Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5				
Submissio	on Identification Number (SID)				
Taxpayer's n	ame	Social securi	y numb	er	
KARAN	GUJAR	702-84	- -9571		
Spouse's nar		Spouse's soo			r
Dowl	Tou Datum Information Tou Very Fading Decomber 24			h	`
Part I	· ·	nter year you a	re aut	norizing.	.)
	le dollars only on lines 1 through 5. m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	justed gross income		1 1	68	,509.
	tal tax		2		,844.
	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3		,171.
	nount you want refunded to you		4		,327.
	nount you owe		5		, 521.
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of y	our retu	ırn)
my knowled return (origito send my for any dela Agent to ini payment of authorizatio payment, I business dataxes to repersonal ide Electronic F	alties of perjury, I declare that I have examined a copy of the income tax return (original or amended and belief, it is true, correct, and complete. I further declare that the amounts in Part I inal or amended) I am now authorizing. I consent to allow my intermediate service provider, trained in a move authorizing. I consent to allow my intermediate service provider, trained in a move authorizing. I consent to allow my intermediate service provider, trained in a move and to receive from the IRS (a) an acknowledgement of receipt or reason for any in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the titate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the service of the unit of the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation anys prior to the payment (settlement) date. I also authorize the financial institutions involved in ceive confidential information necessary to answer inquiries and resolve issues related to the entification number (PIN) below is my signature for the income tax return (original or amended funds Withdrawal Consent. Is PIN: check one box only authorize GLOBAL TAXES LLC to enter or general part of the income tax return and or general part of the payment of the paymen	above are the amountsmitter, or electron rejection of the trans U.S. Treasury at indicated in the traitiution to debit the inate the authorizar requests must be the processing of the payment. I furth) I am now author atte my PIN	ounts fronic return ansmis and its dax preparently to attitude the receivable the electric ansmission and the electric and the electric ansmission and the electric ansmission and the electric ansmission and the electric ansmission and the electric and the electric ansmission and the electric ansmission and the electric ansmission and the electric ansmission and the electric and the electric ansmission and the electric ansmission and the electric ansmission and the electric ansmission and the electric	om the in urn original sion, (b) the esignated aration so this according to the ectronic paramouled by	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ERO firm name			all zeros	
	ignature on the income tax return (original or amended) I am now authorizing.				
if	will enter my PIN as my signature on the income tax return (original or amended) I a you are entering your own PIN and your return is filed using the Practitioner PIN nelow.				
Your signa	ature > Date				
Snouse's	PIN: check one box only				
•	authorize to enter or gener	ate my PIN			as my
ш.	ERO firm name	-	ter five o	ligits, but	ao my
s	ignature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
if	will enter my PIN as my signature on the income tax return (original or amended) I a you are entering your own PIN and your return is filed using the Practitioner PIN nelow.				
Spouse's	signature ▶ Date	•			
	Practitioner PIN Method Returns Only—continue be	low			
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's EF	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ent	6 6 er all zei	1 9 8	9
authorized	t the above numeric entry is my PIN, which is my signature for the electronic individual incon to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s ts of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retu	ırn in a	ccordance	
ERO's sig	nature ► Date	•			
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested 1	Γο Do So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separately (I	MFS)	☐ Head of	househ	old (HO	H) [ifying survi	ving
Check only one box.		u checked the MFS box, enter the noon is a child but not your dependent	-	our spouse. If you c	heck	ed the HOH or	QSS I	oox, ent	er the		use (QSS) name if the	e qualifying
Your first name	and mi	iddle initial	Last na	me					Y	our so	cial security	number
KARAN			GUJAR						7	702-8	34-9571	
If joint return, s	pouse's	s first name and middle initial	Last na	me					s	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	pt. no.	P	resider	ntial Election	n Campaign
181 BEAG		• •									nere if you, o	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP cc	de			if filing joint	
JERSEY (CITY				NJ	Г	073	06		0	this fund. C ow will not o	0
Foreign country			F	oreign province/state/	count	ту	Foreig	n postal c			or refund.	nango
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reclange, gift, or otherwise dispose of a	`				•			,	Yes	⊠ No
Standard		eone can claim: You as a de						`				
Deduction		Spouse itemizes on a separate retur	•			•						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	rn befo	re Janu	ary 2,	1958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4)	Check t	he box	if qualif	ies for (see i	nstructions):
If more	•	irst name Last name		number		to you		Child t	ax crec	dit	Credit for other	er dependents
than four												
dependents, see instructions												
and check	5 —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a	7	5 , 759.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruct	ions) .							1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>						
	Z	Add lines 1a through 1h		· · · · · · · · · · · · · · · · · · ·						1z	7	5 , 759.
Attach Sch. B	2 a	· -	2a			axable interest				2b		
if required.	<u>3a</u>	Qualified dividends	3a		b O	rdinary divider	nds .			3b		
	4a	-	4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
• Single or	6a	,	6a			axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e		,	`	,			. 📙			
\$12,950	7	Capital gain or (loss). Attach Sche							. Ш	7		
 Married filing jointly or 	8	Other income from Schedule 1, lin								8		7,250.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9	6	8,509.
\$25,900	10	Adjustments to income from Sche								10		0 50-
 Head of household, 	11	Subtract line 10 from line 9. This is	-							11		8,509.
\$19,400	12	Standard deduction or itemized		•	,					12	+ 1	2,950.
 If you checked any box under 	13	Qualified business income deduct								13		0.050
Standard Deduction,	14	Add lines 12 and 13								14		2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our 1	axable incom	ie .			15	1 5	5,559.

