

Electronic Filing Instructions for your 2017 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



kishore K Rasuri & Babita Gaur
11 Hampton Pl
East Brunswick, NJ 08816

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$991.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 3571143614 Routing Transit Number: 325070760.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2018. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2017 Federal Tax Return Summary	Adjusted Gross Income	\$	149,403.00
	Taxable Income	\$	114,240.00
	Total Tax	\$	19,438.00
	Total Payments/Credits	\$	20,429.00
	Amount to be Refunded	\$	991.00
	Effective Tax Rate		13.01%



Hi Kishore and Babita,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2017 taxes:

Your federal refund is: \$ 991.00

We reviewed over 350 deductions and credits so you can be sure you didn't miss a thing and that you got the maximum refund - guaranteed.
Your Deductions and Credits:

Your itemized deductions for this year: \$23,013.00

You qualified for these important credits:

- Child and Dependent Care Credit

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

kishore K

Last name

Rasuri

Your social security number

544-65-0618

If a joint return, spouse's first name and initial

Babita

Last name

Gaur

Spouse's social security number

543-69-8542

Home address (number and street). If you have a P.O. box, see instructions.

11 Hampton Pl

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

East Brunswick NJ 08816

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You
☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

1

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

If more than four dependents, see instructions and check here ▶ ☐

Kiaan Rasuri

532-71-7338

Son

☒

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 149,403.

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10 0.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22 149,403.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 149,403.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA

REV 02/22/18 TTO

Form 1040 (2017)

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	149,403.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	23,013.
41	Subtract line 40 from line 38	41	126,390.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	114,240.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	20,038.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	20,038.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	600.
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	600.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	19,438.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	19,438.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	20,429.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	20,429.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	991.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	991.
b	Routing number 3 2 5 0 7 0 7 6 0 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 5 7 1 1 4 3 6 1 4		

Amount You Owe

77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Programmer Analyst	Daytime phone number (503) 327-4202
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation None	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017Attachment
Sequence No. **07**

Name(s) shown on Form 1040

kishore K Rasuri & Babita Gaur

Your social security number

544-65-0618

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | | |
|----------|---|----------|---------|--|
| 1 | Medical and dental expenses (see instructions) | 1 | 13,470. | |
| 2 | Enter amount from Form 1040, line 38 2 149,403. | | | |
| 3 | Multiply line 2 by 7.5% (0.075). | 3 | 11,205. | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 2,265. | |

**Taxes You
Paid****5** State and local (check only one box):

- | | | | | |
|----------|--|----------|--------|--|
| a | <input checked="" type="checkbox"/> Income taxes, or | 5 | 5,849. | |
| b | <input type="checkbox"/> General sales taxes | | | |

- | | | | | |
|----------|--|----------|--------|--|
| 6 | Real estate taxes (see instructions) | 6 | 5,061. | |
| 7 | Personal property taxes | 7 | 60. | |
| 8 | Other taxes. List type and amount ► | 8 | | |

9	Add lines 5 through 8	9	10,970.	
----------	---------------------------------	----------	---------	--

**Interest
You Paid**

- | | | | | |
|-----------|--|-----------|--------|--|
| 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | 9,628. | |
| 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | 11 | | |

Note:
Your mortgage interest deduction may be limited (see instructions).

- | | | | | |
|-----------|---|-----------|--------|--|
| 12 | Points not reported to you on Form 1098. See instructions for special rules | 12 | | |
| 13 | Mortgage insurance premiums (see instructions) | 13 | | |
| 14 | Investment interest. Attach Form 4952 if required. See instructions | 14 | | |
| 15 | Add lines 10 through 14 | 15 | 9,628. | |

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

- | | | | | |
|-----------|---|-----------|------|--|
| 16 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions. | 16 | 150. | |
| 17 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | | |
| 18 | Carryover from prior year | 18 | | |
| 19 | Add lines 16 through 18 | 19 | 150. | |

**Casualty and
Theft Losses**

- | | | | | |
|-----------|--|-----------|--|--|
| 20 | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 20 | | |
|-----------|--|-----------|--|--|

**Job Expenses
and Certain
Miscellaneous
Deductions**

- | | | | | |
|-----------|---|-----------|--|--|
| 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► | 21 | | |
| 22 | Tax preparation fees | 22 | | |
| 23 | Other expenses—investment, safe deposit box, etc. List type and amount ► | 23 | | |
| 24 | Add lines 21 through 23 | 24 | | |
| 25 | Enter amount from Form 1040, line 38 25 | | | |
| 26 | Multiply line 25 by 2% (0.02) | 26 | | |
| 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | | |

