

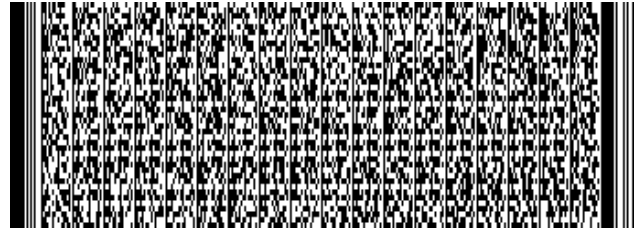


Illinois Department of Revenue
2022 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

831-27-5736 1984 673-84-1231 1986
 NARAYANA REDDY BANAVASI
 DEEPTI BANAVASI
 25 CINDER RD 2C
 EDISON NJ 08820
 BNREDDY446@GMAIL.COM



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 179,500.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 179,500.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M.	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 179,500.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 4,850.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 2,425.00
Exemption allowance. Add Lines 10a through 10d.	10 7,275.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9.	
Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 55,092.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12 2,727.00
Nonresidents and part-year residents: Enter the tax from Schedule NR.	13 .00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 2,727.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 2,727.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 2,727.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 2,727.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2,842.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 2,842.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 115.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 115.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 115.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 1 1 9 0 0 5 7 1 X Checking or Savings
Account number 3 8 5 0 2 1 5 2 0 7 7 6

- b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

- 41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number, Paid Preparer Use Only, Firm's name, Firm's address, Firm's FEIN, Firm's phone, Third Party Designee, Designee's name, Designee's phone number.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	57,420.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	0.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00
	33 RESERVED	33	
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	0.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	179,500.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	57,420.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	57,420.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	57,420.00
	47 Enter the base income from Form IL-1040, Line 9.	47	179,500.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.320
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	7,275.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	2,328.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	55,092.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. →	52	2,727.00



Illinois Department of Revenue
2022 Schedule IL-E/EIC
 Attach to your Form IL-1040



Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note → If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

NARAYANA REDDY & DEEPTI BANAVASI

Your name as shown on your Form IL-1040

8 3 1 - 2 7 - 5 7 3 6

Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
JOSHIKA REDDY	BANAVASI	984-92-7183	Daughter	11/18/2012	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,425. 1 X \$2,425

Enter the result here and on Form IL-1040, Line 10d.

1 2,425.00

Continue to Page 2 to calculate Illinois Earned Income Credit





Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.
Note → If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1** Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. **1** _____ .00
- 2** Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3.
If you report an amount on Line 2, you must answer the question in Line 2a below. **2** _____ .00
- 2a** Does your occupation require a city, state, or county issued professional license, registration, or certification? **2a** Yes No
- 2b** If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

- 3** If you are filing your 2022 federal return as married filing jointly but are filing your 2022 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. **3** _____ .00
- 3a** If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. **3a** _ _ _ - - - - -
- 4** Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? **4** Yes No

Step 4: Figure your Illinois Earned Income Credit

- 5** Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. **5** _____ .00
- 6** Multiply the amount on Line 5 by 18% (.18). **6** _____ .00
- 7 Illinois residents:** Enter 1.0. **7** _____ ● _____
- Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48.
- 8** Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.
Enter this amount here and on your Form IL-1040, Line 29. **8** → _____ .00

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act



Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

NARAYANA REDDY BANAVASI 8 3 1 - 2 7 - 5 7 3 6
 Your name as shown on Form IL-1040 Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 <u>W</u>	<u>36-2746168 000 8</u>	\$ <u>143,153.00</u>	\$ <u>57,420.00</u>	\$ <u>2,842.00</u>
2 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
3 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
4 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
5 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

DEEPTI BANAVASI 6 7 3 - 8 4 - 1 2 3 1
 Your spouse's name as shown on Form IL-1040 Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
7 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
8 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
9 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
10 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

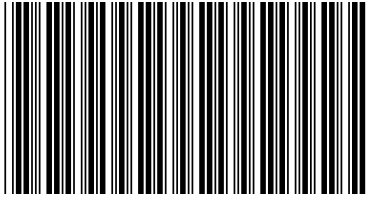
Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 2,842.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



2023 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

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 nj.gov/taxation.