Form 1040 (2022	2)										Pa	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		7,84	4.
Credits	17	Amount from Schedule 2, lin	ne 3						17			
	18	Add lines 16 and 17							18		7,84	4.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		7,84	4.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23			0.
	24	Add lines 22 and 23. This is	your total tax						24		7,84	4.
Payments	25	Federal income tax withheld										
,	а	Form(s) W-2				25a	9,	171.				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d		9,17	1.
16	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26			
If you have a qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit from				28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin				31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable cre	dits		32			
	33	Add lines 25d, 26, and 32. T	,	-	-				33		9,17	$\overline{1.}$
Refund	34	If line 33 is more than line 24	•						34		1,32	7.
Retund	35a	Amount of line 34 you want				-		. \square	35a		1,32	
Direct deposit?	b	Routing number 0 3 1				Checking	_	avings				
See instructions.	d	Account number 4 3 5] Ĭ		J				
	36	Amount of line 34 you want			ed tax	36						
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	. This is the am o	ount you owe.					37			
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS?		as Con	nplete b	elow	X No		
Designee		signee's		Phone		· · □'		al identif		<u> </u>		
	nai			no.			numbe		cation			
Sign		der penalties of perjury, I declare tief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an	Identity	
										IN, enter i	t here	
Joint return? See instructions.					SUPPLY CH		AGER	(see i			$\perp \perp$	Ш
Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			ty Prote	nt your sp ection PIN		
	Ph	one no. (848) 248-141	8	Email address	KARAN.D.GU	JAR@GMAI	L.COM					
Deid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if	:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2	023 E	02082	703	Self	-employ	yed
Preparer	Fin	m's name GLOBAL TA	XES LLC				<u> </u>	Phon	e no. (678)9	65 - 95	 522
Use Only			V CT F BDII	MCMICK N	T 00016			Eirm'			21710	

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Go to www.irs.gov/Form1040 for instructions and the latest information.

REV 02/05/23 PRO

BAA

84-3171965

Form **1040** (2022)

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
KARAN GUJAR	702-84-9571

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-7,250.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	T. I.	8z		
9	Total other income. Add lines 8a through 8z		9	7 050
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NH, line 8	10	-7 , 250.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)		-	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	0.4_			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2022 Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Your social security number

