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 #_____

VOOTKURI PAVANKUMAR

126 HOYT ST APT 3F

STAMFORD CT 06905 1014

1555

653807376

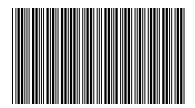
P02090332 301017196

209094827

REV 12/18/17 PRO



and statements, and t	1 3 3	dge and belief	f, it is tru	e, correct a	nd comp	cluding accompanying schedule lete. If prepared by a person oth any knowledge.	mysesham(a) on abaalt on manager and an all malta marvable
>			>				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 PO Box 111 .
Fill in if NJ-1040-O is e	nclosed						If not, use the label for PO Box 555 .
If enclosing copy of dea	th certificate for deceased t	axpayer, check	box (See i	nstruction pa	ige 12)		You may also pay by e-check or credit card. See
Paid Preparer's Signatur	÷			ı	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	XES LLC					30-1017196	



VOOTKURI PAVANKUMAR

653807376 1555

IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY **Residency Status** FROM TO FILING STATUS **EXEMPTIONS** 1 X 1. SINGLE 6. REGULAR 2. MARRIED/CU COUPLE FILING JOINT RETURN 7. AGE 65 OR OVER 3. MARRIED/CU COUPLE FILING SEPARATE RETURN BLIND OR DISABLED 4. HEAD OF HOUSEHOLD 9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER NUMBER OF OTHER DEPENDENTS 11. DEPENDENTS ATTENDING COLLEGE CHECKBOXES FOR EXEMPTIONS REGULAR SPOUSE/CU PARTNER DOMESTIC PARTNER 12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 1 AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER 12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER 12C. VETERAN EXEMPTION VETERAN EXEMPTION 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

LAST NAME. FIRST NAME. MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH YEAR HEALTH INS IND A.

B.

C. D.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$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.	73626	
15A.	TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)	15A.		
15B.	TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A	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, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 22)	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 25) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1)	20.		
21.	NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 25) (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 25)	23.		
24.	ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.		
25.	OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25)	25.		
26.	TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	26.	73626	
27A.	PENSION EXCLUSION (SEE INSTRUCTION PAGE 26)	27A.		
27B.	OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)	27B.		
27C.	TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)	27C.		
28.	NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 28)	28.	73626	
29.	TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 28 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7)	29.	1000	
30.	MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28)	30.		
31.	ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.		
32.	QUALIFIED CONSERVATION CONTRIBUTION	32.		
33.	HEALTH ENTERPRISE ZONE DEDUCTION	33.		
34.	ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)	34.		
35.	TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	1000	
36.	TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	72626	

NJ-1040 (2017)

PAGE 3



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

pa. POWER OF ATTORNEY INDICATOR

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

VOOTKURI PAVANKUMAR

653807376 1555

	010/11/0			
37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	1440	
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.		
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.		
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	1440	
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	71186	
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	2440	·
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.	2440	
43.	SHELTERED WORKSHOP TAX CREDIT	43.	2110	
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	2440	
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, EN	TER 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.	2440	
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	3055	
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.	3055	
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE	56.	3000	
	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 P	T AMOUNT		
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	615	
58.	YOUR 2018 TAX	58.	0_0	
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.	615	
	DIDECT DEDOCIT INFODMATION			
	DIRECT DEPOSIT INFORMATION			
dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) dd.	l .	1	
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) dd:	2.	C	
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES ddd.	3.	-	
dd4.	ROUTING NUMBER ddd	l.	011900254	
dd5.	ACCOUNT NUMBER dd:	5.	385020323181	
			·	

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 number	er	
VOOTKURI, PAVANKUMAR	653-80-7376		
Spouse's name or Civil Union Prtnr's	Spouse's social secu	rity num	nber or Civil Union Prtnr
Part I Tax Return Information—Tax Year Ending December 31, 2017 (Wh	nole Dollars Only)		
1 New Jersey Taxable income		1	71,186.
2 Total tax		2	2,440.
3 New Jersey income tax withheld		3	3,055.
4 Refund		4	615.
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 amount income tax return. I acknowledge that I have read the Consent to Disclosure and, if applical included on the copy of my electronic income tax return and I agree to the provisions con identification number (PIN) as my signature for my electronic income tax return and, if applicant.	t of my knowledge nts shown on the cole, Electronic Fund tained therein. I hav	and k copy o s With e sele	pelief, it is true, of my electronic drawal Consent cted a personal
Taxpayer's PIN: check one box only		7	
☐ Lauthorize to enter my PIN		20.00	ov signaturo
ERO firm name	do not enter all zeros		ny 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 tare entering your own PIN and your return is filed using the Practitioner PIN metholow.			
Your signature ▶ Date	>		
Spouse's PIN: check one box only		1	
		00.00	av olanoturo
I authorize to enter my PIN electronically filed income tax return.	do not enter all zeros		ny signature
I will enter my PIN as my signature on my tax year 2017 electronically filed income tare entering your own PIN and your return is filed using the Practitioner PIN metholow.			
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	
I certify that the above numeric entry is my PIN, which is my signature on the tax year 20 return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accepted PIN method.			
ERO's signature ▶ Date	► <u>06/15/2018</u>		

