

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|-----------------------------------|---------------------------------------|
| Taxpayer's name VAKHARIA ARJAV | Social security number 597-91-3784 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 58,276. |
| 2 | Total tax | 2 | 5,589. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 7,432. |
| 4 | Amount you want refunded to you | 4 | 1,843. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 3 | 7 | 8 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
 Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

| | | | |
|---|--|-------------------------------|--|
| Your first name and middle initial VAKHARIA | | Last name ARJAV | Your social security number 597-91-3784 |
| If joint return, spouse's first name and middle initial | | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 227 SOUTH ST | | | Apt. no. 1 |
| City, town, or post office. If you have a foreign address, also complete spaces below. JERSEY CITY | | State NJ | ZIP code 07307 |
| Foreign country name | | Foreign province/state/county | Foreign postal code |

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions):

| If more than four dependents, see instructions and check here . . . <input type="checkbox"/> | (1) First name Last name | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): | |
|--|--------------------------|--|----------------------------|-------------------------|--|-----------------------------|
| | | | | | Child tax credit | Credit for other dependents |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--|-----------|---------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 65,122. |
| | b Household employee wages not reported on Form(s) W-2 | 1b | |
| | c Tip income not reported on line 1a (see instructions) | 1c | |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| | g Wages from Form 8919, line 6 | 1g | |
| | h Other earned income (see instructions) | 1h | 0. |
| | i Nontaxable combat pay election (see instructions) | 1i | |
| | z Add lines 1a through 1h | 1z | 65,122. |
| | 2a Tax-exempt interest | 2a | |
| | 3a Qualified dividends | 3a | |
| | 4a IRA distributions | 4a | |
| | 5a Pensions and annuities | 5a | |
| | 6a Social security benefits | 6a | |
| c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | | |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | | |
| 8 Other income from Schedule 1, line 10 | 8 | -6,846. | |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 58,276. | |
| 10 Adjustments to income from Schedule 1, line 26 | 10 | | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 | 58,276. | |
| 12 Standard deduction or itemized deductions (from Schedule A) | 12 | 12,950. | |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 | | |
| 14 Add lines 12 and 13 | 14 | 12,950. | |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 | 45,326. | |

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax (line 24) is 5,589.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments (line 33) is 7,432.

If you have a qualifying child, attach Sch. EIC.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of line 34 you want refunded to you (line 35a) is 1,843.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Amount you owe (line 37) is 1,843.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No'. 'No' is selected.

Sign Here section. Includes signature lines for preparer and spouse, date, occupation, and phone number.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VAKHARIA ARJAV

Your social security number
597-91-3784

Part 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. Attach Schedule E | 5 | -6,846. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | 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 | |
| l | 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 | 8l | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | |
| n | Section 951(a) inclusion (see instructions) | 8n | |
| o | Section 951A(a) inclusion (see instructions) | 8o | |
| p | Section 461(l) excess business loss adjustment | 8p | |
| q | Taxable distributions from an ABLÉ 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 | () |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | |
| u | Wages earned while incarcerated | 8u | |
| z | Other income. List type and amount: _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -6,846. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Part 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 | | |
| c | 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: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | |
| 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 | 24i | |
| j | Housing deduction from Form 2555 | 24j | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | |
| z | Other adjustments. List type and amount: _____ | 24z | |
| 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 here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **13**

Name(s) shown on return
VAKHARIA ARJAV

Your social security number
597-91-3784

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

| | |
|----------|---|
| A | A/22 GUNJAN PARK, B/H MANGALDEEP SOC APEXA CROSS, ISKON MANDIR ROAD, GOTRI, VADODRA IN 390007 |
| B | |
| C | |

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|--|--|------------------|-------------------|--------------------------|
| A 3 | | 295 | 0 | <input type="checkbox"/> |
| B | | | | <input type="checkbox"/> |
| C | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | |
|------------------|---|-------------|---|---------|
| | | A | B | C |
| 3 | Rents received | 380. | | |
| 4 | Royalties received | | | |
| Expenses: | | | | |
| 5 | Advertising | | | |
| 6 | Auto and travel (see instructions) | | | |
| 7 | Cleaning and maintenance | 550. | | |
| 8 | Commissions | | | |
| 9 | Insurance | | | |
| 10 | Legal and other professional fees | | | |
| 11 | Management fees | 749. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | | | |
| 13 | Other interest | | | |
| 14 | Repairs | 2,544. | | |
| 15 | Supplies | 2,142. | | |
| 16 | Taxes | | | |
| 17 | Utilities | 1,241. | | |
| 18 | Depreciation expense or depletion | | | |
| 19 | Other (list) _____ | | | |
| 20 | Total expenses. Add lines 5 through 19 | 7,226. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | -6,846. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | (6,846.) | | |
| 23a | Total of all amounts reported on line 3 for all rental properties | 380. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | | | |
| c | Total of all amounts reported on line 12 for all properties | | | |
| d | Total of all amounts reported on line 18 for all properties | | | |
| e | Total of all amounts reported on line 20 for all properties | 7,226. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | (6,846.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | | | -6,846. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-6,846.