KARA	N GUJAR							702-8	4-9571	
Part	Note: If you a rental income	Loss From Rental Real Estate an tre in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
		payments in 2022 that would require you will you file required Form(s) 1099?								
1a		s of each property (street, city, state, ZIF						<u> </u>		
Α	E-503, MANDL	IK NAGAR, S.V.RD MUMBAI, MALA	AD (V	VEST) N	/AHAR	ASHT	RA IN 40	0064		
В	,		•	,						
С										
1b	Type of Property (from list below)	rom list below) above, report the number of fair rental and Days							nal Use nys	QJV
Α	3	personal use days. Check the Qu			Α		365		0	
В		if you meet the requirements to f qualified joint venture. See instru			В					
С		quantou joint vorturo. God inotia		,	С					
1	of Property: Single Family Resid Multi-Family Resid		tal	5 Land 6 Roya			Self-Rental Other (desc			
							Propert	ies:	I	
ncon					Α	F 0	В			С
3			3		4	50.				
4		d	4							
xper			_							
5			5							
6		see instructions)	7			00.				
7		intenance	8		0	00.				
8 9			9							
10		professional fees	10							
11		S	11		a	00.				
12		t paid to banks, etc. (see instructions)	12			00.				
13			13							
14			14		2,6	00.				
15			15		2,1					
16			16							
17			17		1,5	00.				
18		ense or depletion	18							
19	Other (list)	· 	19							
20		Add lines 5 through 19	20		7,7	00.				
21	result is a (loss), s	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	01		-7, 2	5.0				
22		real estate loss after limitation, if any,	21		', 4	J U .				
	on Form 8582 (se	ee instructions)	22	(7,25		()	(
23a		nts reported on line 3 for all rental prope				23a		450.		
b		nts reported on line 4 for all royalty prop	erties			23b				
C		nts reported on line 12 for all properties				23c				
d		nts reported on line 18 for all properties				23d		7,700.		
е 24		nts reported on line 20 for all properties	tipol:			23e				
24 25		sitive amounts shown on line 21. Do no lty losses from line 21 and rental real estat				 Inter to		. 24 re 25	(7,250.
25 26		estate and royalty income or (loss).							\ 	1,430.
20	here. If Parts II,	III, IV, and line 40 on page 2 do not a 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter th	nis amount o			-7.250



Office of Processing and Taxpayer Services W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- No charge for e-filing: New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- Faster tax refunds: New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- Most New Yorkers enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.

Department of Taxation and Finance

Nonresident and Part-Year Resident

2022	For the year Ja	anuary 1, 2022, throuເ	gh Decembe	er 31, 2022, or fiscal year be	ginning	2	
or help completing your r	aturn saa tha instru	ctions Form IT-20	13_I	and	l ending		
Your first name and middle initial	Your last name (for a joint			Your date of birth (mmddyyyy)	Your Social Sec	urity number	
KARAN	GUJAR	,	,	04121995		849571	
Spouse's first name and middle initia	Spouse's last name			Spouse's date of birth (mmddyyyy)			
Mailing address (see instructions) (r	number and street or PO Box)			Apartment number	New York State	county of residence	
181 BEACON AVE					NR		
City, village, or post office	State	ZIP code	Country	'	School district n	ame	
JERSEY CITY	NJ	07306	UNITED	STATES	NR		
Taxpayer's permanent home addr	ess (see instructions) (no. and	street or rural route)	Apartment no.	City, village, or post office	School		
State ZIP code	Country			Decedent information		number Spouse's date of dea	
			D2 \	onkers part-year residen	ts only:		
A Filing [⊕] ⊠ Single status			((1) Did you receive a homeo credit? (see instructions)			
(mark an ② Marrie X in one	d filing joint return ooth spouses' Social Security	numbers above)		,			
	d filing separate return ooth spouses' Social Security i	numbers above)		(2) Enter the amount New York City part-year re			
	of household (with qualify			(1) Number of months you	-	in 2022	
		ing person)		(2) Number of months your	spouse lived		
⑤ Qualif	ying surviving spouse		F	in NY City in 2022 Enter your 2-character spe			
B Did you itemize your dedu federal income tax return?	•	Yes No X]	code(s) if applicable			
C Can you be claimed as a c taxpayer's federal return?		Yes No X	٦.	New York State part-year Enter the date you moved in			
D1 Did you have a financial ac	count located in a		٦.	or out of NYS <i>(mmddyyyy)</i> On the last day of the tax ye		one hox). –	
foreign country?		Yes No X	· I	1) Lived in NYS			
			2	Lived outside NYS; rece NYS sources during nor			
			;	 Lived outside NYS; rece NYS sources during nor 		I	
III (7448/2004/4951/2009/1004/4560/00/2002)			I	Did you or your spouse mai iving quarters in NYS in 20 if Yes, complete Form IT-203-E	intain 22?		
Dependent information							
First name and middle initial	Last name	Relation	nship	Social Security number	ber Date	e of birth (mmddyyyy	