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: nj.gov/taxation. 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 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

831-27-5736 BANA 673-84-1231 BANAVASI NARAYANA REDDY & DEEPTI 25 CINDER RD APT 2C EDISON NJ 08820

1555 2023

Calendar Year - Due Voucher April 18, 2023 1

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

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

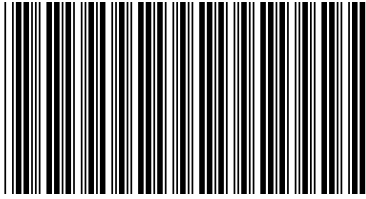
R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

211.00



012018312757360005BANA2312060000021100



2023 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

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Payment by E-Check

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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

831-27-5736 BANA 673-84-1231 BANAVASI NARAYANA REDDY & DEEPTI 25 CINDER RD APT 2C EDISON NJ 08820

1555 2023

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

Calendar Year - Due Voucher June 15, 2023 2

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

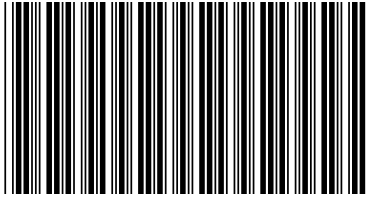
R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

211.00



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2023 NJ-1040-ES-V PAYMENT VOUCHER

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Payment by E-Check

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Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

831-27-5736 BANA 673-84-1231
BANAVASI NARAYANA REDDY & DEEPTI
25 CINDER RD APT 2C
EDISON NJ 08820

1555 2023

Calendar Year - Due Voucher

September 15, 2023 **3**

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

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

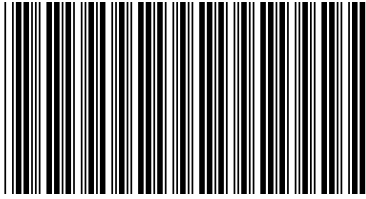
R NJ-1040 N NJ-1040-NR NJ-1041
 NJ-1080-C F NJ-1041SB

Enter amount of payment here:

211.00



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2023 NJ-1040-ES-V PAYMENT VOUCHER

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Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

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New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

831-27-5736 BANA 673-84-1231
BANAVASI NARAYANA REDDY & DEEPTI
25 CINDER RD APT 2C
EDISON NJ 08820

1555 2023

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

Calendar Year - Due Voucher
January 16, 2024 **4**

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

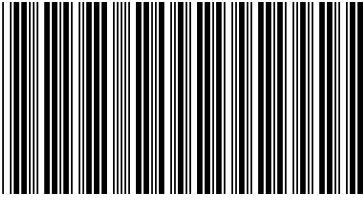
R NJ-1040 N NJ-1040-NR NJ-1041
 NJ-1080-C F NJ-1041SB

Enter amount of payment here:

211.00



012018312757360005BANA2312060000021100



0130201010

2022 NJ-1040-V PAYMENT VOUCHER

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 nj.gov/taxation.

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: nj.gov/taxation. 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

831-27-5736 BANA 673-84-1231
BANAVASI NARAYANA REDDY & DEEPTI
25 CINDER RD APT 2C
EDISON NJ 08820

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:

2003.00

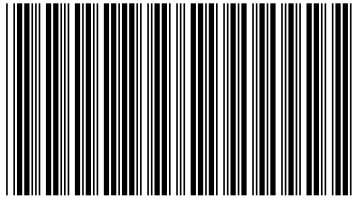


2022 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2022
Page 1



040MP01220

Your Social Security Number (required)
831275736

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.)
BANAVASI NARAYANA REDDY & DEEPTI

Spouse's/CU Partner's SSN (if filing jointly)
673841231

County/Municipality Code (See Table page 50)
1205

Home Address (Number and Street, including apartment number)
25 CINDER RD APT 2C

City, Town, Post Office
EDISON

State ZIP Code
NJ 08820

Driver's License Number (Voluntary) (See instructions)
B0381 58179 068

- 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.

