NJ-1040 2017 Page 1



STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _______, 20____ Month Ending ________, 20___
On-line Federal Extension Confirmation #______

CHIRUKURI VEERA PRASAD

585 S LINCOLN AVE

WOODBRIDGE NJ 07095 1014

1555

733972869

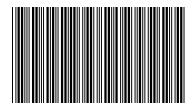
REV 12/18/17 PRO

P02090332 301017196

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1 3 5.	my knowledge and beli-	ef, it is tru	e, correct a	nd cor	including accompanying schedules mplete. If prepared by a person other has any knowledge.	Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI Mail your return in the envelope provided and affix the appropriate mailing label.
>		>				If you have an amount due on Line 56, enclose your
Your Signature	Date	Sp	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 PO Box 111 .
Fill in if NJ-1040-O is enclosed						If not, use the label for PO Box 555.
If enclosing copy of death certificate f	or deceased taxpayer, checl	box (See i	nstruction pa	age 12)		You may also pay by e-check or credit card. See
Paid Preparer's Signature				Fe	ederal Identification Number	instruction page 11.
APPANA RUPA VEI	NKATA SATYA	SAI	MANI	K	P02090332	
Firm's Name				Fe	ederal Employer Identification Number	1
GLOBAL TAXES L	LC				30-1017196	



CHIRUKURI VEERA PRASAD

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

FROM				
FILING STATUS		EXEMPTIONS		
1. SINGLE	×	6. REGULAR		1
2. MARRIED/CU COUPLE FILING JOINT RETU	RN	7. AGE 65 OR OVER		
3. MARRIED/CU COUPLE FILING SEPARATE F	RETURN	8. BLIND OR DISABLED		
4. HEAD OF HOUSEHOLD		NUMBER OF QUALIFIED DEPEN	DENT CHILDRE	EN
5. QUALIFYING WIDOW(ER)/SURVIVING CU	PARTNER	10. NUMBER OF OTHER DEPENDEN	NTS	
CHECKBOXES FOR EXEMPTIONS		11. DEPENDENTS ATTENDING COL	LEGE	
REGULAR SPOUSE/CU PARTNER De	OMESTIC PARTNER	12A. TOTAL (LINE 12A - ADD LINES (5, 7, 8, AND 11)	1
AGE 65 OR OLDER YOURSELF SE	POUSE/CU PARTNER	12B. TOTAL (LINE 12B - ADD LINES 9	AND 10)	
BLIND OR DISABLED YOURSELF SI	POUSE/CU PARTNER	12C. VETERAN EXEMPTION		
VETERAN EXEMPTION YOURSELF SI	POUSE/CU PARTNER			
DEPENDENT'S INFORMATION FROM I LAST NAME. FIRST NAME. MIDDLE INIT A. B. C.		H RIDER IF MORE THAN FOUR) OCIAL SECURITY NUMBER	BIRTH YEA	AR HEALTH INS IND
D.				
GUBERNATORIAL ELECTIONS FUND	LID TAVES FOR THIS FIR	MIDO	YES	NO
DO YOU WISH TO DESIGNATE \$1 OF YO IF JOINT RETURN. DOES YOUR SPOUSE				NO NO
IF JOINT RETURN. DOES YOUR SPOUSE	CU PARTNER WISH TO	DESIGNATE 51?	YES	NO
14. WAGES, SALARIES, TIPS, AND OTHER EMPLOY	YEE COMPENSATION (ENCL W-2) E	BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.) 14	4. 68360 .
15A. TAXABLE INTEREST INCOME (SEE INSTRUCT)	IONS) (ENCLOSE FEDERAL SCHE	EDULE B IF OVER \$1,500)	15	5A
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRU	UCTIONS) (ENCLOSE SCHEDULE)	DO NOT INCLUDE ON LINE 15A	15	5B
16. DIVIDENDS			10	6.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ	-BUS-1, PART 1, LINE 4) (ENCLOS	SE COPY OF FEDERAL SCHEDULE C, FORM 1040)	17	7.
18. NET GAINS FROM DISPOSITION OF PROPERTY	(SCHEDULE B, LINE 4)		18	8.
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWA	ALS (SEE INSTRUCTION PAGE 22))	19	9A
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IR	A WITHDRAWALS		19	9B
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCO	ME (SCH. NJ-BUS-1, PART II, LINE 4) (S	SEE INSTR. PAGE 25) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH	. K-1) 20	0.
21. NET PRO RATA SHARE OF S CORPORATION IN	COME (SCH. NJ-BUS-1, PART III, LINE	4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL	SCH. K-1) 21	1
22. NET GAIN OR INCOME FROM RENTS, ROYALT	IES, PATENTS & COPYRIGHTS (S	SCHEDULE NJ-BUS-1, PART IV, LINE 4)	22	2.
23. NET GAMBLING WINNINGS (SEE INSTRUCTION	N PAGE 25)		23	3.
24. ALIMONY AND SEPARATE MAINTENANCE PA	YMENTS RECEIVED		24	4
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCT	TION PAGE 25)		25	5
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18,	19A, AND 20 THROUGH 25)		20	6. 68360 .
27A. PENSION EXCLUSION (SEE INSTRUCTION PAG	EE 26)		27	7A
27B. OTHER RETIREMENT INCOME EXCLUSIONS (S	SEE WORKSHEET AND INSTRUCT	TION PAGE 26)	27	7B
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A	AND LINE 27B)		27	7C
28. NEW JERSEY GROSS INCOME (SUBTRACT LIN	E 27C FROM LINE 26) (SEE INSTR	RUCTION PAGE 28)	28	8. 68360 .
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCT)	ION PAGE 28 TO CALCULATE AM	MOUNT) (PART YEAR RESIDENTS SEE INSTRUCTIO	N PAGE 7) 29	9. 1000 .
30. MEDICAL EXPENSES (SEE WORKSHEET AND I	NSTRUCTION PAGE 28)		30	0.
31. ALIMONY AND SEPARATE MAINTENANCE PA	YMENTS		31	1.
32. QUALIFIED CONSERVATION CONTRIBUTION			32	2.
33. HEALTH ENTERPRISE ZONE DEDUCTION			33	3.
34. ALTERNATIVE BUSINESS CALCULATION ADJ	USTMENT (SCHEDULE NJ-BUS-2,	LINE 11)	34	4.
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD	LINES 29 THROUGH 34)		35	5. 1000 .
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM	LINE 28) IF ZERO OR LESS, MAK	E NO ENTRY	36	6. 67360 .

