6 1 0 TO						18	OMB No.	1545-0074	IRS Use	Only—[	Do not writ	e or staple in	this space.
Filing status:		Single Married filing jointly	Marri	ied filing s	separately	Head of h	nousehold	Qualit	ying widow	(er)			
Your first name	and ini	tial	L	ast name	)					Y	our soci	al security	number
PRUDHVI	KRI	SHNA		CHAKKA	A					6	577-62	2-5233	
Your standard d	educti	on: Someone can claim you				e born bet	fore Januar	/ 2, 1954	Yo				
								,				social secu	rity number
			N	<i>γ</i> ασικαν	7 <b>2</b>						•		•
		on: Someone can claim your s				nouse wa	s horn hefo	re January	2 1954	- 1			ro covorago
Spouse is bli	nd	Spouse itemizes on a separation	rate retur	n or you w	vere dual-status	•		- Countairy			or exer	npt (see ins	t.)
,		, ,	ix, see ins	structions	S.				Apt. no.			_	
			a foreigr	n address	s, attach Sched	ule 6.							
Dependents (	see in	structions):		<b>(2)</b> Soci	ial security numbe	r <b>(3)</b>	Relationship	to you		<b>(4)</b> ✓ i	if qualifies f	or (see inst.):	
(1) First name		Last name							Child to	ax credi	t C	redit for othe	r dependents
									[				]
													1
										Ī		F	1
									[	_			1
Sian	Under p	enalties of perjury, I declare that I have e	examined t	this return a	and accompanyin	g schedules	and stateme	nts, and to t	he best of my	/ knowle	edge and b	elief, they are	e true,
			other than	taxpayer) is		1		er has any kr	nowledge.	1			
	Y (	our signature			Date							you an Iden	tity Protection
See instructions.	_					SOFT	WARE D	EVELO	PER				
Keep a copy for	SI	oouse's signature. If a joint return,	both mu	st sign.	Date	Spouse	's occupation	on				you an Iden	tity Protection
your records.						HOME	MAKER						
Daid	Pı	reparer's name	Prepare	r's signati	ure			PTIN		Firm's	s EIN	Check if:	
	APP	ANA RUPA VENKATA SATYA SAI MANIKUMAR						P0209	0332			3rd Pa	arty Designee
•	Fi	rm's name ▶ GLOBAL TA∑	KES L	LC				Phone no	D.			Self-e	employed
Use Only	Fi	rm's address ▶ 2530 Pebbl	le Cr	eek L	n Cummir	ıg GA	30041	•					
For Disclosure, F	Privac	Act, and Paperwork Reduction	Act Noti	ice, see s	separate instru	ctions.						Form '	1040 (2018)
Form 1040 (2018)	)												- 0
													Page 2
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .						1		9(	
Attach Form(s)	1 2a	Wages, salaries, tips, etc. Attach Tax-exempt interest	Form(s)	W-2 .			<b>b</b> Taxable	 interest				9(	
Attach Form(s) W-2. Also attach		-	1	W-2 .						2b		9(	
	2a	Tax-exempt interest	2a	W-2 .			<b>b</b> Ordinary	dividends		2b 3b	)	9(	
W-2. Also attach Form(s) W-2G and	2a 3a	Tax-exempt interest	2a 3a	W-2 .			<ul><li>b Ordinary</li><li>b Taxable</li></ul>	dividends amount		2b 3b 4b	)	9(	
W-2. Also attach Form(s) W-2G and 1099-R if tax was	2a 3a 4a	Tax-exempt interest	2a 3a 4a 5a		Schedule 1, line		<ul><li>b Ordinary</li><li>b Taxable</li></ul>	dividends amount		2b 3b 4b	)		0,400.
W-2. Also attach Form(s) W-2G and 1099-R if tax was	2a 3a 4a 5a	Tax-exempt interest	2a 3a 4a 5a add any an	nount from adjustmer	nts to income,	22enter the	<ul><li>b Ordinary</li><li>b Taxable</li><li>b Taxable</li><li>amount from</li></ul>	dividends amount amount	· · ·	2b 3b 4b 5b		9(	0,400.
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W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a 3a 4a 5a 6 7	Tax-exempt interest	2a 3a 4a 5a add any an nave no an line 6	nount from adjustmen	nts to income, chedule A) .	enter the	b Ordinary b Taxable b Taxable amount fro	dividends amount amount  om line 6;	· · ·	2b 3b 4b 5b 6		9(	0,400.
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W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  Standard Deduction for —  Single or married filling separately, \$12,000  Married filling jointly or Qualifying widow(er), \$24,000  Head of household, \$18,000  If you checked	2a 3a 4a 5a 6 7 8 9 10 11	Tax-exempt interest	2a 3a 4a 5a  dd any an have no a n line 6  deduction tion (see and 9 fro k if any fro e 2 and c ndents ero or les	Agriculture									