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 VOOTKURI First Name PAVANKUMAR Middle Initial Suffix	Spouse: Last Name
c/o (care of) Street Address 126 HOYT ST City Stamford County/Municipality Code (residents only) 1014 Check this box if taxpayer's name is different on last Check this box if taxpayer's address is different on last Check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check this box if taxpayer's address is different on last check the last check	Apt. No · 3F State CT ZIP Code 06905 st 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	· · · · · · · · · · · · · · · · · · ·
Part IV — Exemptions	
Regular Age 65 or over Blind Disabled Veteran exemption Number of qualifying dependent children	<u> </u>

PAVANKUMAR VOOTKURI		653-80-7376	Page 2
Part V — Other Information			
1 At least two-thirds of gross income is derived 2 You do not need forms mailed to you next ye. 3 Presidential Disaster Relief 4 Death certificate attached for deceased taxpa Yes No 5 a Do you wish to designate \$1 of your b If joint return, does your spouse wish X 6 Is the Division of Taxation authorized to paid preparer?	ar lyer taxes for the Gubernatorial E n to 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 ar to the disclosure of all information pertaining to my use or return and to the electronic transmission of my client's to Revenue and Enterprise Services. X 1 The state return will be filed electronically Yes No X 2 Will federal PIN(s) be used? (See Help of Date return was EFiled	of the system and software to ax return to the State of New	o create my client's Jersey, Division of	nt
Electronic PDF Attachments	le vetuve eve lieted beleuv		
PDF's that you have selected to attach to your state e-fi Description	Filename		
Part VIII — Direct Deposit Information or Electron	onic Funds Withdrawal I	nformation	
Direct Deposit: Yes No X Do you want direct deposit of state tax refu	und? (EF - All filers; Print filer	s - residents filers on	ly)
Electronic Funds Withdrawal:			
Yes No Do you want electronic funds withdrawal or	f state tax payment? (Electro	nic 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
X Checking account
Savings account
Routing number
Account number
Payment date to withdraw from the account above
State 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
Part IX - Extension Status
Part IX - Extension Status
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

NJIW0101.SCR 03/12/18

Keep for your records

Name as Shown on Return

VOOTKURI , PAVANKUMAR

Social Security No.
653-80-7376

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
INDUS GROUP INC - State Wages	<u>NJ</u>	73,626.	73,626.	
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	73,626.	73,626.	

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

2017

	ne(s) DTKURI, PAVAI	NKUMAR			ial Securi 3-80-7	•
Wo	orksheet G - Pro	operty Tax Deduction	/Credit	L		
tax	credit is better for	you. If you claim a cred	d out whether the property tax of lit for taxes paid to other juris chedule A and Worksheet J.			
1	NJ-1040 Senior Freeze amount from Li Property tax d more (\$5,000 c	(Property tax reimbursem ne 37a. See instructions leduction. Is the amount	on line 1 of this worksheet \$10, bouse file separate returns but		1	1,440.
	returns but mai	ntained the same princip			2	1,440.
	STOP if you a	re claiming a credit for	taxes paid to other jurisdiction	ns.		
	-	/ lines 1 and 2. Then co See instructions.	mplete Schedule A and	Columi	n A	Column B
3 4 5	Property tax de Taxable income line 4 from line Tax you would	eduction (copy from line 2 e after property tax deduction 3)	om Tax Tables or Tax	71,	626. 440. 186.	72,626. -0- 72,626.
7	Now, subtract I	s)		2,	7	2,520.
8	but maintain to	he same principal residence ou receive a greater tax lake the following entries Form NJ-1040 Line 38 Line 39 Line 40 Line 49 ou receive a greater tax lake the following entries	benefit by taking the Property Ta	ax Deduction redit. (Part-y ntries on For spouse/civil	rear res m NJ-10 union p me princ	idents, see)40. artner file

Name VOOT	KURI, PAVANKUMAR	Social Security Number 653-80-7376		
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	3,055.
14	Total income tax withheld		14	3,055.
15	Date return will be filed and balance paid		15	04/17/2018

OTHV0301.SCR 11/28/16

PAVANKUMAR VOOTKURI 653-80-7376

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	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit?
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
В	Part-year residents: Enter the amount while a resident of New Jersey Total rent paid in 2017
•	Part-year residents: Enter the amount while a resident of New Jersey
С	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