203001223555

REV 01/27/23 PRO

702849571

Federal amount **New York State amount** Federal income and adjustments Whole dollars only Whole dollars only 75759.00 75759.00 1 Wages, salaries, tips, etc. 1 1 Taxable interest income 2 .00 2 3 3 Ordinary dividends00 .00 Taxable refunds, credits, or offsets of state and local 4 4 .00 income taxes (also enter on line 24)00 5 Alimony received 5 .00 5 .00 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) 6 .00 6 .00 7 7 .00 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .00 Other gains or losses (submit a copy of federal Form 4797) 8 .00 8 .00 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box 9 9 .00 .00 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box 10 .00 10 .00 Rental real estate, royalties, partnerships, S corporations, -7250.00 trusts, etc. (submit a copy of federal Schedule E, Form 1040) 11 11 .00 12 Rental real estate included in line 11 (federal amount) 12. -7250.00 **13** Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 13 .00 .00 Unemployment compensation..... 14 .00 14 .00 Taxable amount of Social Security benefits (also enter on line 26) 15 .00 15 .00 Other income | Identify: 16 .00 16 .00 Add lines 1 through 11 and 13 through 16 17 75759.00 68509.00 17 Total federal adjustments to income Identify: 18 .00 18 .00 19 19 75759.00 19 Federal adjusted gross income (subtract line 18 from line 17) ... 68509.00 19a Recomputed federal adjusted gross income (see Line 19a worksheets) | 19a 68509.00 19a 75759.00 **New York additions** 20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) 20 .00 20 .00 21 Public employee 414(h) retirement contributions 21 .00 21 .00 **22** Other (Form IT-225, line 9) 22 22 .00 .00 75759.00 23 Add lines 19a through 22 68509.00 23 **New York subtractions** 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)00 24 .00 25 Pensions of NYS and local governments and the federal government 25 .00 25 .00 **26** Taxable amount of Social Security benefits (from line 15) 26 .00 26 .00 27 Interest income on U.S. government bonds 27 27 .00 .00 Pension and annuity income exclusion 28 .00 28 .00 Other (Form IT-225, line 18) 29 29 29 .00 .00 Add lines 24 through 2900 30 68509.00 75759.00 New York adjusted gross income (subtract line 30 from line 23) 31 31



32 Enter the amount from line 31, Federal amount column

68509.00

0.00

.00

3680 .00

56

Nam	e(s) as shown on page 1	1	Enter your Social Secu	rity number		IT-203 (2022) Page 3 of 4
KA	RAN GUJAR		70284	9571		REV 01/27/23 PRO
Sta	andard deduction or itemized deduction					
33	Enter your standard deduction or your itemized deduction	on (fro	om Form IT-196).			
	Mark an X in the appropriate box:	⊠ Sta	andard – or –	Itemized	33	800.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, le	eave b	ank)		34	60509 .00
35	Dependent exemptions (enter the number of dependents liste	d in Ite	em I; see instruction	s)	35	
36	New York taxable income (subtract line 35 from line 34)				36	60509.00
Tax	computation, credits, and other taxes					
37 I	New York taxable income (from line 36)				37	60509.00
38 I	New York State tax on line 37 amount				38	3328.00
39	New York State household credit				39	.00
40 3	Subtract line 39 from line 38 (if line 39 is more than line 38, lea	ve bla	nk)		40	3328.00
41 I	New York State child and dependent care credit				41	.00
42 3	Subtract line 41 from line 40 (if line 41 is more than line 40, lea	ve bla	nk)		42	3328.00
43 I	New York State earned income credit				43	.00
	Base tax (subtract line 43 from line 42; if line 43 is more than line ncome New York State amount from line 31		ave blank)	'	44	3328 .00 Round result to 4 decimal places
	75759 .00 ÷			3509.00	45	
46 /	Allocated New York State tax (multiply line 44 by the decimal of	n line -	45)		46	3680.00
	New York State nonrefundable credits (Form IT-203-ATT, line	,			47	.00
48 3	Subtract line 47 from line 46 <i>(if line 47 is more than line 46, lea</i>	ve bla	nk)		48	3680.00
	Net other New York State taxes (Form IT-203-ATT, line 33)				49	
50	Total New York State taxes (add lines 48 and 49)				50	3680.00
Ne	w York City and Yonkers taxes, credits, and surcharges,	and	МСТМТ			
51	Part-year New York City resident tax (Form IT-360.1)	51		.00		See instructions to compute
	Part-year resident nonrefundable New York City					New York City and Yonkers
	child and dependent care credit	52		.00		taxes, credits, and
52a	Subtract line 52 from 51	52a		.00		surcharges, and MCTMT.
52b	MCTMT net	,				
	earnings base 52b .00					
52c	MCTMT	52c		.00		
53	Yonkers nonresident earnings tax (Form Y-203)	53		.00		
54	Part-year Yonkers resident income tax surcharge					
	(Form IT-360.1)	54		.00		,
55	Total New York City and Yonkers taxes / surcharges and M	СТМТ	(add lines 52a, and	52c through 54)	55	.00