**Other
Miscellaneous
Deductions**

- | | | | | |
|-----------|---|-----------|--|--|
| 28 | Other—from list in instructions. List type and amount ► | 28 | | |
|-----------|---|-----------|--|--|

**Total
Itemized
Deductions**

- | | | | | |
|-----------|--|-----------|---------|--|
| 29 | Is Form 1040, line 38, over \$156,900?
<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.
<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 23,013. | |
| 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here | | | |

Child and Dependent Care ExpensesDepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.1040
1040A
1040NR

2441

OMB No. 1545-0074

2017Attachment
Sequence No. **21**

Name(s) shown on return

Kishore K Rasuri & Babita Gaur

Your social security number

544-65-0618

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Little Genius Academy	Amboy Ave Metuchen NJ 08840	22-3752468	3,200.

Did you receive dependent care benefits? ☐ **No** —————> Complete only Part II below.
☐ **Yes** —————> Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Kiaan	Rasuri	532-71-7338	3,200.

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	3,000.																																												
4	Enter your earned income . See instructions	4	143,907.																																												
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	5,496.																																												
6	Enter the smallest of line 3, 4, or 5	6	3,000.																																												
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	149,403.																																												
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7 <table><tr><td colspan="2">If line 7 is:</td><td colspan="2">If line 7 is:</td></tr><tr><td>Over</td><td>But not over</td><td>Over</td><td>But not over</td></tr><tr><td></td><td>Decimal amount is</td><td></td><td>Decimal amount is</td></tr><tr><td>\$0—15,000</td><td>.35</td><td>\$29,000—31,000</td><td>.27</td></tr><tr><td>15,000—17,000</td><td>.34</td><td>31,000—33,000</td><td>.26</td></tr><tr><td>17,000—19,000</td><td>.33</td><td>33,000—35,000</td><td>.25</td></tr><tr><td>19,000—21,000</td><td>.32</td><td>35,000—37,000</td><td>.24</td></tr><tr><td>21,000—23,000</td><td>.31</td><td>37,000—39,000</td><td>.23</td></tr><tr><td>23,000—25,000</td><td>.30</td><td>39,000—41,000</td><td>.22</td></tr><tr><td>25,000—27,000</td><td>.29</td><td>41,000—43,000</td><td>.21</td></tr><tr><td>27,000—29,000</td><td>.28</td><td>43,000—No limit</td><td>.20</td></tr></table>	If line 7 is:		If line 7 is:		Over	But not over	Over	But not over		Decimal amount is		Decimal amount is	\$0—15,000	.35	\$29,000—31,000	.27	15,000—17,000	.34	31,000—33,000	.26	17,000—19,000	.33	33,000—35,000	.25	19,000—21,000	.32	35,000—37,000	.24	21,000—23,000	.31	37,000—39,000	.23	23,000—25,000	.30	39,000—41,000	.22	25,000—27,000	.29	41,000—43,000	.21	27,000—29,000	.28	43,000—No limit	.20	8	.20
If line 7 is:		If line 7 is:																																													
Over	But not over	Over	But not over																																												
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15,000—17,000	.34	31,000—33,000	.26																																												
17,000—19,000	.33	33,000—35,000	.25																																												
19,000—21,000	.32	35,000—37,000	.24																																												
21,000—23,000	.31	37,000—39,000	.23																																												
23,000—25,000	.30	39,000—41,000	.22																																												
25,000—27,000	.29	41,000—43,000	.21																																												
27,000—29,000	.28	43,000—No limit	.20																																												
9	Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions	9	600.																																												
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	20,038.																																												
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	600.																																												

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 02/13/18 TTO

Form **2441** (2017)

Electronic Filing Instructions for your 2017 New Jersey Tax Return

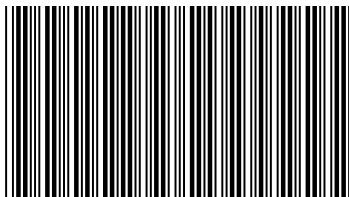
Important: Your taxes are not finished until all required steps are completed.



