

040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)  
304718364

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.)  
BOMMAVARAM SATHEESH

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

County/Municipality Code (See Table page 50)  
0121

Home Address (Number and Street, including apartment number)  
1351 BREAD ST APT D

City, Town, Post Office  
GAHANNA

State ZIP Code  
OH 43230

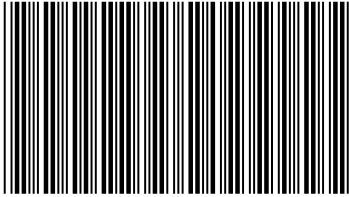
Driver's License Number (Voluntary) (Instructions page 42)  
Y3700147

- 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.	121000358
dd5. Account number	dd5.	325064830661





040MP02180

Name(s) as shown on Form NJ-1040  
BOMMAVARAM SATHEESH

Your Social Security Number  
304718364

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:  
From: 010118 To: 073118

Fiscal year filers only:  
Enter month of your year end 2019

**Filing Status**  
Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter Spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2016 2017

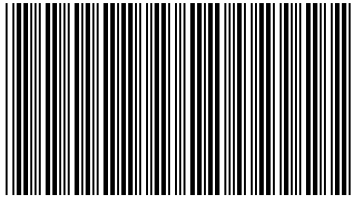
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1953 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	<input type="checkbox"/>



040MP03180

Name(s) as shown on Form NJ-1040  
BOMMAVARAM SATHEESH

Your Social Security Number  
304718364

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	22176 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
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.	22176 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	. .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	22176 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	583 .
31. Medical Expenses (Worksheet F and instructions page 24)	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.	. .
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	583 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	21593 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	720 .
38b. Block	.	. .
38b. Lot	.	. .
38b. Qualifier	.	. .
38c. County/Municipality Code		
Fill in if you completed Worksheet G		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	. .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	21593 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	308 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	. .
Enter Code		
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	308 .
44. Child and Dependent Care Credit (See instructions)	44.	. .
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	308 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	308 .
48. Gold Star Family Counseling Credit (See instructions)	48.	. .
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	308 .
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		
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	308 .



Name(s) as shown on Form NJ-1040  
**BOMMAVARAM SATHEESH**

Your Social Security Number  
**304718364**

1030

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	845 .
54. Property Tax Credit (See instructions page 25)	54.	29 .
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 Credit		
57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	. .
58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	. .
59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	. .
60. Wounded Warrior Caregivers Credit (See instructions)	60.	. .
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	874 .
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe	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. Subtract Line 52 from Line 61 and enter the overpayment	63.	566 .
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 through 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 63)	75.	566 .

**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?  Spouse/CU Partner  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 partner) have health insurance coverage on the date you file this return.  
 You  Yes  No  
 Spouse/CU Partner  Yes  No  
 Domestic Partner  Yes  No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

**P02090332**

Firm's Name Federal Employer Identification Number

**GLOBAL TAXES LLC**

**Tax Due Address**  
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
 New Jersey Division of Taxation  
 Revenue Processing Center  
 PO Box 111  
 Trenton, NJ 08645-0111  
 Include Social Security number and make check or money order payable to:  
 State of New Jersey - TGI  
 You can also make a payment on our website:  
[www.njtaxation.org](http://www.njtaxation.org)

**Refund or No Tax Due Address**  
 Use the labels provided with the envelope and mail to:  
 New Jersey Division of Taxation  
 Revenue Processing Center  
 PO Box 555  
 Trenton, NJ 08647-0555

NJ e-file Signature Authorization

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

2018

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name <b>BOMMAVARAM, SATHEESH</b>	Social security number <b>304-71-8364</b>
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

**Part I Tax Return Information—Tax Year Ending December 31, 2018 (Whole Dollars Only)**

1 New Jersey Taxable income	1	21,593.
2 Total tax	2	308.
3 New Jersey income tax withheld	3	845.
4 Refund	4	566.
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 income tax return and accompanying schedules and statements for the tax year ending December 31, 2018 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter my PIN 

