## NJ-1040 2017 Page 1



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

LOL LIL	vacy Act No	uncauon, see msu	uctions
For Tax '	Year Jan. – D	Dec. 2017 or Other	Гах Year
Beginning	, 20	Month Ending	, 20
On-line Federal E	Extension Co	nfirmation #	

## GOTIMUKULA RAGHU CHANDRA

703 PLAZA DRIVE

WOODBRIDGE NJ 07095 1014

1555

853924700

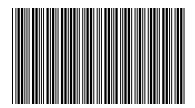
REV 12/18/17 PRO

P02090332 301017196

G67716380010912



1	the best of my knowle	dge and belief	, it is tru	e, correct a	nd comp	cluding accompanying schedule lete. If prepared by a person of any knowledge.	mumban(a) on abaals on monars and an all males massable
>			>				If you have an amount due on Line 56, enclose your
Your Signature		Date	Spo	ouse/CU Partne	er's Signatu	re (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 en	closed						If not, use the label for <b>PO Box 555</b> .
If enclosing copy of deat	certificate for deceased t	axpayer, check !	box (See i	nstruction pa	age 12)		You may also pay by e-check or credit card. See
Paid Preparer's Signature					Fede	ral Identification Number	instruction page 11.
APPANA RU	PA VENKATA	SATYA	SAI	MANI	K	P02090332	
Firm's Name					Fede	ral Employer Identification Number	
GLOBAL TA	KES LLC					30-1017196	