kishore K Rasuri & Babita Gaur
11 Hampton Pl
East Brunswick, NJ 08816

Balance Due/Refund	Your New Jersey state tax return (Form NJ-1040) shows a refund due to you in the amount of \$1,440.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 3571143614 Routing Transit Number: 325070760.		
Where's My Refund?	Before you call the New Jersey Division of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New Jersey Division of Revenue directly at 1-609-292-6400. From outside of New Jersey use 1-800-323-4400.		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2017 New Jersey Tax Return Summary	Taxable Income	\$	129,731.00
	Total Tax	\$	4,393.00
	Total Payments/Credits	\$	5,833.00
	Amount to be Refunded	\$	1,440.00

NJ-1040
2017
Page 1



040MP01170

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 # _____

RASURI KISHORE K & GAUR BABITA

11 HAMPTON PL

EAST BRUNSWICK

NJ 08816

1204

1555

X

544650618 543698542

R07824357208801

X



Under the 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/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

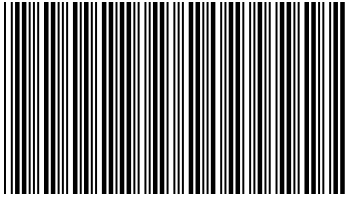
SELF PREPARED

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 check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**.
You may also pay by e-check or credit card. See instruction page 11.



040MP02170

NJ-1040 (2017)

PAGE 2

RASURI KISHORE K & GAUR BABITA

544650618

1555

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

FILING STATUS

1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN ☒
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

CHECKBOXES FOR EXEMPTIONS

REGULAR	SPOUSE/CU PARTNER <input checked="" type="checkbox"/>	DOMESTIC PARTNER
AGE 65 OR OLDER	YOURSELF	SPOUSE/CU PARTNER
BLIND OR DISABLED	YOURSELF	SPOUSE/CU PARTNER
VETERAN EXEMPTION	YOURSELF	SPOUSE/CU PARTNER

EXEMPTIONS

- | | |
|---|---|
| 6. REGULAR | 2 |
| 7. AGE 65 OR OVER | |
| 8. BLIND OR DISABLED | |
| 9. NUMBER OF QUALIFIED DEPENDENT CHILDREN | 1 |
| 10. NUMBER OF OTHER DEPENDENTS | |
| 11. DEPENDENTS ATTENDING COLLEGE | |
| 12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) | 2 |
| 12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) | 1 |
| 12C. VETERAN EXEMPTION | |

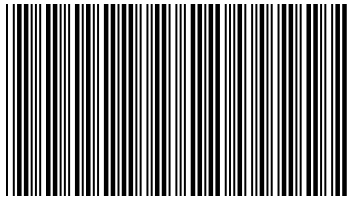
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
A. Rasuri, Kiaan	532-71-7338	2010	
B.			
C.			
D.			

GOVERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?	YES	NO	<input checked="" type="checkbox"/>
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?	YES	NO	<input checked="" type="checkbox"/>

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.	149403	.
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. NJ-K-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.	149403	.
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.	149403	.
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 28 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7)	29.	3500	.
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28)	30.	10482	.
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.	13982	.
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	135421	.



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NJ-1040 (2017)

PAGE 3

RASURI KISHORE K & GAUR BABITA

544650618

1555

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	5690 .
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.	5690 .
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	129731 .
40. TAX (FROM TAX TABLES, PAGE 52)	40.	4393 .
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.	4393 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	.
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	4393 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER 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.	4393 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	5833 .
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.	5833 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE 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 AMOUNT	56.	.
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	1440 .
58. YOUR 2018 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. 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.	1440 .

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4. ROUTING NUMBER	dd4.	325070760
dd5. ACCOUNT NUMBER	dd5.	3571143614
dnm. DO NOT MAIL INDICATOR	dnm.	
pa. POWER OF ATTORNEY INDICATOR	pa.	
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

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 Rasuri, kishore K	Social security number 544-65-0618
Spouse's name or Civil Union Prtnr's Gaur, Babita	Spouse's social security number or Civil Union Prtnr's 543-69-8542

Part I Tax Return Information—Tax Year Ending December 31, 2017 (Whole Dollars Only)

1	New Jersey Taxable income	129,731.
2	Total tax	4,393.
3	New Jersey income tax withheld	5,833.
4	Refund	1,440.
5	Amount you owe	

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, 2017 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 _____ ERO firm name to enter my PIN

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

 as my signature
on my tax year 2017 electronically filed income tax return.
do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 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 _____ ERO firm name to enter my PIN

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

 as my signature
on my tax year 2017 electronically filed income tax return.
do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 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.

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2017 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