

# Electronic Filing Instructions for your 2018 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 08816-5336

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$2,688.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 3571143614 Routing Transit Number: 325070760.		
<b>When Will You Get Your Refund?</b>	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 2019. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . 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 <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2018 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	167,406.00
	Taxable Income	\$	135,386.00
	Total Tax	\$	19,664.00
	Total Payments/Credits	\$	22,352.00
	Amount to be Refunded	\$	2,688.00
	Effective Tax Rate		11.75%



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 Premier:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be 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 2018 taxes:

Your federal refund is: \$ 2,688.00

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: \$32,020.00

You qualified for these important credits:

- Child Tax 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.
- If you sold investments, our Cost Basis Lookup calculated cost basis for those sales.
- We helped you out with extra guidance for rental property income, expenses, and refinancing.
- 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.

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: kishore K Last name: Rasuri Your social security number: 544-65-0618

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Babita Last name: Gaur Spouse's social security number: 543-69-8542

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 11 Hampton Pl Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. East Brunswick NJ 08816-5336 If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Kiaan	Rasuri	532-71-7338	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Sign Here** 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Programmer Analyst	
		None	

**Preparer's name** Preparer's signature PTIN Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

**Firm's name** ▶ Self-Prepared Phone no.

**Firm's address** ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b> 178,405.
<b>2a</b> Tax-exempt interest . . . . .	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3b</b>
<b>4a</b> IRAs, pensions, and annuities . . . . .	<b>4b</b>
<b>5a</b> Social security benefits . . . . .	<b>5b</b>
<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>-10,999.</u>	<b>6</b> 167,406.
<b>7</b> Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b> 167,406.
<b>8</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b> 32,020.
<b>9</b> Qualified business income deduction (see instructions)	<b>9</b> 0.
<b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b> 135,386.
<b>11</b> <b>a</b> Tax (see inst.) <u>21,664.</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b> 21,664.
<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b> 2,000.
<b>12</b> <b>a</b> Child tax credit/credit for other dependents <u>2,000.</u> <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b> 19,664.
<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b> 0.
<b>14</b> Other taxes. Attach Schedule 4 . . . . .	<b>15</b> 19,664.
<b>15</b> Total tax. Add lines 13 and 14 . . . . .	<b>16</b> 22,352.
<b>16</b> Federal income tax withheld from Forms W-2 and 1099	<b>17</b>
<b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <u>No</u> <b>b</b> Sch. 8812 <u>          </u> <b>c</b> Form 8863 <u>          </u>	<b>18</b> 22,352.
<b>Add</b> any amount from Schedule 5 <u>          </u>	<b>19</b> 2,688.
<b>18</b> Add lines 16 and 17. These are your total payments	<b>20a</b> 2,688.
<b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	
<b>20a</b> Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	
<b>▶ b</b> Routing number <u>3 2 5 0 7 0 7 6 0</u> <b>▶ c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>▶ d</b> Account number <u>3 5 7 1 1 4 3 6 1 4</u>	
<b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <b>21</b>	
<b>Amount You Owe</b> <b>22</b> <b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . . <b>22</b>	
<b>23</b> Estimated tax penalty (see instructions) . . . . . <b>23</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

kishore K Rasuri & Babita Gaur

Your social security number

544-65-0618

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	-10,999.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ► . . . . .	<b>21</b>	
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	-10,999.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ► . . . . .	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Reserved . . . . .	<b>34</b>	
	<b>35</b>	Reserved . . . . .	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 TTO

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Go to [www.irs.gov/ScheduleA](http://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 16.

OMB No. 1545-0074

**2018**

Attachment  
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** 17,470.
- 2** Enter amount from Form 1040, line 7 **2** 167,406.
- 3** Multiply line 2 by 7.5% (0.075) . . . . . **3** 12,555.
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4** 4,915.

**Taxes You  
Paid**

- 5** State and local taxes.
- a** State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box . . . . . ► ☐ **5a** 7,630.
- b** State and local real estate taxes (see instructions) . . . . . **5b** 10,105.
- c** State and local personal property taxes . . . . . **5c**
- d** Add lines 5a through 5c . . . . . **5d** 17,735.
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . . **5e** 10,000.
- 6** Other taxes. List type and amount ► . . . . . **6**
- 7** Add lines 5e and 6 . . . . . **7** 10,000.

**Interest You  
Paid**

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

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box . . . . . ► ☐
- a** Home mortgage interest and points reported to you on Form 1098 . . . . . **8a** 17,105.
- b** 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 ► . . . . . **8b**
- c** Points not reported to you on Form 1098. See instructions for special rules . . . . . **8c**
- d** Reserved . . . . . **8d**
- e** Add lines 8a through 8c . . . . . **8e** 17,105.
- 9** Investment interest. Attach Form 4952 if required. See instructions . . . . . **9**
- 10** Add lines 8e and 9 . . . . . **10** 17,105.

