

2014 Income Tax Return

New Jersey Return

Thank you for using FreeTaxUSA.com to prepare your 2014 income tax return.

You can view the status of your e-filed tax return by signing in to your account at www.freetaxusa.com.

2015 tax preparation on FreeTaxUSA.com will be available starting in January of 2016.

We look forward to preparing your 2015 tax return.

NJ-1040

2014 Page 1

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2014 or Other Tax Year
Beginning ______, 20____ Month Ending _______, 20___
On-line Federal Extension Confirmation #_____

DEVRE SHRIKANT P & VADNERE SMITA A

2 SKYTOP GARDENDS APT 14

PARLIN NJ 08859 1215

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| Under the penalties of perjury, I declar and statements, and to the best of my than the taxpayer, this declaration is b | Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI Mail your return in the envelope provided and affix the appropriate mailing label. | | | |
|---|---|---|---|--|
| > | | > | If you have an amount due on Line 56, enclose your | |
| Your Signature | Date | Spouse/CU Partner's Signature (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 enclosed | If not, use the label for PO Box 555. | | | |
| If enclosing copy of death certificate for de | You may also pay by e-check or credit card. See | | | |
| Paid Preparer's Signature | | Federal Identification Number | instruction page 11. | |
| Firm's Name | | Federal Employer Identification Number | | |



DEVRE SHRIKANT P & VADNERE SMITA A

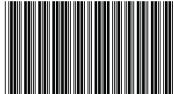
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PAGE 2

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY TO

| FILING STATUS | EXEMPTIONS | | • | |
|--|--|----------------------------|--------------------------|---|
| 1. SINGLE | 6. REGULAR | | 2 | |
| 2. MARRIED/CU COUPLE FILING JOINT RETURN X | 7. AGE 65 OR OVER | | | |
| 3. MARRIED/CU COUPLE FILING SEPARATE RETURN | 8. BLIND OR DISABLED | NENT CHILDREN | 2 | |
| 4. HEAD OF HOUSEHOLD | 9. NUMBER OF QUALIFIED DEPENDENT 10. NUMBER OF OTHER DEPENDENT | | 2 | |
| 5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER | | | | |
| CHECKBOXES FOR EXEMPTIONS REGULAR SPOUSE/CU PARTNER Y DOMESTIC PARTNER | | | 2 | |
| REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER | 12A. TOTAL (LINE 12A - ADD LINES 6, | | 2 | |
| BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER | 12B. TOTAL (LINE 12B - ADD LINES 9 | AND 10) | 2 | |
| BLIND OR DISABLED YOURSELF STOOSDECT MAINLE | | | | |
| DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATT LAST NAME, FIRST NAME, MIDDLE INITIAL A. DEVRE, KHUSHI S B. DEVRE, SHUBHAM S C. | SACH RIDER IF MORE THAN FOUR) SOCIAL SECURITY NUMBER 189800454 152191247 | BIRTH YEAR 2001 2008 | HEALTH INS INI X X | D |
| D. | | | | |
| GUBERNATORIAL ELECTIONS FUND DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS | EUND2 | YES | NO X | |
| IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH | | YES | NO X | |
| IF JOINT RETURN, DOES TOOK SPOUSE/CU FARTNER WISH | TO DESIGNATE \$1: | ILS | NO X | |
| 14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL | W A) DE CURE TO LICE STATE WACES FROM DOV 14 OF VOUR W ACCO | (SEE INSTR.) 14. | 19530 | |
| 15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL S | | (SEE INSTR.) 14. | | • |
| 15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEBERAL). | | 15B. | | • |
| 16. DIVIDENDS | OLL) BO NOT INCLUDE ON LINE 13/1 | 16. | • | • |
| 17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (EN | CLOSE COPY OF FEDERAL SCHEDULE C FORM 1040) | 17. | | • |
| 18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4) | CLOSE COLL OF LEDEKAE SCHEDOLE C, LOKWI 1040) | 18. | | • |
| 19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAC | GE 20) | 19A. | | • |
| 19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS | 32.20) | 19B. | | |
| 20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LIN | IE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NIK-LOR FEDERAL SCH. I | •• | | |
| 21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, | | | | |
| 22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGH | | 22. | | |
| 23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24) | 1.15 (66.12.25 622.10 265 1,1110.111, 20.02.1) | 23. | | |
| 24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED | | 24. | | |
| 25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24) | | 25. | | |
| 26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25) | | 26. | 19530 | |
| 27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25) | | 27A. | | |
| 27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INST. | RUCTION 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 II | NSTRUCTION PAGE 27) | 28. | 19530 | |
| 29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6) | | | 5000 | |
| 30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27) | , , | 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-B | US-2, LINE 11) | 34. | | |
| 35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34) | | 35. | 5000 | |
| 36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, | MAKE NO ENTRY | 36. | 14530 | |
| | | | | |



pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR

DEVRE SHRIKANT P & VADNERE SMITA A

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| 37 | A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29) | 37A. | | 1080 | |
|--|--|----------------|---|-----------|---|
| 37 | B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1) | 37B. | | | |
| 37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1) | | | | | |
| 38 | PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32) | 38. | | | |
| 39 | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | 39. | | 14530 | |
| 40 | • TAX (FROM TAX TABLES, PAGE 52) | 40. | | | |
| 41 | CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS | 41. | | | |
| 41 | A. JURISDICTION CODE (SEE INSTRUCTIONS) | 41A. | | | |
| 42 | BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40) | 42. | | | |
| 43 | SHELTERED WORKSHOP TAX CREDIT | 43. | | | |
| 44 | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) | 44. | | | |
| 45 | . USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) IF NO USE TAX, ENTER ZI | ero 45. | | | |
| 46 | | 46. | | | |
| 46 | A. FILL IN IF FORM 2210 IS ENCLOSED | 46A. | | | |
| 47 | TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46) | 47. | | 0 | |
| 48 | | 48. | | 381 | |
| 49 | | 49. | | 301 | |
| 50 | NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2013 TAX RETURN | 50. | | | · |
| 51 | | 51. | | | |
| 51 | B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT | 51B. | | | |
| 51 | C. 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 | | 54. | | | · |
| 55 | | 55. | | 381 | • |
| 56 | , | | | 301 | |
| 57 | IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO: | 57. | | 381 | |
| 58 | YOUR 2015 TAX | 58. | | | • |
| 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 | 64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39) | | | | • |
| 64 | C. 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. | | 381 | |
| | | | | | |
| | DIRECT DEPOSIT INFORMATION | | | | |
| dd | 11. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) dd1. | | 1 | | |
| dd | 2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS) dd2. | | C | | |
| dd | dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES dd3. | | | | |
| | dd4. ROUTING NUMBER dd4. | | | 075000019 | |
| dd | 5. ACCOUNT NUMBER dd5. | | | 622973381 | |
| | | | | 3227,0001 | |
| dr | m. DO NOT MAIL INDICATOR dnm. | | Х | | |
| pa | | | | | |
| | p | | | | |

pdr.