57



Sales or use tax (Do not leave blank.)

Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

plete /or IT-1099-R with your	
	NO
eral our return.	HA
3794.00	NDM
114.00	RIT
114.00	IE P
.00	
eposit is the ay to get your	TRIE
for payment	SO
for payment	S
	S, OTHER T
.00	S, OTHER
.00 for the of your	S, OTHER THAN SIG
for the of your	S, OTHER THAN SIGNA
for the of your	S, OTHER THAN SIGN

59	Enter amount from line 58					59		3680 .00
Pa	yments and refundable credits							
60	Part-year NYC school tax credit (fixed amount) (also complete E	on front) 6	0		.00	1		le, complete
	NYC school tax credit (rate reduction amount)	· · ·	-		.00	+		T-2 and/or IT-1099-R
	Other refundable credits (Form IT-203-ATT, line 17)		1		.00	1	and submi	it them with your
	Total New York State tax withheld		2		3794.00	-		
	Total New York City tax withheld		3		.00	1		end federal I with your return.
64		_	4		.00	1	FOIIII WV-2	, with your return.
65	Total estimated tax payments/amount paid with Form I		5		.00	1		
	Total payments and refundable credits (add lines					66		3794.00
$\overline{}$	ur refund, amount you owe, and account informa		,					
67	Amount overpaid (if line 66 is more than line 59, subt	tract line 59	from line 66)			67		114.00
	Amount of line 67 available for refund (subtract line					-		114.00
	TIP: Use this amount to check your refund status or		,					
68a	Amount of line 68 that you want to deposit into a NYS 529 a		rm IT-195, line 4)	(also submit F	orm IT-195)	68a		.00
	Total refund after NYS 529 account deposit (subtrac	•	,	•	,	68b		114.00
	direct dep	nosit to ch	ecking or	n	aper			
	Mark one refund choice: X savings ad	ccount (fill	in line 73)	or - C	heck			Direct deposit is the stest way to get your
69	Amount of line 67 that you want applied to your 202	23					refund.	siesi way to get your
	estimated tax (see instructions)		9		.00			uctions for payment
70	Amount you owe (if line 66 is less than line 59, subtract	ct line 66 fro	om line 59). To	pay by ele	ctronic		options.	ictions for payment
	funds withdrawal, mark an X in the box and	d fill in line	s 73 and 74.	If you pay	by check		орионо:	
	or money order you must complete Form IT-201-	-V and ma	ail it with your	r return		70		.00
71	Estimated tax penalty (include this amount on line 70,							
	or reduce the overpayment on line 67)	7	1		.00			ictions for the
72	Other penalties and interest	7	2		.00		return.	sembly of your
73	Account information for direct deposit or electronic	funds with	ndrawal.				Totalli.	_
	If the funds for your payment (or refund) would come	e from (or g	go to) an acco	ount outside	the U.S.,	marl	k an X in th	is box
		\neg						
	73a Account type: X Personal checking - or -	Person	al savings -	or - 🔲 E	Business ch	neckir	ng - or -	Business savings
	021201260					425	0075400	
	73b Routing number 031201360	73c A	ccount numbe	r		433	2075430	
74	Electronic funds withdrawal	Da	to		Amour	nt	,	.00
	Elocionio Idrido Wiliadawai				7 1111001			
	Third-party Print designee's name		Des	signee's phon	e number			Personal identification
des	signee? (see instr.)		()				number (PIN)
Ye	s No X Email:							
	Paid preparer must complete ▼ Preparer's NYTPRIN	NYTP excl. o		,	т Тахра	yer(s) must si	gn here ▼
Prep	parer's signature Preparer's printed na			Your signat	ure			
	AM PRIYA RAM SAGAR GUP SYAM PRIYA 's name (or yours, if self-employed)	RAM SA arer's PTIN c		Your occup	ation			
GL	OBAL TAXES LLC	P0208			CHAIN	MA	NAGER	
-		loyer identific	ation number	Spouse's s	gnature and	occu	pation (if joint	return)
1 ~ 4	E DOONEY OF	84317	1965					