**Gifts to  
Charity**

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

- 11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . . **11**
- 12** Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500 . . . . . **12**
- 13** Carryover from prior year . . . . . **13**
- 14** Add lines 11 through 13 . . . . . **14**

**Casualty and  
Theft Losses**

- 15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . . **15**

**Other  
Itemized  
Deductions**

- 16** Other—from list in instructions. List type and amount ► . . . . . **16**

**Total  
Itemized  
Deductions**

- 17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 . . . . . **17** 32,020.
- 18** If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ☐

Name(s) shown on return. Do not enter name and social security number if shown on other side.

kishore K Rasuri &amp; Babita Gaur

Your social security number

544-65-0618

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II** **Income or Loss From Partnerships and S Corporations** – **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

**27** Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☒ **Yes** ☐ **No**

<b>28</b>	(a) Name	(b) Enter <b>P</b> for partnership; <b>S</b> for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	IEvents USA LLC	P	<input type="checkbox"/>	82-5001995	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>	UPE	P	<input type="checkbox"/>	82-5001995	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach <b>Form 8582</b> if required)	(h) Passive income from <b>Schedule K-1</b>	(i) Nonpassive loss from <b>Schedule K-1</b>	(j) Section 179 expense deduction from <b>Form 4562</b>	(k) Nonpassive income from <b>Schedule K-1</b>	
<b>A</b>		3,919.			
<b>B</b>		7,080.			
<b>C</b>					
<b>D</b>					
<b>29a</b> Totals					
<b>b</b> Totals		10,999.			
<b>30</b> Add columns (h) and (k) of line 29a.				<b>30</b>	
<b>31</b> Add columns (g), (i), and (j) of line 29b.				<b>31</b>	( 10,999. )
<b>32</b> <b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31				<b>32</b>	-10,999.

**Part III** **Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach <b>Form 8582</b> if required)	(d) Passive income from <b>Schedule K-1</b>	(e) Deduction or loss from <b>Schedule K-1</b>
<b>A</b>		
<b>B</b>		
<b>34a</b> Totals		
<b>b</b> Totals		
<b>35</b> Add columns (d) and (f) of line 34a		<b>35</b>
<b>36</b> Add columns (c) and (e) of line 34b		<b>36</b> ( )
<b>37</b> <b>Total estate and trust income or (loss).</b> Combine lines 35 and 36		<b>37</b>

**Part IV** **Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from <b>Schedules Q</b> , line 2c (see instructions)	(d) Taxable income (net loss) from <b>Schedules Q</b> , line 1b	(e) Income from <b>Schedules Q</b> , line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V** **Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	<b>41</b>	-10,999.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**Attachment  
Sequence No. **179**

Name(s) shown on return

kishore K Rasuri &amp; Babita Gaur

Business or activity to which this form relates

K1 Partnership SBE IEvents USA LLC

Identifying number

544-65-0618

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	4,320.
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,320.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:								
LEXUS RX350	03/15/2018	60.00 %	36,000.	21,600.	5.00	200 DB-HY	4,320.	
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						<b>28</b>	4,320.	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) .	9,000					
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	6,000					
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	15,000					
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . .	X					
<b>36</b> Is another vehicle available for personal use?	X					

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>



## Schedule E

Supplemental Business Expenses  
Worksheet

2018

Your Name Babita Gaur	Social Security Number 543-69-8542
--------------------------	---------------------------------------

Partnership  
IEvents USA LLC

## Expenses

1	Vehicle expenses . . . . .	1	2,760.
2	Vehicle rentals . . . . .	2	0.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals	3	
4	Business gifts . . . . .	4	
5	Education . . . . .	5	
6	Office supplies and expenses . . . . .	6	
7	Telephone, fax, pager, etc . . . . .	7	
8	Trade publications . . . . .	8	
9	Depreciation and amortization . . . . .	9	4,320.
10	Other (enter meals on line 12): _____. . . . . _____. . . . . _____. . . . . _____. . . . .	10	
11	Total expenses other than meals. Add lines 1 through 10 . . . . .	11	7,080.
12	Meal expenses . . . . .	12	

## Reimbursements &amp; Deductible Expenses

13	Reimbursements for other than meals . . . . .	13	
14	Reimbursements for meals . . . . .	14	
15	Deductible exp other than meals. Subtract line 13 from line 11 . . . . .	15	7,080.
16	Subtract line 14 from line 12 . . . . .	16	
17	Deductible meal expenses. Enter 50% of line 16 . . . . .	17	
18	<b>Total expenses.</b> Add line 15 and line 17 . . . . .	18	7,080.

