| 46.  | PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX   | 46.        |       |   |
| 46A. | FILL IN IF FORM 2210 IS ENCLOSED  | 46A.       |       |   |
| 47.  | TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)  | 47.        | 459   |   |
| 48.  | TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)   | 48.        | 1317  |   |
| 49.  | PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)   | 49.        |       |   |
| 50.  | NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN   | 50.        |       |   |
| 51.  | NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)   | 51.        |       |   |
| 51B. | FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT   | 51B.       |       |   |
| 51C. | FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT   | 51C.       |       |   |
| 52.  | EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)   | 52.        |       |   |
| 53.  | EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)   | 53.        |       |   |
| 54.  | EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)  | 54.        |       |   |
| 55.  | TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)  | 55.        | 1317  |   |
| 56.  | $ IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE \\ IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS THIS THIS THIS THIS THIS THIS THIS$ | <b>56.</b> |       | • |
| 57.  | IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT  | 57.        | 858   |   |
| 58.  | DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:  | 58.        | 000   | • |
|      | YOUR 2018 TAX   | 59.        |       | • |
|      | NEW JERSEY ENDANGERED WILDLIFE FUND NEW JERSEY CHILDREN'S TRUST FUND  | 60.        |       | • |
|      | NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND  | 61.        |       | • |
|      | NEW JERSEY BREAST CANCER RESEARCH FUND  | 62.        |       | • |
|      |   | 63.        |       | • |
|      | U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND   | 64.        |       | • |
| 64.  | OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)   | 64C.       |       | • |
|      | DESIGNATION CODE  TOTAL DEDICTIONS EDOM OVERDAYMENT (ADD LINES 59 THROUGH 64)   | 65.        |       |   |
| 65.  | TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)  REGIND (AMOUNT TO BE SENT TO YOU SUPERPACT LINE 65 FROM LINE 57)   | 66.        | 858   | ٠ |
| 66.  | REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)  | ου.        | 000   | • |
| 1    | DIRECT DEPOSIT INFORMATION  |            |       |   |
| dd1  | REFLIND CHECK BOX ('1' FOR REFLIND '4' FOR NO REFLIND) dd1.   | 1          |       |   |

| dd1. | REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)                            | dd1. | 1 |           |
|------|---|------|---|-----------|
| dd2. | ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)                                | dd2. | C |           |
| dd3. | FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES | dd3. |   |           |
| dd4. | ROUTING NUMBER  | dd4. |   | 074000010 |
| dd5. | ACCOUNT NUMBER  | dd5. |   | 813307126 |
|      |   |      |   |           |
| dnm  | DO NOT MAIL INDICATOR   | dnm. |   |           |
| pa.  | POWER OF ATTORNEY INDICATOR   | pa.  |   |           |
| pdr. | PRESIDENTIAL DISASTER RELIEF INDICATOR  | pdr. |   |           |

Department of the Treasury Division of Revenue

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records. **▶** See instructions.