1	8	3	6	4
---	---	---	---	---

 as my signature  
ERO firm name do not enter all zeros  
on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

(or Civil Union Prtnr's PIN)

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--	--

 as my signature  
ERO firm name do not enter all zeros  
on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_  
or Civil Union Prtnr's

**Practitioner PIN Method Returns Only—continue 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.

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

**New Jersey Information Worksheet**

**2018**

► Keep for your records

**Part I – Personal Information**

**Taxpayer:**

Last Name . . . . . BOMMAVARAM  
 First Name . . . . . SATHEESH  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 304-71-8364  
 Date of Birth . . . . . 02/17/92  
 Age as of 12/31/2018 . . . . . 26  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . (814) 384-5525 \*   
 Home Phone . . . . . \_\_\_\_\_ \*

**Spouse:**

Last Name . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Age as of 12/31/2018 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_ \*

\* Check one of these boxes to designate daytime phone number.

c/o (care of) . . . . . \_\_\_\_\_  
 Street Address . . . . . 1351 BREAD ST Apt. No. D  
 City . . . . . GAHANNA State OH ZIP Code 43230  
 County/Municipality Code (residents only) . . . . . 0121

- Check this box if taxpayer's name is different on last year's NJ tax return
- Check this box if taxpayer's address is different on last year's NJ tax return

**Part II – Main Form**

- Form NJ-1040: Resident Tax Return . . . . . ► \_\_\_\_\_
- 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 01/01/18 To 07/31/18
- Yes No**
- Did you receive any income from New Jersey sources during your period of nonresidence?  
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.
- QuickZoom** to Allocation Worksheet for Part-Year and Nonresidents . . . . . ► \_\_\_\_\_

**Part III – Filing Status**

- Single
- Married/Civil Union Couple, filing joint return
- Married/Civil Union Partner, filing separate return
- Yes No**
- Did the taxpayer maintain the same residence as the spouse/CU partner?  
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 29 . . . . . \_\_\_\_\_
- Head of household
- Qualifying widow(er)/Surviving CU Partner

**Part IV – Exemptions**

	<b>You</b>	<b>Spouse/CU Partner</b>	<b>Domestic Partner</b>
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of qualifying dependent children . . . . .	_____		
Number of other dependents . . . . .	_____		
Number of dependents attending colleges (must be under age 22) . . . . .	_____		

**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?
  - 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 . . . . . 02/19/2019
  - 4 Date return was accepted by the state. . . . . 02/20/2019
  - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . \_\_\_\_\_

**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**
- 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) . . . BANK OF AMERICA

Checking account

Savings account

Routing number . . . . . 121000358

Account number . . . . . 325064830661

Payment date to withdraw from the account above . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes No**

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**

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?

Federal Form 4868 "Out of the Country" checkbox checked?

Has the tax return due date been extended by filing a NJ extension using Form NJ-630?

Extended due date . . . . . \_\_\_\_\_

**Filing and acceptance information (Electronic Filing Only)**

File extension electronically?

Extension accepted?

