

March 8, 2018

RITESH and MANI GROVER
45 YAHARA AVE
RUTHERFORD, NJ 07070

Please find enclosed a copy of your 2017 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on ; therefore, do not mail your federal Form 1040 to the IRS.

The amount you overpaid on your federal return is \$9,741. The amount to be refunded to you is \$9,741.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

PPMK LLC
527 GROVE AV
EDISON, NJ 08820
(732)452-9381

March 8, 2018

RITESH and MANI GROVER
45 YAHARA AVE
RUTHERFORD, NJ 07070

Please find enclosed a copy of your 2017 New Jersey income tax return for your records. Your New Jersey return was electronically transmitted to the New Jersey Division of Revenue on ; therefore, do not mail your New Jersey Form NJ-1040 to the New Jersey Division of Revenue.

The amount you overpaid on your New Jersey return is \$2,926. The amount to be refunded to you is \$2,926.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

PPMK LLC
527 GROVE AV
EDISON, NJ 08820
(732)452-9381

2017

Income Tax Return

Prepared For:

RITESH and MANI GROVER
45 YAHARA AVE
RUTHERFORD, NJ 07070

Prepared By:

PPMK LLC
527 GROVE AV
EDISON, NJ 08820
Telephone: (732)452-9381
FAX: (732)548-1617
Email: mmahajan@verizon.net

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

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

**An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.
Before you begin:**

- **Don't submit** this form if you have, or are eligible to get, a U.S. social security number (SSN).
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- ☒ Apply for a New ITIN
☐ Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** ☐ Nonresident alien required to get ITIN to claim tax treaty benefit
b ☐ Nonresident alien filing a U.S. tax return
c ☐ U.S. resident alien (**based on days present in the United States**) filing a U.S. tax return
d ☒ Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► **RITESH GROVER 469-53-8872**
e ☐ Spouse of U.S. citizen/resident alien
f ☐ Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception
g ☐ Dependent/spouse of a nonresident alien holding a U.S. visa
h ☐ Other (see instructions) ► **N/A**

Additional information for **a** and **f**: Enter treaty country ► **N/A** and treaty article number ► **N/A**

Name (see instructions)	1a First name	Middle name	Last name
	ANANT	N/A	GROVER
Name at birth if different.	1b First name	Middle name	Last name
	N/A	N/A	N/A
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 45 YAHARA AVE		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. RUTHERFORD, NJ 07070		
Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. APARNA SAROVAR Apt. G 801		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. NALLAGANDLA, 50019, India		
Birth information	4 Date of birth (month / day / year) 03/25/2009	Country of birth India	City and state or province (optional) 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female DAYALBAGH, UTTAR PRADESH
	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any) N/A	6c Type of U.S. visa (if any), number, and expiration date L2, 20172088950001, 07/26/2022
Other information	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other N/A		
	Date of entry into the United States Issued by: REPUBLIC OF INDIA No.: P1418817 Exp. date: 04/24/2021 (MM/DD/YYYY) 09/29/2017		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)? <input type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
	6f Enter ITIN and/or IRSIN ► ITIN IRSIN and name under which it was issued ► First name Middle name Last name		
	6g Name of college/university or company (see instructions) N/A City and state N/A Length of stay N/A		

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number

Keep a copy for your records.

► Name of delegate, if applicable (type or print) Delegate's relationship to applicant ☒ Parent ☐ Court-appointed guardian
RITESH GROVER ☐ Power of Attorney

Acceptance Agent's Use ONLY

► Signature Date (month / day / year) Phone Fax
► Name and title (type or print) Name of company EIN PTIN
Office Code

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

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

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only. Before you begin:

- **Don't submit** this form if you have, or are eligible to get, a U.S. social security number (SSN).
- Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.