2017

# Do not mail the NJ-8879 to New Jersey

| <b>,</b>   | •  |                                   |  |
|--|--|-----------------------------------|--|
| Taxpayer's name  | Social security number   | er                                |  |
| NALLAMALA, CHAITANYA   | 035-89-4455  |                                   |  |
| Spouse's name<br>or Civil Union Prtnr's  | Spouse's social secu   | rity nun                          | nber or Civil Union Prtni  |
| Part I Tax Return Information—Tax Year Ending December 31, 2017 (William)  | nole Dollars Only)   |                                   |  |
| 1 New Jersey Taxable income  |  | 1                                 | 30,234.  |
| 2 Total tax ·  |  | 2                                 | 459.   |
| 3 New Jersey income tax withheld   |  | 3                                 | 1,317.   |
| 4 Refund   |  | 4                                 | <u>858</u> .   |
| 5 Amount you owe   |  | 5                                 |  |
| Part II Declaration and Signature Authorization of Taxpayer  |  |                                   |  |
| Under penalties of perjury, I declare that I have examined a copy of my electronic individes and statements for the tax year ending December 31, 2017 and to the best correct, and complete. I further declare that the amounts in Part I above are the amount necessary in the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if application number of my electronic income tax return and I agree to the provisions condentification number (PIN) as my signature for my electronic income tax return and, if application number (PIN) as my signature for my electronic income tax return and, if application number (PIN) as my signature for my electronic income tax return and, if application income tax return and, if application number (PIN) as my signature for my electronic income tax return and, if application income tax return and, if application income tax return and, if application income tax return and it application inc | t of my knowledge<br>nts shown on the oble, Electronic Fund<br>tained therein. I hav | and becopy of s<br>S With re sele | pelief, it is true,<br>of my electronic<br>drawal Consent<br>cted a personal |
| Taxpayer's PIN: check one box only   |  | 1                                 |  |
| ☐ I authorize to enter my PIN ERO firm name  | do not enter all zeros   |                                   | ny signature   |
| on my tax year 2017 electronically filed income tax return.  |  |                                   |  |
| I will enter my PIN as my signature on my tax year <sup>2017</sup> electronically filed income are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.  |  |                                   |  |
| Your signature ▶ Date  | <b>&gt;</b>  |                                   |  |
| Spouse's PIN: check one box only or Civil Union Prtnr's PIN)   |  | 1                                 |  |
| ☐ I authorize to enter my PIN  |  | asn                               | ny signature   |
| on my tax year 2017 electronically filed income tax return.  | do not enter all zeros   |                                   | .y o.g. ata. o   |
| I will enter my PIN as my signature on my tax year 2017 electronically filed income are entering your own PIN and your return is filed using the Practitioner PIN metholow.  |  |                                   |  |
| Spouse's signature  Or Civil Union Prtnr's   | <b>&gt;</b>  |                                   |  |
| Practitioner PIN Method Returns Only—con   | tinue below  |                                   |  |
| Part III Certification and Authentication—Practitioner PIN Method  |  |                                   |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   | do not e   | 5 8<br>nter all                   |  |
| certify that the above numeric entry is my PIN, which is my signature on the tax year 2 return for the taxpayer(s) indicated above. I confirm that I am submitting this return in acthe Practitioner PIN method.   |  |                                   |  |
| ERO's signature ▶ Date   | ► 06/15/2018   |                                   |  |
|  |  |                                   |  |
|  |  |                                   |  |

ERO Must Retain This Form — See Instructions Do Not Submit This Form to New Jersey Unless Requested To Do So

| Part I — Personal Information  |  |
|--|--|
| Taxpayer:  Last Name   | Spouse:  Last Name  First Name  Middle Initial Suffix  Social Security No  Date of Birth  Age as of 12/31/2017  Date of Death  Daytime Phone |
| c/o (care of)  Street Address 1 SHENANDOAH BLVD  City  | State NY ZIP Code 11767 st year's NJ tax return  |
| Part II — Main Form  |  |
| Form NJ-1040: Resident Tax Return  | To  Jersey sources during your period of nonresidence? will be prepared.   |
| Part III - Filing Status   |  |
| X Single Married/Civil Union Couple, filing joint return Married/Civil Union Partner, filing separate return Yes No Did the taxpayer maintain the same re If Yes, enter the gross income reported on spouse Head of household Qualifying widow(er)/Surviving Civil Union Partner | 's/CU partner's NJ-1040, line 28 · · · · ·   |
| Part IV — Exemptions   |  |
| Regular Age 65 or over Blind Disabled Veteran exemption  Number of qualifying dependent children   | · · · · · · · · · · · · · · · · · · ·  |

| CHAITANYA NALLAMALA   | 035  | 5-89-4455           | Page 2 |
|---|--|---------------------|--------|
| Part V — Other Information  |  |                     |        |
| 1 At least two-thirds of gross income is derived to 2 You do not need forms mailed to you next year 3 Presidential Disaster Relief 4 Death certificate attached for deceased taxpary Yes No 5 a Do you wish to designate \$1 of your bull If joint return, does your spouse wish X 6 Is the Division of Taxation authorized to paid preparer?   | r /er axes for the Gubernatorial Election to designate \$1?              |                     |        |
| Part VI — Preparer Code   |  |                     |        |
| 1 Paid preparer code 1  |  |                     |        |
| Part VII — Electronic Filing Information  |  |                     |        |
| New! State e-file disclosure consent:  By using a computer system and software to prepare and to the disclosure of all information pertaining to my use of return and to the electronic transmission of my client's tall Revenue and Enterprise Services.  In the state return will be filed electronically Yes No  In the state return will be filed electronically Yes No  In the state return will be used? (See Help)  3 Date return was EFiled | f the system and software to create x return to the State of New Jersey, | e my client's       | t      |
| Electronic PDF Attachments PDF's that you have selected to attach to your state e-file  | raturn are listed below  |                     |        |
| Description   | Filename   |                     |        |
| Part VIII — Direct Deposit Information or Electro   | nic Funds Withdrawal Informa   | ation               |        |
| Direct Deposit:  Yes No  X  Do you want direct deposit of state tax refu  | nd? (EF - All filers; Print filers - resi                                | sidents filers only | ·')    |
| Electronic Funds Withdrawal:  Yes No  Do you want electronic funds withdrawal of  | state tax payment? (Electronic Filir                                     | ng Only)            |        |