See instructions for where to mail your return.

Email: KARAN.D.GUJAR@GMAIL.COM

Daytime phone number (848)248 1418



E BRUNSWICK NJ 08816 Email: SYAM@GTAXFILE.COM

245 ROONEY CT



Date

Date 02152023



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1	Employer's information	n					
	TCW TRENDS INC						
Box a Employee's Social Security number for this W-2 Record	Employer's address (number	and stree	t)				
702849571	2886 COLUMBIA S	STREE	rr rr				
Box b Employer identification number (EIN)	City			State	ZIP code	Country	
954845798	TORRANCE			CA	90503		
Box 1 Wages, tips, other compensation	Box 12a Amount		Code	Bo	x 14a Amount		Description
75759.00	4836	.00	DI			33.00	NYSDI
	Box 12b Amount		Code	Во	x 14b Amount		Description
.00		.00				412.00	NYPFL
Box 10 Dependent care benefits	Box 12c Amount		Code	Во	x 14c Amount		Description
.00		.00				.00	
Box 11 Nonqualified plans	Box 12d Amount		Code	Во	x 14d Amount		Description
.00		.00				.00	
NV State information: Box 15a	ment plan X Third-party sid Box 16a NYS wages N Y	757	759 .00			3794.00	Corrected (W-2c)
Other state information: Box 15b	Box 16b Other state	wages,		1	17b Other state incom		
other state			.00			.00	
nformation (see instr.):	18 Local wages, tips, etc.			x 19 Loca	al income tax withheld		Box 20 Locality name
Locality a	.00		ality a			.00 Locality a	
Locality b	.00	Loca	ality b			.00 Locality b	
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Employer's address (number	and stree	t)				
Box b Employer identification number (EIN)	City			State	ZIP code	Country	
Box 1 Wages, tips, other compensation	Box 12a Amount		Code	Bo	x 14a Amount		Description
.00		.00				.00	
	Box 12b Amount	.00	Code	Bo	x 14b Amount	.00	Description
.00		.00				.00	
	Box 12c Amount		Code	Bo	x 14c Amount		Description
.00		.00				.00	
	Box 12d Amount		Code	Во	x 14d Amount		Description
.00		.00				.00	
3ox 13 Statutory employee Retirer	ment plan Third-party sid			_	4= 10/0		Corrected (W-2c)
NY State information: Box 15a NY State	Box 16a NYS wages N Y		.00		17a NYS income tax	.00	
Other state information: Box 15b other state	Box 16b Other state	wages,	tips, etc.	1	17b Other state incom	e tax withheld	
NYC and Yonkers Box 1 nformation (see instr.):	18 Local wages, tips, etc.		Во	x 19 Loca	al income tax withheld	ı	Box 20 Locality name
Locality a	.00	Loca	ality a			.00 Locality a	1
Locality b	.00	Loca	ality b			.00 Locality b	





2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1

Your Social Security Number (required) 702849571

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.) GUJAR KARAN

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

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50) 181 BEACON AVE 0906

> City, Town, Post Office ZIP Code State 07306 JERSEY CITY ΝJ

Driver's License Number (Voluntary) (See instructions) 347826153

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.

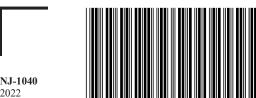
Note: This does not reduce your refund or increase your balance due. **Gubernatorial Elections Fund**

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No Spouse/CU Partner If joint return, does your spouse want to designate \$1? Yes No

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.	