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NJ-1040 (2017)

PAGE 3



dd4. ROUTING NUMBER

dd5. ACCOUNT NUMBER

 ${f dnm.}\ {f DO}\ {f NOT}\ {f MAIL}\ {f INDICATOR}$

pa. POWER OF ATTORNEY INDICATOR

pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR

CHIRUKURI VEERA PRASAD

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			0.4.0.4	
	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	2484	٠
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.		
	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	0.40.4	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	2484	٠
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	64876	•
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	2092	•
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.	2092	•
43.	SHELTERED WORKSHOP TAX CREDIT	43.		•
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	2092	
45.	$\textbf{USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{IF NO USE TAX, ENTIRELY MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{IF NO USE TAX, ENTIRELY MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{IF NO USE TAX, ENTIRELY MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{IF NO USE TAX, ENTIRELY MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{IF NO USE TAX, ENTIRELY MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{IF NO USE TAX, ENTIRELY MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{IF NO USE TAX, ENTIRELY MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES} (\textbf{SEE} \ \textbf{WKST} \ \textbf{AND} \ \textbf{INSTR.} \ \textbf{PAGE 36}) \ \textbf{PAGE 36} \ \textbf{PAGE 36} \ \textbf{PAGE 36}) \ \textbf{PAGE 36} \ \textbf{PAGE 36} \ \textbf{PAGE 36}) \ \textbf{PAGE 36} \ \textbf{PAGE 36} \ \textbf{PAGE 36}) \ \textbf{PAGE 36} \$	er 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.	2092	
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	2867	
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.	2867	
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 OF THE PROPERTY OF THE PROPERT$	56.		
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	775	
58.	YOUR 2018 TAX	58.		
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.		
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.		
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.		
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.		
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.		
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.		
64C.	DESIGNATION CODE	64C.		
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.		
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	775	•
	DIRECT DEPOSIT INFORMATION			
dd1.	REFUND CHECK BOX ('I' FOR REFUND, '4' FOR NO REFUND) dd1.	1		
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) dd2.	Ċ		
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd3.	-		