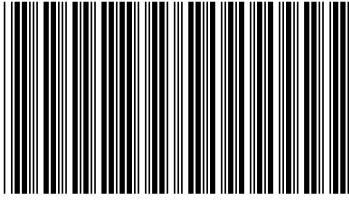
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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





Name(s) as shown on Form NJ-1040
BANAVASI NARAYANA REDDY & DEEPTI

Your Social Security Number
831275736

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:
From: **010122** To: **073122**

Fiscal year filers only:
Enter month of your year end **2 0 2 3**

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2020 2021

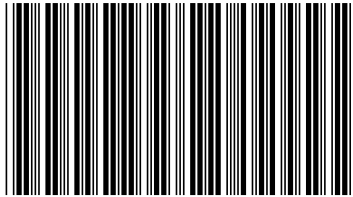
Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children						1	x \$1,500 =	<u>1500</u>
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	<u>3500</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>BANAVASI, JOSHIKA REDDY</u>	<u>984927183</u>	<u>2012</u>	
b.	_____			
c.	_____			
d.	_____			



040MP03220

Name(s) as shown on Form NJ-1040
BANAVASI NARAYANA REDDY & DEEPTI

Your Social Security Number
831275736

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	98070	.
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.	Alimony and separate maintenance payments received	25.	.	.
26.	Other (Enclose documents) (See instructions)	26.	.	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	98070	.
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.	.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	98070	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2042	.
31.	Medical Expenses (See Worksheet F and instructions)	31.	.	.
32.	Alimony and separate maintenance payments (See instructions)	32.	.	.
33.	Qualified Conservation Contribution	33.	.	.
34.	Health Enterprise Zone Deduction	34.	.	.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	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.	2042	.
39.	Taxable Income (Subtract line 38 from line 29)	39.	96028	.
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.	96028	.
43.	Tax on amount on line 42 (Tax Table page 52)	43.	2530	.
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	.	.
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)	45.	2530	.
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.	2530	.
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.	20	.
	Fill in if Form NJ-2210 is enclosed			
53.	Shared Responsibility Payment (See instructions)	53.	1139	.
	REQUIRED Enclose Schedule HCC and fill in			

X

Name(s) as shown on Form NJ-1040 BANAVASI NARAYANA REDDY & DEEPTI	Social Security Number 831-27-5736
--	---------------------------------------

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

New Jersey Gross Income Tax
Business Income Summary Schedule

2022

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	BANAVASI SOFTWARE SERVICES	831275736	-33,943.
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4. -33,943.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.	

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.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)		5.	

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		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.	

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2022**
(Form NJ-1040) Alternative Business Calculation Adjustment

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	-33,943.
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.	0.
5.	Loss Carryforward From Tax Year 2021			5b.	()
6.	Totals	6a.	0.	6b.	-33,943.
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.		(33,943.

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 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**NJ-2210
2022**

**Underpayment of Estimated Tax
by Individuals, Estates, or Trusts**

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040 BANAVASI NARAYANA REDDY & DEEPTI	Social Security Number 831-27-5736
---	--

Part I Figuring Your Underpayment

1. 2022 Tax (line 50, Form NJ-1040).....	1.	2,530.
2. Enter the total of lines 55, 56, 58, 59, 60, 61, 62, 63, 64, and 65, Form NJ-1040	2.	1,686.
3. Subtract line 2 from line 1 (If less than \$400, do not complete the rest of this form).....	3.	844.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers)	4a.	2,024.
4b. Enter 2021 tax (From Form NJ-1040, line 49)	4b.	2,025.