Application Type (Check one box):

- ☒ Apply for a New ITIN
☐ Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** ☐ Nonresident alien required to get ITIN to claim tax treaty benefit
b ☐ Nonresident alien filing a U.S. tax return
c ☐ U.S. resident alien (**based on days present in the United States**) filing a U.S. tax return
d ☒ Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► **RITESH GROVER 469-53-8872**
e ☐ Spouse of U.S. citizen/resident alien
f ☐ Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception
g ☐ Dependent/spouse of a nonresident alien holding a U.S. visa
h ☐ Other (see instructions) ► **N/A**

Additional information for **a** and **f**: Enter treaty country ► **N/A** and treaty article number ► **N/A**

Name (see instructions)	1a First name ARASH	Middle name N/A	Last name GROVER
	1b First name N/A	Middle name N/A	Last name N/A
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 45 YAHARA AVE City or town, state or province, and country. Include ZIP code or postal code where appropriate. RUTHERFORD, NJ 07070		
Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. APARNA SAROVAR Apt. G 801 City or town, state or province, and country. Include ZIP code or postal code where appropriate. NALLAGANDLA, 500019, India		
Birth information	4 Date of birth (month / day / year) 09/08/2011	Country of birth India	City and state or province (optional) DAYALBAGH, UTTAR PRADESH
Other information	5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6a Country(ies) of citizenship INDIA	
	6b Foreign tax I.D. number (if any) N/A		6c Type of U.S. visa (if any), number, and expiration date L2, 20172088950002, 07/26/2022
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other N/A Date of entry into the United States Issued by: REPUBLIC OF INDIA No.: P 1173129 Exp. date: 04/28/2021 (MM/DD/YYYY) 09/27/2017		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)? <input type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
6f Enter ITIN and/or IRSIN ► ITIN _____ IRSIN _____ and name under which it was issued ► _____ First name Middle name Last name			
6g Name of college/university or company (see instructions) N/A City and state N/A Length of stay N/A			

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number

Keep a copy for your records.

► Name of delegate, if applicable (type or print)
RITESH GROVER

Delegate's relationship to applicant ☒ Parent ☐ Court-appointed guardian
☐ Power of Attorney

Acceptance Agent's Use ONLY

► Signature

Date (month / day / year)

Phone

Fax

► Name and title (type or print)

Name of company

EIN

PTIN

Office Code

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, ending _____		See separate instructions.
Your first name and initial RITESH	Last name GROVER	Your social security number 469-53-8872
If a joint return, spouse's first name and initial MANI	Last name GROVER	Spouse's social security number 472-63-7449
Home address (number and street). If you have a P.O. box, see instructions. 45 YAHARA AVE		Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). RUTHERFORD, NJ 07070		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name _____	Foreign province/state/county _____ Foreign postal code _____	

Filing Status

1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)	
(1) First name Last name ANANT GROVER	999-99-9559	Son	<input type="checkbox"/>	
ARASH GROVER	999-96-5699	Son	<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

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

d Total number of exemptions claimed **4**

Income 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.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	77,136.		
	8a	Taxable interest. Attach Schedule B if required	8a	1,286.		
	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			
	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. . . ▶ <input type="checkbox"/>	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			17	852.
18	Farm income or (loss). Attach Schedule F	18			18	
19	Unemployment compensation	19			19	
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount See Attached	21			21	26,298.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22			22	105,572.

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	0.
	37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	105,572.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	105,572.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
41	Subtract line 40 from line 38	41	92,872.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	76,672.
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	10,646.
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	10,646.
48	Foreign tax credit. Attach Form 1116 if required	48	2,653.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
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	2,653.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,993.