## GOTIMUKULA RAGHU CHANDRA

853924700 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

FILING STATU	J <b>S</b>		]	EXE	MPTIONS					
1. SINGLE		×	(	6.	REGULAR			1		
2. MARRIED/CU	COUPLE FILING JOINT RE	TURN	,	7.	AGE 65 OR OVER					
3. MARRIED/CU	COUPLE FILING SEPARAT	E RETURN		8.	BLIND OR DISABLED					
4. HEAD OF HOU	SEHOLD		9	9.	NUMBER OF QUALIFIED DEPENDEN	NT CHILE	REN			
5. QUALIFYING	WIDOW(ER)/SURVIVING C	U PARTNER		10.	NUMBER OF OTHER DEPENDENTS					
CHECKBOXES	FOR EXEMPTIONS		1	11.	DEPENDENTS ATTENDING COLLEG	Έ				
REGULAR	SPOUSE/CU PARTNER	DOMESTIC PARTNER		12A.	TOTAL (LINE 12A - ADD LINES 6, 7,	8, AND 1	1)	1		
AGE 65 OR OLDER	YOURSELF	SPOUSE/CU PARTNER		12B.	TOTAL (LINE 12B - ADD LINES 9 AN	D 10)				
BLIND OR DISABLED	YOURSELF	SPOUSE/CU PARTNER		12C. '	VETERAN EXEMPTION					
VETERAN EXEMPTION	YOURSELF	SPOUSE/CU PARTNER								
LAST NAME. FI A.	INFORMATION FROM TRST NAME. MIDDLE IN					BIRTH Y	EAR	HEA	ALTH INS INC	)
B.										
C.										
D.										
	IAL ELECTIONS FUN TO DESIGNATE \$1 OF Y		IC ELIMD9		•	YES		NO		
	RN. DOES YOUR SPOU			LNIAT		YES		NO		
II JOHNI KETOI	KN. DOES TOOK STOO	SE/COTAKTNEK WIS	II IO DESIO	JINA 1	15 31 :	1123		NO		
14. WAGES, SAL	ARIES, TIPS, AND OTHER EMP	LOYEE COMPENSATION (ENG	CL W-2) BE SURE T	TO USE 5	STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEI	E INSTR.)	14.		12800	
	TEREST INCOME (SEE INSTRU					2110110.)	15A.		12000	•
	INTEREST INCOME (SEE INST						15B.			
16. DIVIDENDS		, (					16.			
	FROM BUSINESS (SCHEDULE	NJ-BUS-1, PART 1, LINE 4) (F	ENCLOSE COPY	OF FE	EDERAL SCHEDULE C, FORM 1040)		17.			
	ROM DISPOSITION OF PROPER				,		18.			
	NNUITIES, AND IRA WITHDRA		AGE 22)				19A.			
	E PENSIONS, ANNUITIES, AND						19B.			
20. DISTRIBUTIV	E SHARE OF PARTNERSHIP IN	COME (SCH. NJ-BUS-1, PART II, I	LINE 4) (SEE INSTR	R. PAGE	25) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)		20.			
					AGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH.		21.			
22. NET GAIN OR	INCOME FROM RENTS, ROYA	ALTIES, PATENTS & COPYRIO	GHTS (SCHEDU	LE NJ-	BUS-1, PART IV, LINE 4)		22.			
23. NET GAMBLI	NG WINNINGS (SEE INSTRUCT	TION PAGE 25)					23.			
24. ALIMONY AN	ID SEPARATE MAINTENANCE	PAYMENTS RECEIVED					24.			
25. OTHER (ENCI	LOSE SCHEDULE) (SEE INSTRU	JCTION PAGE 25)					25.			
26. TOTAL INCOM	ME (ADD LINES 14, 15A, 16, 17,	18, 19A, AND 20 THROUGH 2	(5)				26.		12800	
27A. PENSION EXC	CLUSION (SEE INSTRUCTION F	'AGE 26)					27A.			
27B. OTHER RETIR	REMENT INCOME EXCLUSION	S (SEE WORKSHEET AND IN	STRUCTION PA	GE 26)			27B.			
27C. TOTAL EXCL	USION AMOUNT (ADD LINE 2'	7A AND LINE 27B)					27C.			
28. NEW JERSEY	GROSS INCOME (SUBTRACT I	LINE 27C FROM LINE 26) (SEE	E INSTRUCTION	N PAGE	E 28)		28.		12800	
29. TOTAL EXEM	IPTION AMOUNT (SEE INSTRU	CTION PAGE 28 TO CALCUL	ATE AMOUNT)	(PART	YEAR RESIDENTS SEE INSTRUCTION PAGE	GE 7)	29.		1000	
30. MEDICAL EX	PENSES (SEE WORKSHEET AN	D INSTRUCTION PAGE 28)					30.			
<b>31.</b> ALIMONY AN	ID SEPARATE MAINTENANCE	PAYMENTS					31.			
32. QUALIFIED C	ONSERVATION CONTRIBUTION	ON					32.			
33. HEALTH ENT	ERPRISE ZONE DEDUCTION						33.			
<b>34.</b> ALTERNATIV	E BUSINESS CALCULATION A	DJUSTMENT (SCHEDULE NJ	-BUS-2, LINE 11	1)			34.			
35. TOTAL EXEM	IPTIONS AND DEDUCTIONS (A	DD LINES 29 THROUGH 34)					35.		1000	
<b>36.</b> TAXABLE INC	COME (SUBTRACT LINE 35 FR	OM LINE 28) IF ZERO OR LES	S, MAKE NO EN	NTRY			36.		11800	