	Payment Due Dates			
	(A) April 18, 2022	(B) June 15, 2022	(C) Sept 15, 2022	(D) Jan 17, 2023
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column	506.	506.	506.	506.
6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form	421.	421.	422.	422.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.)				
8. Add line 6 and line 7	421.	421.	422.	422.
9. Enter the total underpayment (add line 11 and line 12) from the previous column		85.	170.	254.
10. Subtract line 9 from line 8. If zero or less, enter zero	421.	336.	252.	168.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero		0.	0.	0.
12. Underpayment (If line 5 is greater than line 10, subtract line 10 from line 5).....	85.	170.	254.	338.
13. Overpayment (If line 10 is greater than line 5, subtract line 5 from line 10).....				

Part II Exceptions

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

If you meet exception 1 at line 15, do not file this form. These amounts will be verified by the Division of Taxation.

	April 18, 2022	June 15, 2022	Sept 15, 2022	Jan 17, 2023
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2022.) (See instructions).....	421.	842.	1,264.	1,686.
15. Exception 1 – Enter 2021 tax (line 49)	25% of 2021 Tax 506.	50% of 2021 Tax 1,013.	75% of 2021 Tax 1,519.	100% of 2021 Tax 2,025.
16. Exception 2 – Tax on 2021 gross income using 2022 exemptions and tax rates	25% of Tax 928.	50% of Tax 1,855.	75% of Tax 2,783.	100% of Tax 3,710.
17. Exception 3 – Tax on annualized 2022 income	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 – Tax on 2022 income over 3, 5, and 8-month periods	90% of Tax	90% of Tax	90% of Tax	

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

19. Total Interest (Include this amount on line 52, Form NJ-1040).....	See 2210 Wks	\$	20.
---	--------------	----	-----

Worksheets

Exception II Tax on 2021 gross income using 2022 exemptions and tax rates

1. Enter 2021 NJ Gross Income (line 29, 2021 NJ-1040).....	1.	119,411.
2. Enter 2022 Total Exemptions (line 30, 2022 NJ-1040).....	2.	2,042.
3. Subtract line 2 from line 1.....	3.	117,369.
4. Calculate Tax on line 3 (2022 tax rates).....	4.	3,710.
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (line 44, 2022 NJ-1040).....	5.	
6. Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form.....	6.	3,710.

Exception III Tax on 2022 Annualized Income (attach calculations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/22, 4/30/22, and 7/31/22. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1. Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown.....	1.			
2. Annualization amounts.....	2.	4	2.4	1.5
3. Annualized Income (Multiply line 1 by line 2).....	3.			
4. Enter Total Exemptions (line 30, NJ-1040).....	4.			
5. Subtract line 4 from line 3.....	5.			
6. Calculate tax on line 5.....	6.			
7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period.....	7.			
8. Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form.....	8.			

Exception IV Tax on Actual 2022 Taxable Income over 3, 5, and 8-month periods (attach calculations)

		1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1. Enter the actual amount of NJ Taxable Income (line 42, NJ-1040) that is applicable to each period shown.....	1.			
2. Calculate tax on line 1.....	2.			
3. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period shown.....	3.			
4. Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form.....	4.			

Name as Shown on Return

BANAVASI NARAYANA REDDY & DEEPTI

Social Security No.

831-27-5736

Option 1

		A	B	C	D	E	F	G	
Period		Amount Due (line 5, NJ-2210/2210NR)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210/2210NR)	Balance (C - D)	Multi- plier	Interest (E x F)	
1	6/16- 7/15	506.		506.	421.	85.	.005	1.	
2	7/16 - 9/15	506.	85.	591.	421.	170.	.010	3.	
3	9/16 - 1/15	506.	170.	676.	422.	254.	.021	8.	
4	1/16 - 4/15	506.	254.	760.	422.	338.	.016	8.	
5	Total interest for Option 1						5		20.