Your Social Security Number 702849571

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NJ-1040 2022 Page 2

		040	111 02	220							
Part-year residents, provide months/days you were a New Jersey resident during 2022:						Fiscal yea					
From: To:						Enter mor	2	023			
	g Statu only on										
1.	×	Single									
2.		Married/CU Couple, filing	joint retu	rn							
3.		Married/CU Partner, filing	separate i	eturn							
4.		Head of Household					Enter spouse's/CU partne	er's SSN			
5.		Qualifying Widow(er)/Surv	viving CU	J Partner							
		Indicate the year of your sp	ouse's/C	U partner's death:	2020	2021					
	nptions the oval	s that apply. You must enter a tot	tal in the bo	exes to the right and co	implete the calculation.						
6.	Regul	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
7.	Senio	65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =		
8.	Blind	Disabled		Self	Spouse/CU Partner				x \$1,000 =		
9.	Vetera	an		Self	Spouse/CU Partner				x \$6,000 =		
10.	Qualit	ñed Dependent Children							x \$1,500 =		
11.	Other	Dependents							x \$1,500 =		
12.	Deper	dents Attending Colleges (Se	ee instruct	tions)					x \$1,000 =		
13.	Total	Exemption Amount (Add total	als from tl	he lines at 6 throug	h 12)				13.	1000	•
14.	Deper	ident Information. Provide th	ne followi	ng information for	each dependent.						
	Last N	Name, First Name, Middle Ini	itial				Social Security Number		Birth Year	No	Health Insurance
a.											
b.											
c.											
d.											

Name(s) as shown on Form NJ-1040 GUJAR KARAN



Name(s) as shown on Form NJ-1040 $\label{eq:guarantee} \begin{array}{ll} \text{NJAR} & \text{KARAN} \end{array}$

Your Social Security Number

702849571

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NJ-1040 2022 Page 3

15	Wagge salaries tipe and other ampleyee companyation (State wagge from Day 16 of anglesced W 2(s)) (See instructions)		15.		75759	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)		13. 16a.		13133	•
16a. 16b.						•
17.	Dividends		16b. 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) Touch le consiste a grad ID A distribution (With drawals (See instructions))		19. 20a.			•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)					•
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.	Alimony and separate maintenance payments received		25.			•
26.	Other (Enclose documents) (See instructions)		26.		75750	•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)		27.		75759	•
28a.	Pension/Retirement Exclusion (See instructions)		28a.			•
28b.	• • •		28b.			•
28c.	Total Exclusion Amount (Add lines 28a and 28b)		28c.		75750	•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)		29.		75759	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)		30.		1000	•
31.	Medical Expenses (See Worksheet F and instructions)		31.			٠
32.	Alimony and separate maintenance payments (See instructions)		32.			•
33.	Qualified Conservation Contribution		33.			•
34.	Health Enterprise Zone Deduction		34.			٠
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		35.		0	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)		36.			•
37a.	NJBEST Deduction		37a.			•
37b.	NJCLASS Deduction		37b.			•
37c.	NJ Higher Ed. Tuition Deduction		37c.			•
38.	Total Exemptions and Deductions (Add lines 30 through 37c)		38.		1000	•
39.	Taxable Income (Subtract line 38 from line 29)		39.		74759	•
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)		40a.			•
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both				
41.	Property Tax Deduction (From Worksheet H) (See instructions)		41.			•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)		42.		74759	•
43.	Tax on amount on line 42 (Tax Table page 52)		43.		2639	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)		44.		2639	•
	Enter Code			32		
45.	Balance of Tax (Subtract line 44 from line 43)		45.		0	
46.	Sheltered Workshop Tax Credit		46.			
47.	Gold Star Family Counseling Credit (See instructions)		47.			
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)		48.			
49.	Total Credits (Add lines 46 through 48)		49.			
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry		50.			
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0		51.		0	
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	×	53.		0	•





Name(s) as shown on Form NJ-1040 $\label{eq:GUJAR} \begin{array}{ll} \text{NAMAN} \end{array}$