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W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  Standard Deduction for —  Single or married filling separately, \$12,000  Married filling jointly or Qualifying widow(er), \$24,000  Head of household, \$18,000  If you checked any box under Standard deduction,	2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15	Tax-exempt interest.  Qualified dividends.  IRAs, pensions, and annuities.  Social security benefits.  Total income. Add lines 1 through 5. A Adjusted gross income. If you have subtract Schedule 1, line 36, from Standard deduction or itemized Qualified business income deduct Taxable income. Subtract lines 8 a Tax (see inst.) 7,590. (check b Add any amount from Schedule a Child tax credit/credit for other dependent of the company of the c	2a 3a 4a 5a dd any an nave no an line 6 deduction (see and 9 from the first of the	nount from adjustmen	nts to income, chedule A) . cons) If zero or less, Form(s) 8814 e b Add a 0	enter the enter -0- 2  For ny amount fr	b Ordinary b Taxable b Taxable amount fro	dividends amount amount om line 6; 3 and check	otherwise,	2b 3b 4b 5b 6 7 8 9 10 111 122 133 144		90	0,400. 0,400. 0,400. 4,000. 7,590. 0. 7,590.
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W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  Standard Deduction for —  Single or married filling separately, \$12,000  Married filling jointly or Qualifying widow(er), \$24,000  Head of household, \$18,000  If you checked any box under Standard deduction,	2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16	Tax-exempt interest	2a 3a 4a 5a  dd any an nave no an line 6  deduction (see and 9 from the first of th	nount from adjustmen	nts to income, chedule A) ons)  If zero or less, Form(s) 8814 e b Add a 0 1099 b Sch. 8812 _	enter the	b Ordinary b Taxable b Taxable amount fro	dividends amount amount	otherwise,	2b 3b 4b 5b 6 7 8 9 10 111 12 13 144 155 166		9(24	0,400. 0,400. 0,400. 4,000. 7,590. 0. 7,590. 7,590. 7,663.
W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  Standard Deduction for—  • Single or married filing separately, \$12,000  • Married filing jointly or Qualifying widow(er), \$24,000  • Head of household, \$18,000  • If you checked any box under Standard deduction, see instructions.	2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17	Tax-exempt interest.  Qualified dividends.  IRAs, pensions, and annuities.  Social security benefits.  Total income. Add lines 1 through 5. Adjusted gross income. If you have subtract Schedule 1, line 36, from Standard deduction or itemized and Qualified business income deduction and the subtract lines 8 and Tax (see inst.) 7,590. (check badd any amount from Schedule a Child tax credit/credit for other dependent of the subtract line 12 from line 11. If zerother taxes. Attach Schedule 4. Total tax. Add lines 13 and 14. Federal income tax withheld from Refundable credits: a EIC (see inst. Add any amount from Schedule 4. Add lines 16 and 17. These are year.	2a 3a 4a 5a  dd any an nave no a n line 6  deductior ction (see and 9 fro k if any fro e 2 and c ndents ero or les n Forms \( \) )  5 our total	nount from adjustmen	nts to income, chedule A) . ons) . If zero or less, Form(s) 8814 e b Add a 0 1099 b Sch. 8812	enter the	b Ordinary b Taxable b Taxable amount fro	dividends amount amount	otherwise,	2b 3b 4b 5b 6 7 8 9 10 11 12 13 144 155 166		9(24	0,400. 0,400. 1,000. 1,590. 0,590. 7,590. 7,663.