Extension filing date . . . . . \_\_\_\_\_

Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes No**

Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_

Balance-due amount paid with this extension . . . . . \_\_\_\_\_

**QuickZoom** to Form NJ-630: Application for Extension of Time to File . . . . . ► \_\_\_\_\_

**QuickZoom** to Form NJ-1040 . . . . . ►

**QuickZoom** to Form NJ-1040NR . . . . . ►





## Allocation Worksheet for Part-Year and Nonresidents

**2018**

▶ Keep for your records

Name as Shown on Return BOMMAVARAM, SATHEESH		Social Security No. 304-71-8364		
<b>Part I - Income</b>	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
<b>Part-year residents:</b> Complete column B (also complete column D if applicable). <b>Full year nonresidents:</b> Complete column D only.	<b>Column A</b> Income from all sources	<b>Column B</b> Income from column A for this period	<b>Column C</b> Income for nonresident period	<b>Column D</b> Income from New Jersey sources
<b>1</b> Wages, salaries, tips, etc . . . . .	38,520.	22,176.		
<b>2 a</b> Taxable interest income . . . . .				
<b>b</b> Less penalty for early withdrawal of savings . . . . .				
<b>3</b> Dividend income . . . . .				
<b>4</b> Business income . . . . .				
<b>5 a</b> Gain or loss from disposition of property . . . . .				
<b>b</b> Capital gain distribution . . . . .				
<b>c</b> Other gains or losses . . . . .				
<b>6</b> Gain or loss from rents, royalties, patents . . . . .				
<b>7</b> Net gambling winnings . . . . .				
<b>8</b> Pension and IRA distributions . . . . .	<i>See IRA/Pension Worksheet</i>			
<b>9</b> Distributive share of partnership income . . . . .				
<b>10</b> Net pro rata share of S corporation income . . . . .				
<b>11</b> Alimony and separate maintenance . . . . .				
<b>12</b> Other income . . . . .				
<b>Part II - Deductions</b> (Part-year residents and nonresidents)		<b>Column A</b> Total Amount	<b>Column B</b> Resident Period	<b>Column C</b> Nonresident Period
<b>13 a</b> Nonreimbursed medical expenses . . . . .				
<b>b</b> Qualified medical savings account contribution . . . . .				
<b>c</b> Self-employed health insurance deduction . . . . .				
<b>14</b> Alimony paid . . . . .				
<b>15</b> Qualified Conservation Contribution . . . . .				
<b>16 a</b> Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065 . . . . .				
<b>b</b> Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S . . . . .				
<b>c</b> HEZ deduction for sole proprietors . . . . .				
<b>16</b> Health Enterprise Zone deduction . . . . .				

**Part III - Payments and Withholdings**

(Part-year residents and nonresidents)

	<b>Column A</b> Total Amount	<b>Column B</b> Resident Period	<b>Column C</b> Nonresident Period
<b>17</b> Sheltered workshop tax credit . . . . .			
<b>18</b> New Jersey tax withheld . . . . .	845 .	845 .	0 .
<b>19</b> New Jersey estimated tax payments/overpayment credit from previous year . . . . .			
<b>20</b> Tax paid on your behalf by partnership(s) . . . . .			
<b>21</b> Excess New Jersey UI/WF/SWF withheld . . . . .			
<b>22</b> Excess New Jersey disability insurance withheld . . . . .			
<b>23</b> Excess New Jersey family leave insurance withheld . . . . .			

# Total Wages Worksheet

**2018**

▶ Keep for your records

Name as Shown on Return <b>BOMMAVARAM, SATHEESH</b>	Social Security No. <b>304-71-8364</b>
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**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
21 STAFF LLC		38,520.		<input type="checkbox"/>
- State Wages	NJ		22,176.	<input type="checkbox"/>
- State Wages	OH		16,344.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total federal wages from column C . . . . .		38,520.		
Total state wages from column D . . . . .			38,520.	
Less wages excluded from New Jersey return (by checking box in column E). . . . .				
Wages from all sources . . . . .			38,520.	

## Worksheet H Property Tax Deduction/Credit Worksheet

**2018**

▶ Keep for your records

Name(s) BOMMAVARAM, SATHEESH	Social Security No. 304-71-8364
---------------------------------	------------------------------------

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you.