## **Bank Information:**

| Name of Financial Institution (optional) Chase  |
|---|
| X Checking account  |
| Savings account   |
| Routing number  |
| Account number  |
| Payment date to withdraw from the account above   |
| State balance-due amount from this return   |
| State balance-due amount from this return   |
| International ACH Transactions  |
| Yes No  |
| X Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?   |
| Bank name for International ACH Transaction   |
|   |
|   |
|   |
| Part IX - Extension Status  |
| Part IX - Extension Status  |
|   |
| Yes No  |
| Yes No  X Has the tax return due date been extended for a six month extension?  |
| Yes No  X Has the tax return due date been extended for a six month extension? Is the extension due to a natural disaster declared by the state?                    |
| Yes No  X Has the tax return due date been extended for a six month extension? Is the extension due to a natural disaster declared by the state?  Extended due date |
| Yes No  X Has the tax return due date been extended for a six month extension? Is the extension due to a natural disaster declared by the state?                    |
| Yes No  X Has the tax return due date been extended for a six month extension? Is the extension due to a natural disaster declared by the state?  Extended due date |
| Yes No  X Has the tax return due date been extended for a six month extension? Is the extension due to a natural disaster declared by the state?  Extended due date |
| Yes No  X Has the tax return due date been extended for a six month extension? Is the extension due to a natural disaster declared by the state?  Extended due date |

NJIW0101.SCR 03/12/18

Keep for your records

Name as Shown on Return

NALLAMALA, CHAITANYA

Social Security No.
035-89-4455

### **Important Information**

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

**Note**: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example). see http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf

**Note**: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

**Note**: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See Tax Help for more details

| A<br>Employer's name  | B<br>State<br>name | C<br>Federal wages<br>tips, etc<br>from Form W-2<br>Box 1 | D<br>State wages<br>tips, etc<br>from Form W-2<br>Box 16 | E<br>Check box<br>to exclude<br>duplicate<br>state wages |
|---|--------------------|---|--|--|
| CORPORATE COMPUTER SERVICES IN - State Wages  | NJ                 | 31,234.   | 31,234.  |  |
| Total federal wages from column C  Total state wages from column D  Less wages excluded from New Jersey ret (by checking box in column E)  Wages from all sources | urn                | 31,234.   | 31,234.  |  |

| Name<br>NALI     | Security Number  |    |                                 |            |
|------------------|--|----|---------------------------------|------------|
| Tax              | Payments for the Current Year                          |    |                                 |            |
|                  |  |    |                                 | State      |
|                  |  | Da | ate                             | Payment    |
| 1<br>2<br>3<br>4 | First Payment  |    |                                 |            |
| 5                | Additional Payments Payment                            |    |                                 |            |
| 6<br>7           | Overpayment from previous year applied to current year |    | 6<br>7                          |            |
| 8                | Total tax payments                                     |    | 8                               |            |
| Inco             | me Taxes Withheld for the Current Year                 |    |                                 |            |
| b                | State withholding on Forms W-2                         |    | 9<br>10<br>11<br>12 a<br>b<br>c | 1,317.     |
| 14               | Total income tax withheld                              |    | 14                              | 1,317.     |
| 15               | Date return will be filed and balance paid             |    | 15                              | 04/17/2018 |

OTHV0301.SCR 11/28/16

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# **Smart Worksheets from your 2017 New Jersey Tax Return**

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

|   | Property Tax Information Smart Worksheet F  |
|---|---|
| 1 | Did you live in more than one qualifying New Jersey residence during 2017?  |
| 2 | Did you share ownership of a principal residence during 2017 with anyone other than your spouse?  |
| 3 | Did a principal residence you owned during 2017 consist of multiple units?  |
| 4 | Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes X No   |
| 5 | Were you both a homeowner and a tenant during 2017? Yes X No  |
|   | If the answer to any of the above questions is Yes, complete Schedule G-1.  QuickZoom to Schedule G-1   |
| Α | Total property tax paid in 2017   |
| В | Part-year residents: Enter the amount while a resident of New Jersey  Total rent paid in 2017   |
|   | Part-year residents: Enter the amount while a resident of New Jersey  |
| С | If your filing status is married filing separate return, did you  |
| D | maintain the same residence as your spouse?  Answer this question on NJ Information Wks (if Yes, reduce by 50%) Yes No You were a New Jersey homeowner on October 1, 2017 and |
| 0 | you are eligible and file for a 2017 Homestead Benefit Yes No   |