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101100045

518007766512

dd4.

dd5.

dnm.

pa.

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

,	_		
Faxpayer's name	Social security number	er	
CHIRUKURI, VEERA PRASAD 733-97-2869			
Spouse's name or Civil Union Prtnr's	Spouse's social secu	rity num	ber or Civil Union Prtnr
Part I Tax Return Information—Tax Year Ending December 31, 2017 (W	hole Dollars Only)		
1 New Jersey Taxable income	<i>,</i>	1	64,876.
2 Total tax		2	2,092.
3 New Jersey income tax withheld		3	2,867.
4 Refund		4	775.
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 individual schedules and statements for the tax year ending December 31, 2017 and to the becorrect, and complete. I further declare that the amounts in Part I above are the amount income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicancluded on the copy 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 applicances.	st of my knowledge unts shown on the c able, Electronic Fund ntained therein. I hav	and b copy of s Witho e selec	elief, it is true, f my electronic drawal Consent cted a personal
Taxpayer's PIN: check one box only		1	
☐ I authorize to enter my PIN	do not enter all zeros		y signature
on my tax year 2017 electronically filed income tax return.			
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 met below.			
Your signature ▶ Dat	e >		
Spouse's PIN: check one box only or Civil Union Prtnr's PIN)		1	
I authorize to enter my PIN to enter my PIN		as m	y signature
on my tax year 2017 electronically filed income tax return.	do not enter all zeros	•	J - 3
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 met below.			
Spouse's signature ▶ Dat or Civil Union Prtnr's	e >		
Practitioner PIN Method Returns Only—cor	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	7 2 7 8 zeros
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 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
c/o (care of) Street Address 585 S LINCOLN AVE City Woodbridge County/Municipality Code (residents only) 1014 Check this box if taxpayer's name is different on last	Apt. No . State NJ ZIP Code 07095
Check this box if taxpayer's address is different on	last year's NJ tax return
Part II — Main Form	
Form NJ-1040NR: Nonresident Tax Return Enter state of residency Form NJ-1040: Part-Year Resident Tax Return Enter dates of New Jersey residency From	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	· · · · · · · · · · · · · · · · · · ·

Part V — Other Information	
1 At least two-thirds of gross income is derived fro 2 You do not need forms mailed to you next year 3 Presidential Disaster Relief 4 Death certificate attached for deceased taxpaye Yes No 5 a Do you wish to designate \$1 of your tax b If joint return, does your spouse wish to X 6 Is the Division of Taxation authorized to dispaid preparer?	er xes for the Gubernatorial Elections Fund? o designate \$1?
Part VI — Preparer Code	
1 Paid preparer code <u>1</u>	
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 the return and to the electronic transmission of my client's tax of Revenue and Enterprise Services. In the state return will be filed electronically the state of the state return was Efiled to the state of the st	the system and software to create my client's return to the State of New Jersey, Division of
Electronic PDF Attachments	return are listed below
PDF's that you have selected to attach to your state e-file r Description F	ilename
Part VIII - Direct Deposit Information or Electron	ic Funds Withdrawal Information
Direct Deposit: Yes No X Do you want direct deposit of state tax refund Electronic Funds Withdrawal: Yes No Do you want electronic funds withdrawal of st Bank Information:	d? (EF - All filers; Print filers - residents filers only) tate tax payment? (Electronic Filing Only)