Option 2

Payment due dates	(a) 6/15/2020	(b) 7/15/2020	(c) 9/15/2020	(d) 1/15/2021
1 Payment date	_____	_____	_____	_____
2 Amount due	_____	_____	_____	_____
3 Balance from previous quarter	_____	_____	_____	_____
4 Balance due	_____	_____	_____	_____
5 a Number of months from due date to payment date or next quarter due date, whichever is earlier	_____	_____	_____	_____
b Interest rate0625	.0625	.0625	.0625
6 Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)	_____	_____	_____	_____
If line 1 is blank, skip lines 7 through 10.				
7 Payment amount	_____	_____	_____	_____
8 Underpayment amount	_____	_____	_____	_____
9 a Number of months from payment date to next quarter due date	_____	_____	_____	_____
b Interest rate0625	.0625	.0625	.0625
10 Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	_____	_____	_____	_____
11 Total interest for Option 2. Add lines 6 and 10, columns (a) through (d)				11

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

Name as Shown on Return BANAVASI NARAYANA REDDY & DEEPTI	Social Security No. 831-27-5736
---	------------------------------------

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.

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NARAYANA REDDY BANAVASI	831-27-5736	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
DEEPTI BANAVASI	673-84-1231	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
JOSHIKA REDDY BANAVASI	984-92-7183	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											

Iowa Department of Revenue

206483127573691231232232 0

IA 1040ES

Individual Income Estimated Tax Payment Voucher

2023 INSTALLMENT 1 Due Date: May 1, 2023

Print name: BANAVASI, NARAYANA REDDY & DEEPTI (Last, First MI)

Address: 25 CINDER RD, 2C

City, State, ZIP: EDISON NJ 08820

Phone:

SSN: 8 3 1 2 7 5 7 3 6

Period ending: 1 2 3 1 2 3

Payment amount: 1 4 7 4 0 0

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 02/01/23 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (03/31/2022)



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Iowa Department of Revenue

206483127573691231232232 0

IA 1040ES

Individual Income Estimated Tax Payment Voucher

2023 INSTALLMENT 2 Due Date: June 30, 2023

Print name: BANAVASI, NARAYANA REDDY & DEEPTI (Last, First MI)

Address: 25 CINDER RD, 2C

City, State, ZIP: EDISON NJ 08820

Phone:

SSN: 8 3 1 2 7 5 7 3 6

Period ending: 1 2 3 1 2 3

Payment amount: 1 4 7 4 0 0

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 02/01/23 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (03/31/2022)



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Iowa Department of Revenue

206483127573691231232232 0

IA 1040ES

Individual Income Estimated Tax Payment Voucher

2023 INSTALLMENT 3 Due Date: October 2, 2023

Print name: BANAVASI, NARAYANA REDDY & DEEPTI (Last, First MI)

Address: 25 CINDER RD, 2C

City, State, ZIP: EDISON NJ 08820

Phone:

SSN: 8 3 1 2 7 5 7 3 6

Period ending: 1 2 3 1 2 3

Payment amount: 1 4 7 4 0 0

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 02/01/23 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (03/31/2022)



Iowa Department of Revenue

IA 1040ES

Individual Income Estimated Tax Payment Voucher
2023 INSTALLMENT 4 Due Date: January 31, 2024

206483127573691231232232 0

SSN:

8	3	1	2	7	5	7	3	6
---	---	---	---	---	---	---	---	---

Print name: BANAVASI, NARAYANA REDDY & DEEPTI
(Last, First MI)

Period ending:

1	2	3	1	2	3
---	---	---	---	---	---

Address: 25 CINDER RD, 2C

Payment amount:

			1	4	7	4	0	0
--	--	--	---	---	---	---	---	---

City, State, ZIP: EDISON NJ 08820

Phone:

Mail to:
 Iowa Department of Revenue
 PO Box 10466
 Des Moines IA 50306-0466
REV 02/01/23 PRO

INT

Make checks payable to:
 Iowa Department of Revenue. When you pay
 by check, you authorize the Department of
 Revenue to convert your check to a one-time
 electronic banking transaction. 45-002 (03/31/2022)



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Save time, file returns, and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
2. **SSN:** Enter the Social Security Number in the boxes provided below.
3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2022, would be entered as: 123122.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

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Iowa Department of Revenue

INT REV 02/01/23 PRO

IA 1040V
Individual Income Tax Payment Voucher

200683127573691231224224 9

Print name: BANAVASI, NARAYANA REDDY
(Last, First MI)