**NJ-1040** (2017)

PAGE 3



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

**pa.** POWER OF ATTORNEY INDICATOR

 ${\bf pdr.} \ \ {\tt PRESIDENTIAL\ DISASTER\ RELIEF\ INDICATOR}$ 

## GOTIMUKULA RAGHU CHANDRA

**1555** 

27.4	TOTAL PROPERTY TAYER BAR (SEE NOTERACTION BACK AS)	27	'A.	1	L080	
	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)		ъ.	_	1000	•
	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)		ъ. /С.			
38.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)  PROPERTY TAY DEDUCTION (SEE INSTRUCTION PAGE 23)	38				
	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)  NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39		11	L800	•
		4(			166	•
40. 41.	TAX (FROM TAX TABLES, PAGE 52)	41			100	•
	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS  HUBISDICTION CODE (SEE INSTRUCTIONS)		Α.			•
	JURISDICTION CODE (SEE INSTRUCTIONS)	42			166	
42. 43.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40) SHELTERED WORKSHOP TAX CREDIT	43			100	•
		44			166	•
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)				166	•
46.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, EN	11 ER ZERO 43			0	•
	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX		6A.			•
	FILL IN IF FORM 2210 IS ENCLOSED				166	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47			219	•
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48			50	•
49. 50	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)  NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN				50	•
50. 51.		50				•
	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38) FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT		В.			•
			С.			
	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51				
52. 53.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52				•
	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)					•
54. 55	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54			260	•
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55 56			269	•
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 PAYME		) <b>.</b>			•
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57	<b>'</b> .		103	
58.	YOUR 2018 TAX	58	3.			
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	2.			
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63	3.			
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64	l.			
64C.	DESIGNATION CODE	64	IC.			
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65	5.			
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66	<b>.</b>		103	
]	DIRECT DEPOSIT INFORMATION					
dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) dd	1.	1	1		
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)  dd	2.				
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd	3.				
dd4.	ROUTING NUMBER dd	4.		071000	0013	
dd5.	ACCOUNT NUMBER dd	5.		691305		

REV 12/18/17 PRO

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

, , , , , , , , , , , , , , , , , , ,	_		
Taxpayer's name	Social security numb	er	
GOTIMUKULA, RAGHU CHANDRA	853-92-4700		
Spouse's name or Civil Union Prtnr's	Spouse's social secu	rity nun	mber or Civil Union Prtni
Part I Tax Return Information—Tax Year Ending December 31, 2017 (W	hole Dollars Only)		
1 New Jersey Taxable income	<i>J,</i>	1	11,800.
2 Total tax		2	166.
3 New Jersey income tax withheld		3	219.
4 Refund		4	103.
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 best correct, and complete. I further declare that the amounts in Part I above are the amounts in complete and, if application income tax return. I acknowledge that I have read the Consent to Disclosure and, if application included on the copy of my electronic income tax return and I agree to the provisions corridentification number (PIN) as my signature for my electronic income tax return and, if applications income tax return and it applications in the context income tax return and it applications in the context income tax return and it applications in the context income tax return and it applications in the context income tax return and it applications in the context income tax return and it applications in the context income tax return and it applications in the context in the context income tax return and it applications in the context income tax return and it applications in the context in the context income tax return and it applications in the context income tax return and it applications in the context in	st of my knowledge unts shown on the c ble, Electronic Fund ntained therein. I hav	and loopy of s With we sele	belief, it is true, of my electronic adrawal Consent ected a personal
Taxpayer's PIN: check one box only			
Lauthorize to enter my PIN ERO firm name	do not enter all zeros		my signature
on my tax year 2017 electronically filed income tax return.	do not enter all zeros	'	
<ul> <li>I will enter my PIN as my signature on my tax year <sup>2017</sup> electronically filed income are entering your own PIN and your return is filed using the Practitioner PIN methodolow.</li> <li>Your signature ▶</li></ul>	nod. The ERO must		
Spouse's PIN: check one box only for Civil Union Prtnr's PIN)		1	
☐ Lauthorize to enter my PIN ERO firm name		asr	my signature
ERO firm name on my tax year 2017 electronically filed income tax return.	do not enter all zeros	;	,g
I will enter my PIN as my signature on my tax year 2017 electronically filed income are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodow.			
Spouse's signature ▶ Date or Civil Union Prtnr's	₽ ▶		
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 enter all	
I 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.			
	e ► <u>06/11/2018</u>		
ERO's signature ▶ Date	● ▶ 06/11/2018		

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 GOTIMUKULA  First Name RAGHU CHANDRA  Middle Initial Suffix  Social Security No 853-92-4700  Date of Birth 10/18/91  Age as of 12/31/2017 . 26  Date of Death  Daytime Phone	Spouse:  Last Name
c/o (care of)  Street Address 703 PLAZA DRIVE  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	
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	·
Part IV - Exemptions	
Regular Age 65 or over Blind Disabled Veteran exemption  Number of qualifying dependent children	<u> </u>