If you selected direct deposit or electronic funds withdrawal, fill out the information below:
Name of Financial Institution (optional) Bank of america
X Checking account
Savings account
Routing number
Account number
Payment date to withdraw from the account above
State balance-due amount from this return
Otate 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
Bank name for international / torr maneaction
Sank hand for mornalena, /terr handadien
Sank hame for mornalistic from the new first
Part IX - Extension Status
Part IX - Extension Status
Part IX - Extension Status Yes No
Part IX - Extension Status Yes No X Has the tax return due date been extended for a six month extension?
Part IX - Extension Status 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?
Part IX - Extension Status 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
Part IX - Extension Status 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?
Part IX - Extension Status 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 QuickZoom to Form NJ-630: Application for Extension of Time to File
Part IX - Extension Status 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 QuickZoom to Form NJ-630: Application for Extension of Time to File
Part IX - Extension Status 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 QuickZoom to Form NJ-630: Application for Extension of Time to File

NJIW0101.SCR 03/12/18

Keep for your records

Name as Shown on Return Social Security No.
CHIRUKURI, VEERA PRASAD 733-97-2869

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 Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
E-GIANTS TECHNOLOGIES, LLC - State Wages	NJ	68,360.	68,360.	
Total federal wages from column C Total state wages from column D Less wages excluded from New Jersey re (by checking box in column E)	turn	68,360.	68,360.	

2017

				al Securi -97-2		
Woı	rksheet G - I	Property Tax Deduction/Credi	t	,		
tax c	credit is better	umns of this schedule to find out wh for you. If you claim a credit for ta his schedule. Complete Schedule	axes paid to other juriso			
2	NJ-1040. Senior Freezamount from Property ta: more (\$5,00	c. Enter the property tax you paid in the control of the control o	plicants do not enter the		1	2,484.
	X No. Also enter the	Enter \$10,000 (\$5,000 if you and you are also as a work of the control of	ence). ow. See instructions.		2	2,484.
	Complete o	are claiming a credit for taxes p nly lines 1 and 2. Then complete J. See instructions.	-	Column	Α .	Column B
3 4 5	Property tax Taxable inco line 4 from li Tax you wou	ome (copy from line 36 of your NJ-1 deduction (copy from line 2 of this ome after property tax deduction (sune 3)	worksheet)	2, 64,	360. 484. 876.	67,360. -0- 67,360. 2,230.
7	Now, subtra	ct line 6, column A, from line 6, colu	ımn B and enter		7	138.
8		amount \$50 or more (\$25 if you and the same principal residence)?		nion partne	er file se	eparate returns
	X Yes.	Line 38 L Line 39 L Line 40 L Line 49 M You receive a greater tax benefit f instructions before answering "No Form NJ-1040 L Line 38 M Line 39 L Line 40 L Line 49 S	m NJ-1040. Enter amount from: Line 4, Column A Line 5, Column A Line 6, Column A Make no entry From the Property Tax Cre	edit. (Part-y tries on Forr spouse/civil ttain the san	ear resi n NJ-10 union pa ne princ	artner file ipal

Name CHIE	UKURI, VEERA PRASAD		Security Number	
Tax	Payments for the Current Year			
				State
		Da	ate	Payment
1 2 3 4	First Payment			
5	Additional Payments Payment			
6 7	Overpayment from previous year applied to current year		6 7	
8	Total tax payments		8	
Inco	me Taxes Withheld for the Current Year			
b	State withholding on Forms W-2		9 10 11 12 a b c	2,867.
14	Total income tax withheld		14	2,867.
15	Date return will be filed and balance paid		15	04/17/2018

OTHV0301.SCR 11/28/16

VEERA PRASAD CHIRUKURI 733-97-2869

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 5	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit?
·	If the answer to any of the above questions is Yes, complete Schedule G-1. QuickZoom to Schedule G-1
A	Total property tax paid in 2017
В	Total rent paid in 2017
С	If your filing status is married filing separate return, did you maintain the same residence as your spouse?
D	Answer this question on NJ Information Wks (if Yes, reduce by 50%) Yes Vou were a New Jersey homeowner on October 1, 2017 and
	you are eligible and file for a 2017 Homestead Benefit Yes No