

BORA ANIL KUMAR

838512654 1833

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

| FII IN | IG STATUS | s | | | EX | EMPTIONS | | | | |
|---|---|--|-------------------------|-----------|---|------------------------------------|-------|--------|----------------|--|
| 1 SINGLE | | | Χ | | REGULAR | | | - - | | |
| 2 MARRIED/CU COUPLE FILING JOINT RETURN | | | | | 7. | AGE 65 OR OVER | | | | |
| | | OUPLE FILING SEPA | | | 8. BLIND OR DISABLED | | | | | |
| 4 HEAD OF HOUSEHOLD 9. NUMBER OF QUALIFIED DEPENDENT CF | | | | | | | | REN | | |
| 5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER 10. NUMBER OF OTHER DEPENDENTS | | | | | | | s | | | |
| CHECKBOXES FOR EXEMPTIONS | | | | | 11 DEPENDENTS ATTENDING COLLEGE | | | | | |
| REGULAR SPOUSERUL PARTNER DOMESTIC PARTNER | | | | | 12A TOTAL (LINE 12A - ADD LINES 6, 7 8, AND 11) | | | | <u>.</u> | |
| AGE 65 | E 65 OR OLDER YOURSELF SPOUSE/CU PARTNER | | | | 12B TOTAL (LINE 12B - ADD LINES 9 AND 10) | | | | | |
| BLIND (| OR DISABLED | YOURSELF | SPOUSE/CU PARTNER | | | - , | | | | |
| DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR) | | | | | | | | | | |
| LAST NAME, FIRST NAME, MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH | | | | | | | | 'EAR | HEALTH INS IND | |
| Α. | , | | | | | | | | | |
| В. | | | | | | | | | | |
| С | | | | | | | | | | |
| D | | | | | | | | | | |
| GUB | ERNATOR | RIAL ELECTIONS | FUND | | | | | | | |
| DO Y | OU WISH | TO DESIGNATE S | 1 OF YOUR TAXES F | OR THIS | FUND? | | YES | | NO | |
| IF JC | INT RETU | IRN. DOES YOUR | SPOUSE/CU PARTN | ER WISH | TO DESIG | SNATE \$1? | YES | | NO | |
| | | | | | | | | | | |
| 14. WAGES SALARIES TIPS AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.) | | | | | | | | 14. | 30750 . | |
| 15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500) 15A. | | | | | | | | 15A. | • | |
| ISB. TAX EXEMPTIMESTAL (CEETIMESTAL) | | | | | | | | 15B. | • | |
| 16. | DIVIDENDS 16. | | | | | | | | | |
| 17. | NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1 PART 1 LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C FORM 1040) 17. | | | | | | | | | |
| 18. | NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4) 18. | | | | | | | | | |
| 19A. | PENSIONS, | ENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 20) 19A. | | | | | | | | |
| 19B. | EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS 19B. | | | | | | | | | |
| 20. | DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH K-1) 20. | | | | | | | | | |
| | NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1 PART III, LINE 4)(SEE INSTR. PAGE 24)(ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1) 21. | | | | | | | | | |
| 22. | NET GAIN OR INCOME FROM RENTS, ROYALTIES. PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV LINE 4) 22. | | | | | | | | | |
| 23. | NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24) 23. | | | | | | | | • | |
| 24. | ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED 24. | | | | | | | | | |
| 25. | OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24) 25. | | | | | | | | 30750 . | |
| 26. | TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25) 26. 27A. | | | | | | | | 30730 . | |
| | PENSION EXCLUSION (SEE INSTRUCTION PAGE 25) | | | | | | | | • | |
| | | | EXCLUSIONS (SEE WOR | | ND INSTRUC | CTION PAGE 26) | | 27B. | • | |
| | . TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B) | | | | | | | 27C. | 30750 . | |
| | NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27) TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6) | | | | | | | 28. | 1000 . | |
| | | | | | | 'EAR RESIDENTS SEE INSTRUCTION PAG | 6E 6) | 29. | 1000 • | |
| | | EDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27) 30. | | | | | | | | |
| | | | | | | | | 31. | • | |
| | QUALIFIED CONSERVATION CONTRIBUTION 32. | | | | | | | | • | |
| | HEALTH ENTERPRISE ZONE DEDUCTION 33. | | | | | | | | • | |
| | ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11) 34. | | | | | | | | 1000 | |
| | TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34) | | | | | | | 35. | 29750 | |
| 36. | TAXABLE IN | NCOME (SUBTRACT | LINE 35 FROM LINE 28) I | F ZERO OF | R LESS, MAI | KE NO ENTRY | | 36. | 23130 . | |