## Self-Employed Income Reconciliation

19	Net earnings (loss) from self-employment from Sch K-1 Wks, Part III, line 14 . .	19	-3,919.
20	Expenses from line 18. . . . .	20	7,080.
21	Allowed section 179 expense from Schedule K-1 Additional Info 1, Box 12, line 2 (if applicable). . . . .	21	
22	Net self-employment income. Subtract lines 20 and 21 from line 19 . . . . .	22	-10,999.

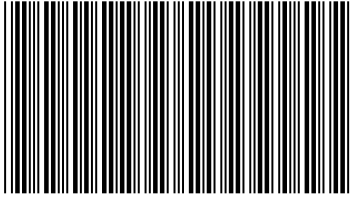
# Electronic Filing Instructions for your 2018 New Jersey Tax Return

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



kishore K Rasuri & Babita Gaur  
11 Hampton Pl  
East Brunswick, NJ 08816-5336

<b>Balance Due/Refund</b>	Your New Jersey state tax return (Form NJ-1040) shows a refund due to you in the amount of \$2,037.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 3571143614 Routing Transit Number: 325070760.		
<b>Where's My Refund?</b>	Before you call the New Jersey Division of Taxation 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 Taxation directly at 1-609-292-6400. From outside of New Jersey use 1-800-323-4400.		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2018 New Jersey Tax Return Summary</b>	Taxable Income	\$	150,898.00
	Total Tax	\$	5,570.00
	Total Payments/Credits	\$	7,607.00
	Amount to be Refunded	\$	2,037.00



040MP01180

2018 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

Your Social Security Number (required)  
544650618

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.)  
RASURI KISHORE K & GAUR BABITA

Spouse's/CU Partner's SSN (if filing jointly)  
543698542

County/Municipality Code (See Table page 50)  
1204

Home Address (Number and Street, including apartment number)  
11 HAMPTON PL

City, Town, Post Office  
EAST BRUNSWICK

State ZIP Code  
NJ 088165336

Driver's License Number (Voluntary) (Instructions page 42)  
R07824357208801

- ☒ 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.

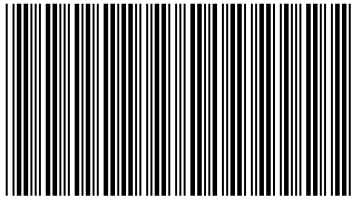
325070760

dd5. Account number

dd5.

3571143614





040MP02180

Name(s) as shown on Form NJ-1040

RASURI KISHORE K & GAUR BABITA

Your Social Security Number

544650618

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

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 1 9

**Filing Status**

Fill in only one.

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

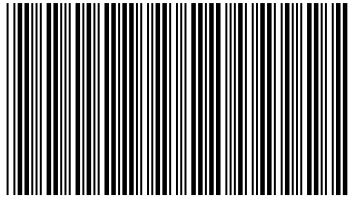
**Exemptions**

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

- |  |                                     |      |                                     |                   |                  |   |             |        |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|--------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | 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                                       |                                     |      |                                     |                   |                  | 1 | x \$1,500 = | 1500   |
| 11. Other Dependents   |                                     |      |                                     |                   |                  |   | x \$1,500 = |        |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                                     |                   |                  | 0 | x \$1,000 = | 0      |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                                     |                   |                  |   | 13.         | 3500 . |

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

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	Rasuri, Kiaan	532-71-7338	2010	
b.				
c.				
d.				



