

2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1

040MP01220

Your Social Security Number (required) 217492569

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.)

BHANUSHALI KHUSHBOO J

Spouse's/CU Partner's SSN (if filing jointly) $7\,9\,9\,7\,2\,91\,5\,0$

County/Municipality Code (See Table page 50) 0.906

Home Address (Number and Street, including apartment number) $1235\,$ WILDWOOD AVE APT $2\,$

City, Town, Post Office Sunnyvale CA State ZIP Code SUNNYVALE CA 94089

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

X 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.	



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Name(s) as shown on Form NJ-1040 BHANUSHALI KHUSHBOO J Your Social Security Number

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Page			MP022									
Part-	year res	sidents, provide months/days y	ou were	a New Jersey resid	ent during 2022:		Fiscal year	ar filers on	ly:			
Fron	From: To:						Enter mor	nth of you	r year end	2023		
	g Statu only on											
1.		Single										
2.		Married/CU Couple, filing j	oint retu	rn								
3.	×	Married/CU Partner, filing s	separate 1	return			799729150					
4.		Head of Household					Enter spouse's/CU partne	er's SSN				
5.		Qualifying Widow(er)/Surv	iving CU	J Partner								
		Indicate the year of your spo	ouse's/C	U partner's death:	2020	2021						
	nptions	s ls that apply. You must enter a tota	al in the bo	exes to the right and co	mplete the calculation.							
6.	Regu	lar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000		
7.	Senio	r 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =			
8.	Blind	/Disabled		Self	Spouse/CU Partner				x \$1,000 =			
9.	Veter	an		Self	Spouse/CU Partner				x \$6,000 =			
10.	Quali	fied Dependent Children							x \$1,500 =			
11.	Other	Dependents							x \$1,500 =			
12.	Deper	ndents Attending Colleges (Se	e instruc	tions)					x \$1,000 =			
13.	Total	Exemption Amount (Add tota	ls from tl	he lines at 6 through	h 12)				13.	1000	•	
14.	Deper	ndent Information. Provide the	e followi	ng information for	each dependent.							
	Last 1	Name, First Name, Middle Init	ial				Social Security Number		Birth Year	N	lo Health Insurance	
a.												
b.												
c.												
d.												

IJ-1040

Name(s) as shown on Form NJ-1040
BHANUSHALI KHUSHBOO J

Your Social Security Number

217492569

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	109162	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	103102	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.	272	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	2 / 2	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	2	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	2	•
20a.	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.		•
25.	Alimony and separate maintenance payments received			•
26.	Other (Enclose documents) (See instructions)	26.	109436	•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27. 28a.	109430	•
28a.	Pension/Retirement Exclusion (See instructions)			•
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.	109436	•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)		109436	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	•
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.	0	•
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.	1000	•
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	•
39.	Taxable Income (Subtract line 38 from line 29)	39.	108436	•
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.	100426	•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	108436	•
43.	Tax on amount on line 42 (Tax Table page 52)	43.	4781	•
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		•
	Enter Code		4 🗆 0 1	
45.	Balance of Tax (Subtract line 44 from line 43)	45.	4781	•
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.	4.5.04	•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	4781	•
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

BHANUSHALI KHUSHBOO J

Your Social Security Number 217492569

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Tax Due Address

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54.	Total Tax Due (Add lines 50 through 53)		54.	4781	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	5225	•
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.	5225	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe	2	67.		
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	er the overpayment	68.	444	
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.	444	•

the best of my knowledge and belief, it is true, correct, and comp based on all information of which the preparer has any knowledge. Your Signature Date	e	rson other than the taxpayer, this declaration is there's Signature (required if filing jointly) Date	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 GUPTZ	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
BHANUSHALT KHUSHBOO J	217-49-2569

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.										
	(a)	(b)	(c)	(d)	(e)	(f)					
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)					
	ROBINHOOD SECURITIES LLC	01/01/2022	12/31/2022	27.	25.	2.					
2.	2. Capital Gains Distributions										
3.	Other Net Gains										
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)					2.					

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2022

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Yes	s O No	
	If "Yes," enter the name and Social Security number of the qualifying service member	er.		
	Last Name, First Name, Initial Social Security number			
	Enter your relationship to the qualifying service member.			
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.	
1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? Yes No			
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		

Schedule **NJ-HCC**

2022

(Form NJ-1040)

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	Social Security No.						
BHANUSHALI KHUSHBOO J	217-49-2569						
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 every month each person had minimum essential health cover (part-year residents include only months as a New Jersey residence exemption, enter the exemption number. (See instructions for more than one exemption number, check the box. If you need any additional individuals.	age or qualified for an exemption dent). If an individual qualified for an line 53, NJ-1040.) If an individual has more space, enclose a statement listing						
(part-year residents include only months as a New Jersey residence exemption, enter the exemption number. (See instructions for more than one exemption number, check the box. If you need	dent). If an individual qualified for an line 53, NJ-1040.) If an individual has more space, enclose a statement listing						

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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	his indi	vidual i	s unde	r 18 .	·				
Exemption Code		_	Check							•	on nun	nber	
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · ·		· · · ·	i	
Everntian Code			[]	L	 -::								
Exemption Code		_	Check Check								on nun	nber .	
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Exemption Code		ı	l∟l Check l	hox if t	l∟ his indi	l∟	has mo	re than	l∟ n one e	ı∟ xemnti	on nur	nber .	
Exemplion Godo		_	Check										
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>		
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	his indi	vidual i	s unde	r 18 .	··		·		
<u> </u>													
Exemption Code		_	Check								on nun	nber	
ĺ			Check	box if t	his indi	vidual i	s unde	r 18	 i			i —	
Exemption Code			l∟l Check∃	boy if t	 hio indi	الـــــا		ro than				lL	
Exemption Code		_	Check								OII Hui	inei	
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Exemption Code			Check	box if t	ı∟ his indi	ı∟∟∟ı vidual l	has mo	re than	one e	xempti	on nun	nber .	
		_	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 .					