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

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	
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	7,993.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	17,734.
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		
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"/> 2439b <input 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	17,734.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,741.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	9,741.
b	Routing number 021200339	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 381046472968		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0.
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 **MUKESH MAHAJAN** Phone no. **732-452-9381** Personal identification number (PIN) **88888**

Sign Here

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

Your signature	Date	Your occupation	Daytime phone number
		PRINCIPAL ARCHITECT	(732) 429-0057
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	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 checked="" type="checkbox"/> if self-employed	PTIN
MUKESH MAHAJAN	MUKESH MAHAJAN	03/08/2018		P00605205
Firm's name	Firm's EIN	Phone no.		
PPMK LLC	20-3293957	(732) 452-9381		
Firm's address				
527 GROVE AV				
EDISON, NJ 08820				

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **08**

Name(s) shown on return

RITESH and MANI GROVER

Your social security number

469-53-8872

Part I
Interest

(See instructions for
Form 1040A, or
Form 1040,
line 8a.)

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ►

INDIA BANK- CITIBANK

INDIA BANK- SBI

INDIA BANK - SB

Amount

613.

60.

613.

1

- 2 Add the amounts on line 1

2

1,286.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

4

1,286.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

**Ordinary
Dividends**

(See instructions for
Form 1040A, or
Form 1040,
line 9a.)

Note: If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer ►

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
**Foreign
Accounts
and Trusts**

(See
instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes No

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017
Attachment
Sequence No. **13**

Name(s) shown on return

RITESH and MANI GROVER

Your social security number

469-53-8872

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A	Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
B	If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
1a	Physical address of each property (street, city, state, ZIP code)				
A	# 1004 BLOCK 2, MY HOME VIHANGA, GACHIBOWLI HYDERABAD, TELANGA, 500032, India				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365		
B			B		
C			C		

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:		Properties:	A	B	C
3	Rents received	3	1,217.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14	365.		
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19.	20	365.	0.	0.
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see inst. to find out if you must file Form 6198	21	852.	0.	0.
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0.)	(0.)	(0.)
23a	Total of all amounts reported on line 3 for all rental properties	23a	1,217.		
b	Total of all amounts reported on line 4 for all royalty properties	23b	0.		
c	Total of all amounts reported on line 12 for all properties	23c	0.		
d	Total of all amounts reported on line 18 for all properties	23d	0.		
e	Total of all amounts reported on line 20 for all properties	23e	365.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		852.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(0.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		852.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

UYA

Form **1116**Department of the Treasury
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2017Attachment
Sequence No. **19**

Name

RITESH and MANI GROVER

Identifying number as shown on page 1 of your tax return

469-53-8872

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- ☐ **a** Passive category income ☐ **c** Section 901(j) income ☐ **e** Lump-sum distributions
☒ **b** General category income ☐ **d** Certain income re-sourced by treaty

f Resident of (name of country) ▶ **United States**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A	B	C	
g	Enter the name of the foreign country or U.S. possession ▶	India			
1a	Gross income from sources within country shown above and of the type checked above (see instructions):				
C					
B					
A	General Inc				
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related :				
a	Certain itemized deductions or standard deduction (see instructions)				
b	Other deductions (attach statement)				
c	Add lines 3a and 3b				
d	Gross foreign source income (see instructions) . .				
e	Gross income from all sources (see instructions) .				
f	Divide line 3d by line 3e (see instructions)				
g	Multiply line 3c by line 3f				
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5				
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(s) Total foreign taxes paid or accrued (add cols. (o) through (r))		
		In foreign currency				In U.S. dollars						
		Taxes withheld at source on:				Taxes withheld at source on:						
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest		(r) Other foreign taxes paid or accrued	
A	12/31/2017					416393					6,141	6,141.
B												
C												
8	Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8	6,141.

For Paperwork Reduction Act Notice, see instructions.

UYA

Form **1116** (2017)

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	6,141.	
10	Carryback or carryover (attach detailed computation).	10		
11	Add lines 9 and 10.	11	6,141.	
12	Reduction in foreign taxes (see instructions).	12	()	
13	Taxes reclassified under high tax kickout (see instructions).	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	6,141.	
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15	23,146.	
16	Adjustments to line 15 (see instructions).	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	23,146.	
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	92,872.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19	.2492	
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42.	20	10,646.	
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit).	21	2,653.	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions). ▶	22	2,653.	