Part V — Other Information
1 At least two-thirds of gross income is derived from farming or fishing 2 You do not need forms mailed to you next year 3 Presidential Disaster Relief 4 Death certificate attached for deceased taxpayer  Yes No  5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund? b If joint return, does your spouse wish to designate \$1?  X 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?
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 transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.   1 The state return will be filed electronically  Yes No  2 Will federal PIN(s) be used? (See Help)  3 Date return was EFiled
Electronic PDF Attachments
PDF's that you have selected to attach to your state e-file return are listed below.  Description Filename
Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information
Direct Deposit:  Yes No  X Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)  Electronic Funds Withdrawal:  Yes No  Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)  Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:  Name of Financial Institution (optional) CHASE BANK  X Checking account Savings account  Routing number
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
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
QuickZoom to Form NJ-1040

NJIW0101.SCR 03/12/18

Keep for your records

Name as Shown on Return

GOTIMUKULA, RAGHU CHANDRA

Social Security No.
853-92-4700

## **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
I28 TECHNOLOGIES  - State Wages	<u>NJ</u>	12,800.	12,800.	
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	12,800.	12,800.	

# Worksheet G Property Tax Deduction/Credit Worksheet ► Keep for your records

2017

	Name(s) GOTIMUKULA, RAGHU CHANDRA  Social Security No. 853-92-4700					
Wor	ksheet G - I	Property Tax Deduction/Cr	edit	1		
tax c	redit is better	umns of this schedule to find of for you. If you claim a credit f his schedule. Complete Sche	or taxes paid to other jurise			•
1	NJ-1040 Senior Freez amount from <b>Property ta</b> more (\$5,00	c. Enter the property tax you part to the property tax reimbursement Line 37a. See instructions.  c. deduction. Is the amount on 0 or more if you and your spoushe same principal residence)?	applicants do not enter the line 1 of this worksheet \$10,0		1	1,080.
	X No.	Enter \$10,000 (\$5,000 if you a naintained the same principal ro Enter the amount from line 1. is amount on line 4, Column A	esidence).		2	1,080.
	STOP if you	ı are claiming a credit for tax	es paid to other jurisdiction	ns.		
	Complete o	nly lines 1 and 2. Then comp J. See instructions.		Column	A	Column B
3 4 5	Property tax	ome (copy from line 36 of your I deduction (copy from line 2 of ome after property tax deduction	this worksheet)		800.	11,800. -0-
	line 4 from li	ne 3)		10,	720.	11,800.
6		ıld pay on line 5 amount (From ıles)			150.	166.
7		ct line 6, column A, from line 6, re			7	16.
8		amount \$50 or more (\$25 if yn the same principal resident		nion partne	er file se	eparate returns
	X No.	You receive a greater tax ben Make the following entries on Form NJ-1040 Line 38 Line 39 Line 40 Line 49  You receive a greater tax ben instructions before answering Form NJ-1040 Line 38 Line 39 Line 40 Line 49	Form NJ-1040.  Enter amount from: Line 4, Column A Line 5, Column A Line 6, Column A Make no entry  efit from the Property Tax Cr	edit. ( <b>Part-y</b> tries on Forn spouse/civil ntain the san	ear resi m NJ-10 union pane princ	artner file ipal

Name GOT1	MUKULA, RAGHU CHANDRA			ecurity Number 2-4700
Tax	Payments for the Current Year			
			8	State
		Da	ite	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			
9 10 11 12 a b c	State withholding on Forms 1099-G		9 10 11 12 a b c	219.
14	Total income tax withheld		14	219.
15	Date return will be filed and balance paid		15	04/17/2018

OTHV0301.SCR 11/28/16

# **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
2	2017?
_	anyone other than your spouse? Yes X No
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
	Part-year residents: Enter the amount while a resident of New Jersey
В	Total rent paid in 2017
С	Part-year residents: Enter the amount while a resident of New Jersey  If your filing status is married filing separate return, did you
	maintain the same residence as your spouse?
_	Answer this question on NJ Information Wks (if Yes, reduce by 50%) Yes No
D	You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit Yes No