<b>1 Property Taxes.</b> Enter the property taxes from line 38a of Form NJ-1040 . . . . . Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount. (See instructions)	<b>1</b>	720.																		
<b>2 Property Tax Deduction.</b> Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)?																				
<input type="checkbox"/> Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence).																				
<input checked="" type="checkbox"/> No. Enter the amount from line 1.	<b>2</b>	720.																		
<b>STOP if you are claiming a credit for taxes paid to other jurisdictions.</b> Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. See instructions.																				
		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Column A</th> <th style="width: 30%;">Column B</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><b>3</b> Taxable Income (from line 37 of Form NJ-1040) . . . . .</td> <td style="text-align: right; padding: 2px;">21,593.</td> <td style="text-align: right; padding: 2px;">21,593.</td> </tr> <tr> <td style="padding: 2px;"><b>4</b> Property Tax Deduction (from line 2 above) . . . . .</td> <td style="text-align: right; padding: 2px;">720.</td> <td style="text-align: right; padding: 2px;">-0-</td> </tr> <tr> <td style="padding: 2px;"><b>5</b> New Jersey Taxable Income (subtract line 4 from line 3). . . . .</td> <td style="text-align: right; padding: 2px;">20,873.</td> <td style="text-align: right; padding: 2px;">21,593.</td> </tr> <tr> <td style="padding: 2px;"><b>6</b> Tax on line 5 amount (from Tax Tables or Tax Rate Schedules) . . . . .</td> <td style="text-align: right; padding: 2px;">295.</td> <td style="text-align: right; padding: 2px;">308.</td> </tr> <tr> <td style="padding: 2px;"><b>7</b> Subtract line 6, column A, from line 6, column B . . . . .</td> <td></td> <td style="text-align: right; padding: 2px;">13.</td> </tr> </tbody> </table>		Column A	Column B	<b>3</b> Taxable Income (from line 37 of Form NJ-1040) . . . . .	21,593.	21,593.	<b>4</b> Property Tax Deduction (from line 2 above) . . . . .	720.	-0-	<b>5</b> New Jersey Taxable Income (subtract line 4 from line 3). . . . .	20,873.	21,593.	<b>6</b> Tax on line 5 amount (from Tax Tables or Tax Rate Schedules) . . . . .	295.	308.	<b>7</b> Subtract line 6, column A, from line 6, column B . . . . .		13.
	Column A	Column B																		
<b>3</b> Taxable Income (from line 37 of Form NJ-1040) . . . . .	21,593.	21,593.																		
<b>4</b> Property Tax Deduction (from line 2 above) . . . . .	720.	-0-																		
<b>5</b> New Jersey Taxable Income (subtract line 4 from line 3). . . . .	20,873.	21,593.																		
<b>6</b> Tax on line 5 amount (from Tax Tables or Tax Rate Schedules) . . . . .	295.	308.																		
<b>7</b> Subtract line 6, column A, from line 6, column B . . . . .		13.																		

**8 Is the line 7 amount \$50 or more (\$25 if you and your spouse file separate returns but maintain the same principal residence)?**  
**Part-year residents, see instructions before answering "No."**

Yes. The Property Tax Deduction is more beneficial for you.  
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Line 4, Column A
Line 40	Line 5, Column A
Line 41	Line 6, Column A
Line 54	Make no entry

No. The Property Tax Credit is more beneficial for you.  
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Make no entry
Line 40	Line 5, Column B
Line 41	Line 6, Column B
Line 54	\$50 (\$25 if you and your spouse file separate returns but maintained the same principal residents).

**Part-year residents must prorate this amount.**

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name BOMMAVARAM, SATHEESH	Social Security Number 304-71-8364
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	845.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	845.
15	Date return will be filed and balance paid . . . . .	15	04/15/2019

# Smart Worksheets from your 2018 New Jersey Tax Return

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

Property Tax Information Smart Worksheet	
1	Did you live in more than one qualifying New Jersey residence during 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Did you share ownership of a principal residence during 2018 with anyone other than your spouse? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Did a principal residence you owned during 2018 consist of multiple units? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Were you both a homeowner and a tenant during 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If the answer to any of the above questions is Yes, complete Schedule G.</b>	
<b>QuickZoom</b> to Schedule G . . . . .	
A	Total property tax paid in 2018 . . . . . _____ <b>Part-year residents:</b> Enter the amount while a resident of New Jersey . . . . . _____
B	Total rent paid in 2018 . . . . . _____ <b>Part-year residents:</b> Enter the amount while a resident of New Jersey . . . . . <u>4,000</u>
C	If your filing status is <b>married filing separate return</b> , did you maintain the same residence as your spouse? Answer this question on NJ Information Wks (if Yes, reduce by 50%). . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
D	You were a New Jersey homeowner on October 1, 2018 and you are eligible and file for a 2018 Homestead Benefit . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No