

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V 487-65-4464 SHAR 725-59-7813 SHARMA ANSHUL & CHARU 17 BRAEMAR CT PARSIPPANY NJ 07054

1555 2022

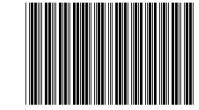
Make your check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:

219.00





01220

2022 NJ-1040

New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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No No

NJ-1040 2022 Page 1

04

Your Social Security Number (required) $4\,8\,7\,6\,5\,4\,4\,6\,4$

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.) SHARMA ANSHUL & CHARU

Spouse's/CU Partner's SSN (if filing jointly) 725597813

Home Address (Number and Street, including apartment number) 17 BRAEMAR CT

 $\begin{array}{c} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)}\\ 1\,4\,2\,9 \end{array}$

City, Town, Post Office	State	ZIP Code
PARSIPPANY	NJ	07054

Driver's License Number (Voluntary) (See instructions)

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.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You		Yes	l
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner		Yes	1
Direct Deposit Information				
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	4	
dd2. Account type (C for checking, S for savings)		dd2.		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.		
dd4. Routing number		dd4.		
dd5. Account number		dd5.		

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



NJ-1 2022 Page		MP02	22.0		Name(s) as shown on SHARMA AN Your Social Security 1 487654464	ISHUL & CHARU ^{Number}			1555
Part-	year residents, provide months/days y			rsey resi	dent during 2022:	Fiscal yea	ur filers onl	y:	
From	n: To:					Enter more	nth of your	year end	2023
Fill in 1. 2. 3. 4. 5. Exer	 g Status s only one. Single Married/CU Couple, filing j Married/CU Partner, filing s Head of Household Qualifying Widow(er)/Surv Indicate the year of your spont sptions the ovals that apply. You must enter a tota 	eparate iving CU ouse's/C	return U Partner 'U partner			Enter spouse's/CU partne	er's SSN		
		X	Self	X	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	2000
6. 7.	Regular Senior 65+ (Born in 1957 or earlier)	~	Self	~	Spouse/CU Partner	Domestic Partner	Ζ	x \$1,000 = x \$1,000 =	
8.	Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 = _	
9.	Veteran		Self		Spouse/CU Partner			x \$6,000 =	
10.	Qualified Dependent Children						2	x \$1,500 =	3000
11.	Other Dependents							x \$1,500 =	
12.	Dependents Attending Colleges (See	e instruc	tions)					x \$1,000 = _	
13.	Total Exemption Amount (Add total	ls from t	he lines at	6 throu	gh 12)			13.	5000 .
14. a. b.	Dependent Information. Provide the Last Name, First Name, Middle Init SHARMA, ASHWAT SHARMA, SHIVES	ial H			r each dependent.	Social Security Number 926945347 597431140		Birth Year 2009 2016	No Health Insurance
с. d.									

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Name(s) as shown on Form NJ-1040 SHARMA ANSHUL & CHARU

Your Social Security Number 487654464

1555

15	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	304202 .
15.			504202 .
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.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/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. 26	Alimony and separate maintenance payments received	25. 26	•
26.	Other (Enclose documents) (See instructions)	26.	. 304202 .
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	304202 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	. 304202 .
29. 20	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29. 30.	5000 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)		5000 .
31.	Medical Expenses (See Worksheet F and instructions) Alimony and separate maintenance payments (See instructions)	31. 32.	•
32.	Qualified Conservation Contribution	32. 33.	•
33.			•
34. 25	Health Enterprise Zone Deduction	34. 35.	
35. 26	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35. 36.	0.
36. 37a	Organ/Bone Marrow Donation Deduction (See instructions) NJBEST Deduction		•
37a. 27h	NJCLASS Deduction	37a. 37b.	•
37b.			•
37c.	NJ Higher Ed. Tuition Deduction Total Exemptions and Deductions (Add lines 30 through 37c)	37c.	5000 .
38. 39.	Taxable Income (Subtract line 38 from line 29)	38. 39.	299202 .
		39. 40a.	19206 .
40a. 40b.	Total Property Taxes (18% of Rent) Paid (See instructions page 25) Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Hoa. Both	19200 .
400.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
41.	New Jersey Taxable Income (Subtract line 41 from line 39)	41.	299202 .
43.	Tax on amount on line 42 (Tax Table page 52)	42. 43.	15017 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	14748 .
	Enter Code		32
45.	Balance of Tax (Subtract line 44 from line 43)	45.	269 .
46.	Sheltered Workshop Tax Credit	46.	205 .
47.	Gold Star Family Counseling Credit (See instructions)	47.	•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	•
49.	Total Credits (Add lines 46 through 48)	48. 49.	•
49. 50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	49. 50.	269 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	205 .
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		•
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	0.

ur Social Security Number 37654464	

55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.		
56.	Property Tax Credit (See instructions page 24)		56.	50 .	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.		
58.	New Jersey Earned Income Tax Credit (See instructions)		58.		
	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				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.		
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.		
64.	Child and Dependent Care Credit (See instructions)		64.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	50 .	•
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		67.	219 .	•
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	the overpayment	68.		
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		
74.	Contribution to U.S.S. New Jersey Educational Museum Fund	74.			
75.	Other Designated Contribution (See instructions)	Enter Code	75.		•
76.	Other Designated Contribution (See instructions)	Enter Code	76.		•
77.	Other Designated Contribution (See instructions)	Enter Code	77.		
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		•
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	219 .	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.		•

1555

54.

269 .

Under penalties of perjury, I declare that I have examined this Incon the best of my knowledge and belief, it is true, correct, and complete based on all information of which the preparer has any knowledge.			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: State of New Jersey Division of Taxation
Your Signature Date	Spouse's/CU Pa	artner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identification Number	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:
SYAM PRIYA RAM SAGAR GUPTA	TALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		88-2145487	Trenton, NJ 08647-0555

4_

5_

6

7

3_

Division Use:

1_____

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2022

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
SHARMA ANSHUL & CHARU	487-65-4464

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

 Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		-		box if t box if t						•		nber .	
Exemption Code				box if t									
				box if t									
Exemption Code			L] Check	box if t	∣∟ his indi	vidual	has mo	ore than	n one e	L] exempti	on nun	nber .	
			Check	box if t	his indi	vidual	is unde	er 18 .					
Exemption Code		_		box if t box if t						•	on nun	nber -	
Examption Code													
Exemption Code		_		box if t box if t									
Exemption Code			 Check	box if t	 his indi	vidual	has mo	re thar	n one e	 exempti	on nun	nber .	
			Check	box if t	his indi	vidual	is unde	er 18 .	 	 			
Exemption Code		-		box if t							on nun	nber .	
				box if t									
Exemption Code		_		box if t box if t							on nun	nber .	
Exemption Code				box if t	his indi								
				box if t						-	· · · ·		
Exemption Code		_		box if t									
			Check	box if t	hıs indi	vidual	is unde	er 18 .	• • • •	• • •			

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