040MP03180

Name(s) as shown on Form NJ-1040

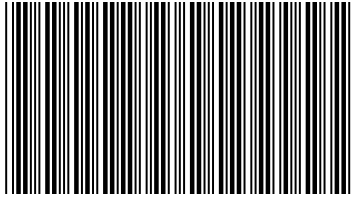
RASURI KISHORE K & GAUR BABITA

Your Social Security Number

544650618

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	178405	.
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	.	.
17.	Dividends	17.	.	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	.	.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	.	.
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	.	.
24.	Net Gambling Winnings (See instructions)	24.	.	.
25.	Alimony and Separate Maintenance Payments received	25.	.	.
26.	Other (Enclose documents) (See instructions)	26.	.	.
27.	Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	178405	.
28a.	Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b.	Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	.	.
28c.	Total Exclusion Amount (Add Lines 28a and 28b)	28c.	.	.
29.	New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	178405	.
30.	Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	3500	.
31.	Medical Expenses (Worksheet F and instructions page 24)	31.	13902	.
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.	17402	.
37.	Taxable Income (Subtract Line 36 from Line 29)	37.	161003	.
38a.	Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	10105	.
38b.	Block	.	.	.
38b.	Lot	.	.	.
38b.	Qualifier	.	.	.
38c.	County/Municipality Code	.	.	.
	Fill in if you completed Worksheet G	.	.	.
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.	10105	.
40.	New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	150898	.
41.	Tax on Amount on Line 40 (Tax Table page 52)	41.	5570	.
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.	5570	.
44.	Child and Dependent Care Credit (See instructions)	44.	.	.
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit	.	.	.
45.	Balance of Tax (Subtract Line 44 from Line 43)	45.	5570	.
46.	Sheltered Workshop Tax Credit	46.	.	.
47.	Balance of Tax (Subtract Line 46 from Line 45)	47.	5570	.
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.	5570	.
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0	.
51.	Interest on Underpayment of Estimated Tax	51.	.	.
	Fill in if Form NJ-2210 is enclosed	.	.	.
52.	Total Tax Due (Add Lines 49, 50, and 51)	52.	5570	.



040MP04180

Name(s) as shown on Form NJ-1040

RASURI KISHORE K & GAUR BABITA

Your Social Security Number

544650618

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53.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	7607	.
54.	Property Tax Credit (See instructions page 25)	54.	.	.
55.	New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	.	.
56.	New Jersey Earned Income Tax Credit (See instructions)	56.	.	.
Fill in if you had the IRS calculate your federal earned income credit				
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
57.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	.	.
58.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	.	.
59.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60.	Wounded Warrior Caregivers Credit (See instructions)	60.	.	.
61.	Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	7607	.
62.	If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe	62.	.	.
If you owe tax, you can still make a donation on Lines 65 through 72.				
63.	If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	2037	.
64.	Amount from Line 63 you want to credit to your 2019 tax	64.	.	.
65.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other
66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
68.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
70.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
71.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
72.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
73.	Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)	73.	.	.
74.	Balance due (If Line 62 is more than zero, add Line 62 and Line 73)	74.	.	.
75.	Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)	75.	2037	.

**Gubernatorial Elections Fund**

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	<input checked="" type="checkbox"/>	No
If joint return does your spouse want to designate \$1?	Spouse/CU Partner	Yes	<input checked="" type="checkbox"/>	No

This does not reduce your refund or increase your balance due.

**Health Insurance**

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.	You	<input checked="" type="checkbox"/>	Yes	No
	Spouse/CU Partner	<input checked="" type="checkbox"/>	Yes	No
	Domestic Partner		Yes	No

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

_____ Your Signature	_____ Date	_____ Spouse's/CU Partner's Signature (required if filing jointly)	_____ Date
-------------------------	---------------	---	---------------

Paid Preparer's Signature	Federal Identification Number
---------------------------	-------------------------------

Firm's Name	Federal Employer Identification Number
-------------	--

SELF PREPARED

**Tax Due Address**

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation  
Revenue Processing Center  
PO Box 111  
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey - TGI

You can also make a payment on our website:  
[www.njtaxation.org](http://www.njtaxation.org)

**Refund or No Tax Due Address**

Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation  
Revenue Processing Center  
PO Box 555  
Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 Rasuri, kishore K & Gaur, Babita	Social Security Number 544-65-0618
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**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2018**

<b>Part I Net Profits From Business</b>		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 18, NJ-1040. If loss, make no entry on Line 18.)		4.

<b>Part II Distributive Share of Partnership Income</b>		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.	IEvents USA LLC	825001995	-3,919.
2.	Less: Unreimbursed Partner Expenses	825001995	-7,080.
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21, NJ-1040. If loss, make no entry on Line 21.)		4. -10,999.

<b>Part III Net Pro Rata Share of S Corporation Income</b>		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, NJ-1040. If loss, make no entry on Line 22.)		4.

<b>Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, NJ-1040. If loss, make no entry on Line 23.)			4.

**Keep a copy of this schedule for your records**



Name(s) as shown on Form NJ-1040 Rasuri, kishore K & Gaur, Babita	Social Security Number 544-65-0618
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**Schedule NJ-BUS-2** New Jersey Gross Income Tax **2018**  
(Form NJ-1040) Alternative Business Calculation Adjustment

PART I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Distributive Share of Partnership Income	2a.	0.		2b.	-10,999.	
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2017				5b.	(	)
6.	Totals	6a.	0.		6b.	-10,999.	
<b>PART II Adjustment Calculation</b>							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus Line 8)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
<b>PART III Loss Carryforward to Tax Year 2019</b>							
12.	Loss Carryforward to Tax Year 2019	12.	(	10,999.	)		

**Instructions**

- Line 1a. Enter the amount from Line 18 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 21 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 22 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 23 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 35 of Form NJ-1040.
- Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**

1555

REV 03/08/19 TTO