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Your first name a PRUDHVI Your standard d If joint return, sp PRATHYUS Spouse standard d Spouse is blii Home address (r 6503 JA City, town or post TAMPA FL Dependents (r I) First name  Sign Here Joint return? See instructions. Keep a copy for your records.  Paid Preparer Use Only For Disclosure, F Form 1040 (2018)  Attach Form(s) W-2. Also atta	2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17	Tax-exempt interest.  Qualified dividends.  IRAs, pensions, and annuities.  Social security benefits.  Total income. Add lines 1 through 5. A Adjusted gross income. If you has be subtract Schedule 1, line 36, from Standard deduction or itemized of Qualified business income deduct Taxable income. Subtract lines 8 a Tax (see inst.) 7,590. (check b Add any amount from Schedule a Child tax credit/credit for other dependent of the subtract line 12 from line 11. If zee Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14. Federal income tax withheld from Refundable credits: a EIC (see inst. Add any amount from Schedule 4. Add lines 16 and 17. These are yelf line 18 is more than line 15, subtament of line 19 you want refundable.	2a 3a 4a 5a  dd any an have no a n line 6  deductior  tion (see and 9 fro k if any fro e 2 and c ndents ero or les on Forms \( \) )  5 our total otract line nded to y	nount from adjustmen	nts to income, chedule A) . ons) . If zero or less, Form(s) 8814 e b Add a 0 1099 . b Sch. 8812 line 18. This is rm 8888 is atta	enter the	b Ordinary b Taxable b Taxable amount fro	dividends amount amount	otherwise,	2b 3b 4b 5b 6 7 8 9 10 111 122 133 144 155 166 17 188		9(24	0,400. 0,400. 1,000. 1,000. 7,590. 0. 7,590. 7,663. 7,663.
W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  Standard Deduction for —  • Single or married filing separately, \$12,000  • Married filing jointly or Qualifying widow(er), \$24,000  • Head of household, \$18,000  • If you checked any box under Standard deduction, see instructions.	2a 3a 4a 5a 6 7 10 11 12 13 14 15 16 17 18 19 20a	Tax-exempt interest	2a 3a 4a 5a  dd any an nave no a n line 6  deductior  tion (see and 9 fro k if any fro e 2 and c ndents ero or les our total our total our total correct line nded to y 2 0	nount from adjustmen	nts to income,	enter the	b Ordinary b Taxable b Taxable amount fro	dividends amount amount	otherwise,	2b 3b 4b 5b 6 7 8 9 10 111 122 133 144 155 166 17 188		9(24	0,400. 0,400. 1,000. 1,000. 7,590. 0. 7,590. 7,663. 7,663.
W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  Standard Deduction for —  • Single or married filing separately, \$12,000  • Married filing jointly or Qualifying widow(er), \$24,000  • Head of household, \$18,000  • If you checked any box under Standard deduction, see instructions.	2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20a b b	Tax-exempt interest	2a 3a 4a 5a dd any an nave no an line 6 deductior stion (see and 9 from the first any from the first and th	nount from adjustmen adjustmen set (from S instruction line 7. com: 1 check here set 15 from set 15 fr	nts to income,	enter the enter -0- 2 For ny amount fr the amount ched, check	b Ordinary b Taxable b Taxable amount fro	dividends amount amount	otherwise,	2b 3b 4b 5b 6 7 8 9 10 111 122 133 144 155 166 17 188		9(24	0,400. 0,400. 1,000. 1,000. 7,590. 0. 7,590. 7,663. 7,663.
W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  Standard Deduction for —  • Single or married filling separately, \$12,000  • Married filling jointly or Qualifying widow(er), \$24,000  • Head of household, \$18,000  • If you checked any box under Standard deduction, see instructions.	2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20a ▶ b	Tax-exempt interest	2a 3a 4a 5a dd any an nave no an line 6 deductior stion (see and 9 from the form should be a see and condents and see	nount from adjustmen adjustmen set instruction line 7. Dom: 1	nts to income, chedule A) cons) If zero or less, Form(s) 8814  b Add a  consider of the series of th	enter the	b Ordinary b Taxable b Taxable amount fro	dividends amount amount	otherwise,	2b 3b 4b 5b 6 7 8 9 10 111 122 133 144 155 166 177 188 199 20a		9(24	0,400. 0,400. 1,000. 1,000. 7,590. 0. 7,590. 7,663. 7,663.