Your Social Security Number 702849571

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Tax Due Address

Page 4	
Page 4	040MP04220

54.	Total Tax Due (Add lines 50 through 53)	54.	0 .	
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.		
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.	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you ow	re	67.	0 .
	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 ent	er 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.	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	

the best of my knowledge and belief, it is true, correct, and combased on all information of which the preparer has any knowled Your Signature Date	ge.	on other than the taxpayer, this declaration is	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 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 GUPT	'A 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		84-3171965	Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

vivision Use: 1 ______ 2 _____ 3 _____ 4 _____ 5 ____ 6 _____ 7 ______

Name(s) as shown on Form NJ-1040	Social Security Number
GUJAR KARAN	702-84-9571

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

New Jersey Gross Income Tax Business Income Summary Schedule

2022

P	art I Net Profits From Business		List	the net	profit (l	oss) fror	n busii	ness(e	es). See Instructions	5.
	Business Name		Social Security Number/ Federal EIN			Profit or (Loss)				
1.										
2.										
3.										
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Ent line 18, NJ-1040. If loss, make no entry on line		on		4.					
P	art II Distributive Share of Partner	rship Inco	ome	!					re of income (loss) e instructions.	
	Partnership Name	Federa	I EIN			are of Pa come or			Share of Pass-Thro Business Alterna Income Tax	
1.										
2.										
3.										
4.	Distributive Share of Partnership Income or (Los (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)			4.						
5.	Total Share of Pass-Through Business Alternation (Add lines 1, 2, and 3.)(Enter here and include on			0.) 5.						
P	art III Net Pro Rata Share of S Co	rporation	Inc	ome					of income (usable n(s). See instruction	ıs.
	S Corporation Name	Federal El	N F			f S Corpo sable Los			e of Pass-Through Busi Alternative Income Tax	
1.										
2.										
3.										
4.	Net Pro Rata Share of S Corporation Income or (Usab (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ- If loss, make no entry on line 22.)		4.							
5.	Total Share of Pass-Through Business Alternative Incor (Add lines 1, 2, and 3.)(Enter here and include on line 6		5.							
Pa	Net Gains or Income art IV From Rents, Royalties, Patents, and Copyrights	form of of Prop	rents erty:	s, royalt	ies, pat	tents, an	d copy	rights/	derived from or in the . See instructions. T ints 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.	E-503,MANDLIK NAGAR,S.V.RD	702849	571				1		-7 , 250.	
2.					$-\downarrow$					
3.							\Box			
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.) 47,250.									

Name(s) as shown on Form NJ-1040	Social Security Number
GUJAR KARAN	702-84-9571

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A			Column B			
Part	I Income (Loss)		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.	0.			
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.	-7,250.			
5.	Loss Carryforward From Tax Year 2021				5b.	(5,450.)		
6.	Totals	6a.	0.		6b.	-12,700.			
Part	II Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.						
9.	Business Increment (Subtract line 8 from line 7)	9.	0.						
10.	Adjustment Percentage	10.	(0.50					
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.						
Part	III Loss Carryforward to Tax Year 2023								
12.	Loss Carryforward to Tax Year 2023				12.	(12,700.)		

Instructions

Line 1a.	Enter the amount from line 18, Form NJ-1040.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 2a.	Enter the amount from line 21, Form NJ-1040.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 3a.	Enter the amount from line 22, Form NJ-1040.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 4a.	Enter the amount from line 23, Form NJ-1040.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 5b.	Enter the amount from line 12 of your 2021 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 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.

The adjustment percentage for Tax Year 2022 is 50% (0.50).

Line 9.

Line 10.

Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return GUJAR KARAN	Social Security No. 702-84-9571							
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. X 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 every month each person had minimum essential health coverage or qua (part-year residents include only months as a New Jersey resident). If an exemption, enter the exemption number. (See instructions for line 53, NJ more than one exemption number, check the box. If you need more spac any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	alified for an exemption individual qualified for an -1040.) If an individual has e, enclose a statement listing							

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code Check box if this individual has more than one exemption number													
Check box if this individual is under 18													
Exemption Code Check box if this individual has more than one exemption number													
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Everntian Code			[]	L	 -::								
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Exemption Code			Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
			Check	box if t	<u>his ind</u> i	vidual i	s unde	r 18 .	<u></u> .	<u></u>	<u></u>		
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		_	Check							•			
Exemption Code			Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					