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27	0.	
28	Enter the smaller of line 20 or line 27.	28	2,653.	
29	Reduction of credit for international boycott operations. See instructions for line 12.	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a ▶	30	2,653.	

2017 Other Income - Supporting Details for Form 1040, Line 21

Name(s) shown on Form 1040 RITESH and MANI GROVER	Your social security number 469-53-8872
---	---

Enter sources of other income below:	RITESH	MANI
1. INDIA INCOME	26,298.	
2.		
3. Gambling Winnings reported on Form W-2G		
Other winnings where a Form W-2G not received		
4. Jury Pay		
5. Net Operating Loss carry forward from 2016		
6. Foreign earned income exclusion from Form 2555		
7. Other Income from Schedule K-1		
8. Income from personal property rental		
9. Child's income amount from Form 8814, line 12		
10. MSA Distributions, Form 8853		
11. Medicare Advantage MSA Distributions, Form 8853		
12. Long-term Care Distribution, Form 8853		
13. Form 1099-MISC, Boxes 3 and 8		
14. Alaska Permanent Fund dividends		
15. Coverdell ESA or Qualified Tuition Program		
16. Cancellation of a nonbusiness debt, Form 1099-C		
17. Cancellation of a business debt, Partnership Sch K-1		
18. HSA distributions and excess contributions, Form 8889		
19. Reemployment trade adjustment assistance (RTAA)		
20. Recapture of prior year tuition and fees deduction		
21. Recapture of charitable contribution deduction of a fractional interest in tangible personal property		
22. Recapture of charitable contribution deduction if no exempt use		
23. Income from Foreign Corporation, Form 5471		
24. Hobby income		
25. Income or loss, Form 8621		
26. Loss on excess deferral distribution		
27. Disaster relief payments		
28. Medicaid waiver payments to care provider (NOTICE 2014-07)		
29. Credit adjustment from regular income, Form 6478 and Form 8864		
30. Indian gaming proceeds (from 1099-MISC)		
31. Indian tribal distrib (from 1099-MISC)		
32. Native American distrib (from 1099-MISC)		
33. Taxable distributions from ABLE accounts, Form 1099-QA		
34. Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number		
35. Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)		
Total Other Income	26,298.	

Name(s) shown on return RITESH and MANI GROVER	Identifying number 469-53-8872
--	--

Enter expenses definitely related to foreign income	India		
Amount from partnership or S-corporation K-1			
Total for line 2, Form 1116			

Educator expenses			
Health savings account deduction.			
Moving expenses			
Deductible part of self-employment tax			
Self-employed insurance deduction			
Penalty on early withdrawal of savings			
Alimony paid			
IRA deduction and self-employed plans			
Student loan interest deduction			
Tuition and fees deduction.			
Domestic production activities deduction			
Fiduciary, attorney, accountant, and preparer fees (1041 only)			
Income distribution and estate tax deductions (1041 only)			
Other adjustment items			
Other itemized deductions			
Adjustments and itemized deductions used on line 2 above			
Total for line 3b, Form 1116.			

	Currency Conversion Method used on Form 1116	
A	India	US \$ = INR 69.807
B		
C		

2017 - Worksheet for Form 1116 - Foreign Tax Credit Carryover Worksheet for General Category Income

Name(s) shown on return

Your social security number

RITESH and MANI GROVER**469-53-8872****Part I. Carryovers from Prior Years****Carryovers from Prior Years for Regular Tax**

Tax Year	Foreign Taxes	Adjustments	Utilized	Carryback	Carryover
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
Total Carryover to 2017 (enter on line 10 of Form 1116)					

Carryovers from Prior Years for AMT

Tax Year	Foreign Taxes	Adjustments	Utilized	Carryback	Carryover
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
Total Carryover to 2017 (enter on line 10 of Form 1116 for AMT)					

Part II. Carryovers to 2018**Carryovers to 2018 for Regular Tax**

Tax Year	Foreign Taxes	Adjustments	Utilized	Carryback	Carryover
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017	6,141.		2,653.		3,488.
Total carryover to 2018 for regular tax.					3,488.