BAA



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual	taxpayer identification num	ber (ITIN) is for	federal tax	purposes only	/.	Application	n Type (Check one box):				
Before you begin	:					Αμριισατίσι	ii Type (Olieck Olie DOX).				
• Don't submit th	is form if you have, or are eligil	ble to get, a U.S.	social sec	urity number (S	SN).	★ Apply	/ for a New ITIN				
• Getting an ITIN of	doesn't change your immigratio you eligible for the earned inco	on status or your		-	-	☐ Rene	w an Existing ITIN				
	ubmitting Form W-7. Read the ederal tax return with Form V										
a Nonresident	alien required to get an ITIN to cla	aim tax treaty bene	efit	-	•	,					
	alien filing a U.S. federal tax return	•									
c U.S. residen	t alien (based on days present in	the United State	s) filing a U.	S. federal tax retu	rn						
						instructions)	<b>▶</b> 677-62-5233				
e X Spouse of U	J.S. citizen/resident alien ∫ I	PRUDHVIKRISI	HNA CHAR	KA							
f Nonresident	alien student, professor, or resear	cher filing a U.S. f	ederal tax re								
g Dependent/s	spouse of a nonresident alien hold	ing a U.S. visa									
	nstructions) <b>&gt;</b>										
Additional in	formation for <b>a</b> and <b>f</b> : Enter treaty	country >		and treaty	article nun	nber ►					
Name	1a First name	Mide	dle name		Last	name					
(see instructions)	PRATHYUSHA				MAN	IDAVA					
Name at birth if different •	<b>1b</b> First name		dle name			name					
	2 Street address, apartment nu	ımber, or rural rou	te number. I	f you have a P.O	box, see	separate ins	structions.				
Applicant's	6503 JAMESVILLE	<del>-</del>									
mailing address	City or town, state or provinc	ce, and country. In	clude ZIP co	•							
	TAMPA			FL	USA		33617				
Foreign (non- U.S.) address (if different from	3 Street address, apartment nu										
above) (see instructions)	City or town, state or provinc	e, and country. In	clude ZIP co	de or postal code	where ap	propriate.					
Birth	4 Date of birth (month / day / year)	Country of birth		City and state of	e (optional)	5 Male					
information	08/10/1994	INDIA			▼ Female						
Other information	6a Country(ies) of citizenship INDIA	6b Foreign tax I. M7075407	D. number (i	f any) 6c Typ H4	e of U.S. v	isa (if any), nui R416567	mber, and expiration date 9 09/01/2018				
	6d Identification document(s) su	ıbmitted (see instru	uctions) 🗵	Passport	Driver's	s license/Stat	e I.D.				
	☐ USCIS documentation	Other			D	ate of entry in	nto the				
		United States									
	Issued by: INDIA No.: R4165679 Exp. date: 09/01/2018 (MM/DD/YYYY): 04/06/2										
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	No/Don't know. Skip line 6f.										
	Yes. Complete line 6f. If	e instructions	).								
	6f Enter ITIN and/or IRSN ► I		and								
	name under which it was issued ▶										
	First name Middle name Last name										
	6g Name of college/university o City and state	r company (see ins	structions)	Length o	stay						
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.										
11010	Signature of applicant (if del	egate, see instruct	tions)	Date (month / day	/ year)	Phone number					
Keep a copy for your records.	Name of delegate, if applica	ble (type or print)		Delegate's relation to applicant	ship	Parent Power of	Court-appointed guardian				
Acceptance	Signature			Date (month / day	· /	Phone Fax	-				
Agent's	Name and title (type or print	)	Name of co	l ompany	EIN	ι αλ	PTIN				
Use ONLY				Office Code							



**NJ-1040** 2018



## 2018 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1030

# Page 1

Your Social Security Number (required) 677625233

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.)