Schedule E (Form 1040) 2022

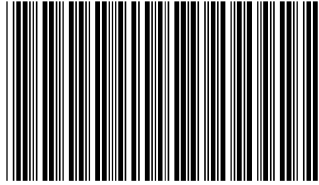
2022 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year
Beginning _____, 2022 Ending _____, 2023

1555

NJ-1040NR
2022
Page 1



040NV01220

Your Social Security Number
597913784

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/ CU partner last name only if different.)
ARJAV VAKHARIA

Spouse's/ CU Partner's Social Security Number

State of Residency (outside NJ)
TEXAS

Home Address (Number and Street, incl. apt. # or rural route)
227 SOUTH ST APT 1

| | | | | |
|--------------------------------|-------|-------------------------|-------|----------|
| Driver's License # (Voluntary) | State | City, Town, Post Office | State | ZIP Code |
| V02210587110932 | NJ | JERSEY CITY | NJ | 07307 |

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

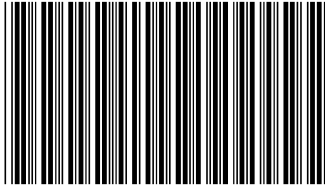
Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

| | | | |
|-------------------------------------|---|-----|----|
| Gubernatorial Elections Fund | Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/ CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund. | Yes | No |
| | | Yes | No |





040NV02220

Name(s) as shown on Form NJ-1040NR
ARJAV VAKHARIA

Your Social Security Number
597913784

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return _____
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

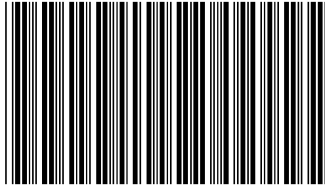
| | | | | | | | |
|---|------|-------------------|------------------|------|---|------|------|
| 6. Regular | Self | Spouse/CU Partner | Domestic Partner | 6. | 1 | | |
| 7. Age 65 or over | Self | Spouse/CU Partner | | 7. | | | |
| 8. Blind or Disabled | Self | Spouse/CU Partner | | 8. | | | |
| 9. Veteran Exemption | Self | Spouse/CU Partner | | | | | 9. |
| 10. Number of your qualified dependent children | | | | | | | 10. |
| 11. Number of other dependents | | | | | | | 11. |
| 12. Dependents attending colleges (See Instructions) | | | | 12. | | | |
| 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. | | | | 13a. | 1 | 13b. | 13c. |

Dependent Information

| 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

| | | | | |
|--|-----|---------|-----|---------|
| 15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75 | 15. | 15709 . | 15. | 15709 . |
| 16. Interest | 16. | . | 16. | . |
| 17. Dividends | 17. | . | 17. | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) | 18. | . | 18. | . |
| 19. Net gains or income from disposition of property (From line 68) | 19. | . | 19. | . |
| 20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) | 20. | 0 . | 20. | 0 . |
| 21. Net gambling winnings (See Instructions) | 21. | . | 21. | . |
| 22. Taxable pensions, annuities, and IRA distributions/withdrawals | 22. | . | | . |
| 23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4) | 23. | . | 23. | . |
| 24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4) | 24. | . | 24. | . |
| 25. Alimony and separate maintenance payments received | 25. | . | | . |
| 26. Other – State Nature and Source _____ | 26. | . | 26. | . |
| 27. TOTAL INCOME (Add lines 15 through 26) | 27. | 15709 . | 27. | 15709 . |



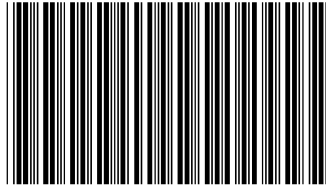
040NV03220

Name(s) as shown on Form NJ-1040NR
ARJAV VAKHARIA

Your Social Security Number
597913784

1555

| | | | |
|---|------|---------|---|
| 28a. Pension/Retirement Exclusion (See Instructions) | 28a. | . | . |
| 28b. Other Retirement Income Exclusion (See Worksheet and Instructions) | 28b. | . | 28b. . |
| 28c. Total Exclusion Amount (Add line 28a and line 28b) | 28c. | . | 28c. . |
| 29. Gross Income (Subtract line 28c from line 27) | 29. | 15709 . | 29. 15709 |
| 30. Total Exemption Amount (See Instructions) | 30. | 1000 . | |
| 31. Medical Expenses (See Worksheet and Instructions) | 31. | . | |
| 32. Alimony and separate maintenance payments | 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 Education Tuition Deduction | 37c. | . | |
| 38. Total Exemptions and Deductions (Add lines 30 through 37c) | 38. | 1000 . | |
| 39. Taxable Income (Subtract line 38 from line 29, column A) | 39. | 14709 . | |
| 40. Tax on amount on line 39 (From Tax Table) | 40. | 206 . | |
| 41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> % | | | |
| 42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41) | 42. | | 206 . |
| 43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions) | 43. | . | . |
| 44. Gold Star Family Counseling Credit (See Instructions) | 44. | . | . |
| 45. Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 45. | . | . |
| 46. Total Credits (Add lines 43, 44, and 45) | 46. | . | . |
| 47. Balance of Tax After Credits (Subtract line 46 from line 42) | 47. | | 206 . |
| 48. Interest on Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed | 48. | | . |
| 49. Total Tax Due (Add line 47 and line 48) | 49. | | 206 . |
| 50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions) | 50. | 547 . | |
| 51. New Jersey Estimated Tax Payments/Credit from 2021 return | 51. | . | Also enter on line 51: |
| 52. Tax paid on your behalf by Partnership(s) | 52. | . | • Payments made in connection with sale of NJ real property |
| 53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) | 53. | . | • Payments by S corporation for nonresident shareholder |
| 54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450) | 54. | . | |
| 55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) | 55. | . | |
| 56. Pass-Through Business Alternative Income Tax Credit (See instructions) | 56. | . | |