Address: 25 CINDER RD, 2C

City, State, ZIP: EDISON NJ 08820

Phone: _____

SSN:

8	3	1	2	7	5	7	3	6
---	---	---	---	---	---	---	---	---

Period ending:

1	2	3	1	2	2
---	---	---	---	---	---

Payment amount:

		4	9	3	3	0	0
--	--	---	---	---	---	---	---

Mail to:
Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Make checks payable to:
Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (03/31/2022)



2022 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning / / and ending / /

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: BANAVASI Your first name/middle initial: NARAYANA REDDY
Spouse's last name: BANAVASI Spouse's first name/middle initial: DEEPTI



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 25 CINDER RD, 2C
City, State, ZIP: EDISON NJ 08820

Spouse SSN: 673-84-1231 Your SSN: 831-27-5736

Step 2 Filing Status: Mark one box only

1 Single: Were you claimed as a dependent on another person's Iowa return? Yes No
2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3 Married filing separately on this combined return. Spouse use column B.
4 Married filing separate returns. Spouse's name: SSN: Net Income: \$
5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.
6 Qualifying widow(er) with dependent child. Name: SSN:

Step 3 Exemptions

Table with columns for Personal Credit, Blind, Dependents, and Total. Includes entries for JOSHIKA REDDY.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Table for Social Security benefits with columns for B. Spouse/Status 3 and A. You or Joint.

Step 5 Gross Income table with columns for B. Spouse/Status 3 and A. You or Joint. Includes items like Wages, salaries, tips, etc.

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income table with columns for B. Spouse/Status 3 and A. You or Joint. Includes items like Payments to an IRA, Keogh, or SEP.

Step 7 Federal Taxes and Qualified Deductions table with columns for B. Spouse/Status 3 and A. You or Joint. Includes items like Federal income tax refund/overpayment received.



2022 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....	36. _____	36. _____	36. _____	36. <u>172,819.00</u>
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>	37. _____	37. _____	37. _____	37. <u>5,450.00</u>
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....	38. _____	38. _____	38. _____	38. <u>167,369.00</u>
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	39. _____	39. <u>12,186.00</u>	39. _____	39. _____
40. Iowa lump-sum tax. See instructions.....	40. _____	40. _____	40. _____	40. _____
41. Iowa alternative minimum tax. Must include IA 6251.....	41. _____	41. _____	41. _____	41. _____
42. Total tax. ADD lines 39, 40, and 41.....	42. _____	42. _____	42. _____	42. <u>12,186.00</u>
43. Total exemption credit amount(s) from Step 3, side 1.....	43. _____	43. <u>120.00</u>	43. _____	43. _____
44. Tuition and textbook credit for dependents K-12.....	44. _____	44. _____	44. _____	44. _____
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45. _____	45. _____	45. _____	45. _____
46. Total credits. ADD lines 43, 44, and 45.....	46. _____	46. _____	46. _____	46. <u>120.00</u>
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47. _____	47. _____	47. _____	47. <u>12,066.00</u>
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....	48. _____	48. _____	48. _____	48. <u>2,437.00</u>
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49. _____	49. _____	49. _____	49. <u>9,629.00</u>
50. Out-of-state tax credit. Must include IA 130.....	50. _____	50. _____	50. _____	50. _____
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51. _____	51. _____	51. _____	51. <u>9,629.00</u>
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....	52. _____	52. _____	52. _____	52. _____
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53. _____	53. _____	53. _____	53. <u>9,629.00</u>
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54. _____	54. _____	54. _____	54. <u>0.00</u>
55. Total state and local tax. ADD lines 53 and 54.....	55. _____	55. _____	55. _____	55. <u>9,629.00</u>
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56. _____	56. _____	56. _____	56. <u>9,629.00</u>
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.	57. _____	57. _____	57. _____	57. _____
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here....	57. _____	57. _____	57. _____	57. _____
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58. _____	58. _____	58. _____	58. <u>9,629.00</u>