CHAKKA PRUDHVI KRISHNA & MANDAVA PRATHYUSHA

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

968904995

 $\begin{array}{l} {\rm County/Municipality\;Code\;(See\;Table\;page\;50)} \\ {\rm 1212} \end{array}$ 

Home Address (Number and Street, including apartment number)

6503 JAMESVILLE DRIVE APT E

 $\begin{array}{ccc} \text{City, Town, Post Office} & \text{State} & \text{ZIP Code} \\ \text{TAMPA} & \text{FL} & 33617 \end{array}$ 

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

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.	021200339
dd5.	Account number	dd5.	381046857787









Name(s) as shown on Form NJ-1040

# CHAKKA PRUDHVI KRISHNA & MANDAVA PRATHYU

Your Social Security Number 677625233

1030

040MP02180
Part-year residents, provide months/days you were a New Jersey resident during 2018

Fiscal year filers only: From: To:

2019 Enter month of your year end

# 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
- Qualifying Widow(er)/Surviving CU Partner 5.

Indicate the year of your spouse's/CU partner's death: 2016 2017

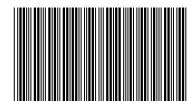
**Exemptions**Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	×	Self	×	Spouse/CU Partner	Domestic Partner	2	x \$1,000 = 2000
7.	Senior 65+ (Born in 1953 or earlier)		Self		Spouse/CU Partner			x \$1,000 =
8.	Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =
9.	Veteran		Self		Spouse/CU Partner			x \$3,000 =
10.	Qualified Dependent Children							x \$1,500 =
11.	Other Dependents							x \$1,500 =
12.	Dependents Attending Colleges (See	instruct	ions)					x \$1,000 =
13.	Total Exemption Amount (Add totals	s from th	ne lines at	6 throug	gh 12)			13. 2000 .

14.	Dependent Information. Provide the following information for each dependent.	Fill in oval only if the dependent does not have health insurance	ee. (See instructions)
	Last Name, First Name, Middle Initial	Social Security Number Birth Ye	ar No Health Insurance
a.		_	
b.		_	
Э.		_	
d.		_	

# **NJ-1040** 2018

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# Name(s) as shown on Form NJ-1040

# CHAKKA PRUDHVI KRISHNA & MANDAVA PRATHYUS

Your Social Security Number

677625233

1030

			00000	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	92768	•
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.	00760	•
27.	Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	92768	•
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.	00760	•
29.	New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	92768	•
30.	Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	2000	•
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.	2000	•
37.	Taxable Income (Subtract Line 36 from Line 29)	37.	90768	•
38a.	Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	3240	•
38b.	Block .			
38b.	Lot .			
38b.	Qualifier			
38c.	County/Municipality Code			
	Fill in if you completed Worksheet G		0010	
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.	3240	•
40.	New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	87528	•
41.	Tax on Amount on Line 40 (Tax Table page 52)	41.	2061	•
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.	2061	•
44.	Child and Dependent Care Credit (See instructions)	44.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit		00.51	
45.	Balance of Tax (Subtract Line 44 from Line 43)	45.	2061	•
46.	Sheltered Workshop Tax Credit	46.		•
47.	Balance of Tax (Subtract Line 46 from Line 45)	47.	2061	•
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.	2061	•
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		00.55	
52.	Total Tax Due (Add Lines 49, 50, and 51)	52.	2061	•



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Name(s) as shown on Form NJ-1040