040NV04220

Name(s) as shown on Form NJ-1040NR
ARJAV VAKHARIA

Your Social Security Number
597913784

1555

| | | | |
|-----|--|------|-------|
| 57. | Total Payments/Credits (Add lines 50 through 56) | 57. | 547 . |
| 58. | If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F | 58. | . |
| 59. | If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment | 59. | 341 . |
| 60. | Amount from line 59 you want to credit to your 2023 tax | 60. | . |
| 61. | Amount you want to credit to: | | |
| | (A) N.J. Endangered Wildlife Fund | 61A. | . |
| | (B) N.J. Children's Trust Fund | 61B. | . |
| | (C) N.J. Vietnam Veterans' Memorial Fund | 61C. | . |
| | (D) N.J. Breast Cancer Research Fund | 61D. | . |
| | (E) U.S.S. N.J. Educational Museum Fund | 61E. | . |
| | (F) Designated Contribution | Code | 61F. |
| 62. | Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F) | 62. | . |
| 63. | Balance due (If line 58 is more than zero, add line 58 and 62) | 63. | . |
| 64. | Refund amount (If line 59 is more than zero, subtract line 62 from line 59) | 64. | 341 . |

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

| | |
|--|--|
| Name(s) as shown on Form NJ-1040NR ARJAV VAKHARIA | Your Social Security Number 597913784 |
|--|--|

| | | |
|---------------|---|---|
| Part I | Net Gains or Income From Disposition of Property | 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) Kind of property and description | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Gross sales price | (e) Cost or other basis as adjusted (see instructions) and expense of sale | (f) Gain or (loss) (d less e) |
|--------------------------------------|-----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 65. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|--|-----|--|--|
| 66. Capital Gains Distribution | 66. | | |
| 67. Other Net Gains..... | 67. | | |
| 68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) | 68. | | |

| | | |
|----------------|---|---|
| Part II | Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey | (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.) |
|----------------|---|---|

| | | | |
|---|-----|--|--|
| 69. Amount reported on line 15 in column A required to be allocated | 69. | | |
| 70. Total days in taxable year | 70. | | |
| 71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) | 71. | | |
| 72. Total days worked in taxable year (subtract line 71 from line 70) | 72. | | |
| 73. Deduct days worked outside New Jersey..... | 73. | | |
| 74. Days worked in New Jersey (subtract line 73 from line 72)..... | 74. | | |

75. **Allocation Formula** _____ x _____ = _____ (Include this amount on line 15, col. B)
 (Enter amount from line 69) (Salary earned inside N.J.)

| | | |
|-----------------|--|---|
| Part III | Allocation of Business Income to New Jersey | (See instructions if other than Formula Basis of allocation is used.) |
|-----------------|--|---|

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

Name(s) as shown on Form NJ-1040NR

Social Security Number

ARJAV VAKHARIA

597-91-3784

Schedule NJ-BUS-1
(Form NJ-1040NR)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. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.) | | 4. |

Part II Net Gains or Income
From Rents, Royalties,
Patents, and CopyrightsList 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. | A/22 GUNJAN PARK, B/H | 597913784 | 1 | -6,846. |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.) | | | 4. -6,846. |

Part III 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 tax paid on your behalf by Partnerships | 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 23, column A. If loss, enter zero on line 23, column A.) | | | | |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52. | | | | |
| 6. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.) | | | | |

Part IV 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 24, column A. If loss, enter zero on line 24, column A.) | | 4. | |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.) | | 5. | |

Schedule NJ-BUS-2
(Form NJ-1040NR)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. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a. | 0. | | 2b. | -6,846. | |
| 3. | Distributive Share of Partnership Income | 3a. | 0. | | 3b. | 0. | |
| 4. | Net Pro Rata Share of S Corporation Income | 4a. | 0. | | 4b. | 0. | |
| 5. | Loss Carryforward From Tax Year 2021 | | | | 5b. | () | |
| 6. | Totals | 6a. | 0. | | 6b. | -6,846. | |
| 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. | (| 6,846. |) | | |

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- 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 on line 35 of Form NJ-1040NR, 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-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records