Step 10 Credits				
59. Iowa Fuel Tax Credit. Must include IA 4136.....	59. _____	59. _____	59. _____	59. _____
60. Check One: <input type="checkbox"/> Child and Dependent Care Credit <input type="checkbox"/> OR <input type="checkbox"/> Early Childhood Development Credit	60. _____	60. _____	60. _____	60. _____
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61. _____	61. _____	61. _____	61. <u>0.00</u>
62. Other refundable credits. Include IA 148 and/or Schedule CC.....	62. _____	62. _____	62. _____	62. _____
63. Iowa income tax withheld.....	63. _____	63. _____	63. _____	63. <u>4,696.00</u>
64. Estimated and voucher payments made for tax year 2022.....	64. _____	64. _____	64. _____	64. _____
65. TOTAL. ADD lines 59 through 64 and enter here.....	65. _____	65. _____	65. _____	65. <u>4,696.00</u>
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66. _____	66. _____	66. _____	66. <u>4,696.00</u>

Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67. _____	67. _____	67. _____	67. <u>0.00</u>
68. Amount of line 67 to be REFUNDED.....	68. _____	68. _____	68. _____	68. <u>0.00</u>
68a. Routing number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	68a. _____	68b. Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	68b. _____	68b. _____
68c. Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	68c. _____	68c. _____	68c. _____	68c. _____
69. Amount of line 67 to be applied to your 2023 estimated tax.....	69. _____	69. _____	69. _____	69. <u>0.00</u>

Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70. _____	70. _____	70. _____	70. <u>4,933.00</u>
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71. _____	71. _____	71. _____	71. <u>0.00</u>
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty _____ <input type="checkbox"/> 72b. Interest _____ ADD. Enter total.....	72. _____	72. _____	72. _____	72. <u>0.00</u>
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....	73. _____	73. _____	73. _____	73. <u>4,933.00</u>

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	VENKATA SAI PAVAN KUMAR DUDIPALLIO 2/12/2023	Preparer's signature Date
SIGN HERE	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02470833 88-2145487	Preparer's PTIN Firm's FEIN
				(678)965-9522	Daytime telephone number

This return is due May 1st, 2023. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Iowa Department of Revenue



Name(s): NARAYANA REDDY & DEEPTI BANAVASI Social Security Number: 831-27-5736

Mark the appropriate box for you and your spouse

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2022	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
A part-year resident of Iowa during 2022	<input checked="" type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
	Date moved into Iowa: <u>08/01/22</u>	Date moved into Iowa: <u>08/01/22</u>
	Date moved out of Iowa: _____	Date moved out of Iowa: _____
A full-year resident of Iowa during 2022	<input type="checkbox"/>	<input type="checkbox"/>

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	143,153.00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income	3. _____ .00	_____ .00
4. Taxable alimony received	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	0.00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (losses)	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.	10. _____ .00	_____ .00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation	12. _____ .00	_____ .00
13. Gambling winnings	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment	14. _____ .00	_____ .00
15. Iowa gross income. Add lines 1-14	15. _____ .00	▲ 143,153.00
16. Payments to an IRA, Keogh, or SEP	16. _____ .00	_____ .00
17. Deductible part of self-employment tax	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only	22. _____ .00	_____ .00
23. Iowa capital gain deduction	23. _____ .00	_____ .00
24. Other adjustments	24. _____ .00	0.00
25. Total adjustments. Add lines 16-24	25. _____ .00	▲ 0.00
26. Iowa net income. Subtract line 25 from line 15	26. _____ .00	143,153.00
27. All-source net income from IA 1040, line 26	27. _____ .00	179,500.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest ten-thousandth of a percent (e.g. 12.3456%). This can be no more than 100.0% and no less than 0.0%	28. _____ %	79.7510 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. _____ %	20.2 %
30. Iowa tax on total income from IA 1040, line 39	30. _____ .00	12,186.00
31. Total credits from IA 1040, line 46	31. _____ .00	120.00
32. Tax after credits. Subtract line 31 from line 30	32. _____ .00	12,066.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48	33. _____ .00	2,437.00