Carryovers to 2018 for AMT

Tax Year	Foreign Taxes	Adjustments	Utilized	Carryback	Carryover
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017	6,141.		1,365.		4,776.
Total carryover to 2018 for AMT.					4,776.

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 # _____

GROVER RITESH AND MANI

45 YAHARA AVE

RUTHERFORD

NJ 07070

0256

1064 12

469538872 472637449

P00605205 203293957



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 filing 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

P00605205

Firm's Name

Federal Employer Identification Number

PPMK LLC

203293957

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.



NJ-1040 (2017)

PAGE 2

GROVER RITESH AND MANI

469538872

1064

040MP02170

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY
FROM **080517** TO **123117**

FILING STATUS

1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN **X**
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 X	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 **2**
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) **2**
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. GROVER ANANT	999-99-9559	2009	
B. GROVER ARASH	999-96-5699	2011	
C.			
D.			

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?	YES	NO
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?	YES	NO

14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.)	14.	78742	.
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)	15A.	536	.
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 I, 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.	355	.
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.	79633	.
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.	79633	.
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7)	29.	2083	.
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28)	30.		.
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.		.
32. QUALIFIED CONSERVATION CONTRIBUTION	32.		.
33. HEALTH ENTERPRISE ZONE DEDUCTION	33.		.
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)	34.		.
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	2083	.
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	77550	.



GROVER RITESH AND MANI

469538872

1064

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY
40. TAX (FROM TAX TABLES, PAGE 52)
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS
41A. JURISDICTION CODE (SEE INSTRUCTIONS)
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)
43. SHELTERED WORKSHOP TAX CREDIT
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR.) IF NO USE TAX, ENTER ZERO
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX
46A. FILL IN IF FORM 2210 IS ENCLOSED
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS PAGE 38)
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS PAGE 38) (ENCLOSE FORM NJ-2450)
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)
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
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT
DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:
58. YOUR 2018 TAX
59. NEW JERSEY ENDANGERED WILDLIFE FUND
60. NEW JERSEY CHILDREN'S TRUST FUND
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND
62. NEW JERSEY BREAST CANCER RESEARCH FUND
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)
64C. DESIGNATION CODE
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)

37A. .
37B. .
37C. .
38. 1026 .
39. 76524 .
40. 1523 .
41. .
41A. .
42. 1523 .
43. .
44. 1523 .
45. .
46. .
46A. .
47. 1523 .
48. 4449 .
49. .
50. .
51. .
51B. .
51C. .
52. .
53. .
54. .
55. 4449 .
56. .
57. 2926 .
58. .
59. .
60. .
61. .
62. .
63. .
64. .
64C. .
65. .
66. 2926 .

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES
dd4. ROUTING NUMBER
dd5. ACCOUNT NUMBER

dd1. 4
dd2.
dd3.
dd4.
dd5.

dnm. DO NOT MAIL INDICATOR
pa. POWER OF ATTORNEY INDICATOR
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR

dnm.
pa. X
pdr.

SCHEDULE
NJ-BUS-1
(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE

2017

Name(s) as shown on Form NJ-1040 GROVER, RITESH and MANI	Your Social Security Number 469-53-8872
--	---

PART I NET PROFITS FROM BUSINESS List the net profit (loss) from business(es). See instructions.

1.	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 17. If loss, make no entry on Line 17.)	4.	

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

1.	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)	4.	

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (usable loss) from S corporation(s). See instructions.

1.	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 21. If loss, make no entry on Line 21.)	4.	

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS 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

1.	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.	# 1004 BLOCK 2, MY HOME VIH	469-53-8872	1	852.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)	4.		852.