# CHAKKA PRUDHVI KRISHNA & MANDAVA PRATHYUS

Your Social Security Number

677625233

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	040M	IP04180									
53.	Total New Jersey Income Tax Withh	eld (Enclose Forms W-2 and	1099)					53.	2426		
54.	Property Tax Credit (See instructions	s page 25)						54.			
55.	New Jersey Estimated Tax Payments	/Credit from 2017 tax return						55.			
56.	New Jersey Earned Income Tax Cred	lit (See instructions)						56.			
	Fill in if you had the IRS calculate yo	our federal earned income cre	dit								
	Fill in if you are a CU couple claiming	ng the NJ Earned Income Tax	Credit								
57.	Excess New Jersey UI/WF/SWF Wit	thheld (Enclose Form NJ-245	0) (See instructions)					57.			
58.	Excess New Jersey Disability Insurar	nce Withheld (Enclose Form	NJ-2450) (See instruct	ions)				58.			
59.	Excess New Jersey Family Leave Ins	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)									
60.	Wounded Warrior Caregivers Credit	(See instructions)						60.			
61.	Total Withholdings, Credits, and Pay	ments (Add Lines 53 through	n 60)					61.	2426		
62.	If Line 61 is less than Line 52, you ha	e		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 L	ine 52, you have an overpayn	nent. Subtract Line 52	from Line	61 and ent	er the overpayment		63.	365		
64.	Amount from Line 63 you want to cr	edit to your 2019 tax						64.			
65.	Contribution to N.J. Endangered Wil	dlife Fund	\$10	\$20	Other			65.			
66.	Contribution to N.J. Children's Trust	Fund to Prevent Child Abuse	e \$10	\$20	Other			66.			
67.	Contribution to N.J. Vietnam Veterar	ns' Memorial Fund	\$10	\$20	Other			67.			
68.	Contribution to N.J. Breast Cancer R	esearch Fund	\$10	\$20	Other			68.			
69.	Contribution to U.S.S. New Jersey E	ducational Museum Fund	\$10	\$20	Other			69.			
70.	Other Designated Contribution (See i	instructions)	\$10	\$20	Other	Enter Code		70.			
71.	Other Designated Contribution (See i	instructions)	\$10	\$20	Other	Enter Code		71.			
72.	Other Designated Contribution (See i	instructions)	\$10	\$20	Other	Enter Code		72.			
73.	Total Adjustments to Tax Due/Overp	payment amount (Add Lines 6	54 through 72)					73.			
74.	Balance due (If Line 62 is more than	zero, add Line 62 and Line 7	3)					74.			
75.	Refund amount (If Line 63 is more th	nan zero, subtract Line 73 from	m Line 63)					75.	365		
Gub	ernatorial Elections Fund										
Do y	ou want to designate \$1 to the Guberna	atorial Elections Fund?	You			Yes	No				
If joi	nt return does your spouse want to des	ignate \$1?	Spou	se/CU Par	tner	Yes	No				
This	does not reduce your refund or increas	se your balance due.									
Heal	th Insurance										
Indic	ate whether or not you (and your spou	se/CU partner or domestic	You			Yes	No				
partn	er) have health insurance coverage on	the date you file this return.	Spou	se/CU Par	tner	Yes	No				
			Dom	Domestic Partner Yes							
state	er penalties of perjury, I declare thements, and to the best of my know axpayer, this declaration is based	wledge and belief, it is true	e, correct, and comp	olete. If p	repared b		han Enclose pay voucher and envelope and Reve	tax return. Use the d mail to: Jersey Division of enue Processing Cer Box 111	e NJ-1040-V payment e labels provided with Taxation nter		
Yo	Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date						Include Soci	ton, NJ 08645-011 ial Security number r payable to:	I r and make check or		
Paid	Preparer's Signature		1	Federal Ide	entification	Number	State	of New Jersey – T o make a payment o			
				P	2090	0332		Refund or No Tax			
_	P02090332 Firm's Name Federal Employer Identification Number							Use the labels provided with the envelope and mail to:     New Jersey Division of Taxation     Revenue Processing Center			
Firm	's Name						Reve				