



# Tips for Estimated Tax

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For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

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- get information and manage your taxes online
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### Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

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### Estimated tax amounts

Full SSN or taxpayer ID number 596290083		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State	95	.00
Taxpayer's first name and middle initial SRI SAI HARISH		Taxpayer's last name ANUMALA		New York City		.00
Mailing address (number and street or PO Box; see instructions) 22E READING RD		Apartment number		Yonkers		.00
City, village, or post office EDISON	State NJ	ZIP code 08817		MCTMT		.00
Taxpayer's email address				<b>Total payment</b>	95	.00

	Dollars	Cents
New York State	95	00
New York City		00
Yonkers		00
MCTMT		00
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Mailing address (number and street or PO Box; see instructions) 22E READING RD			Apartment number		Yonkers	.00
City, village, or post office EDISON		State NJ	ZIP code 08817		MCTMT	.00
Taxpayer's email address						

	Dollars	Cents
New York State	94	.00
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Mailing address (number and street or PO Box; see instructions) 22E READING RD			Apartment number		Yonkers	.00
City, village, or post office EDISON		State NJ	ZIP code 08817		MCTMT	.00
Taxpayer's email address						

	Dollars	Cents
New York State	94	00
New York City		00
Yonkers		00
MCTMT		00
<b>Total payment</b>	94	00

**STOP:** Pay this electronically on our website



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

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

### **Attention tax return preparer:**

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

## **Preparers who file paper returns are subject to penalties.**

### **Avoid penalties and e-file this return.**

### **Attention taxpayer:**

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

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

### **Questions?**

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



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning ..... **22**  
and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SRI SAI HARISH		Your last name (for a joint return, enter spouse's name on line below) ANUMALA		Your date of birth (mmddyyyy) 08231991	Your Social Security number 596290083
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number 727297288
Mailing address (see instructions) (number and street or PO Box) 22E READING RD				Apartment number	New York State county of residence NR
City, village, or post office EDISON		State NJ	ZIP code 08817	Country UNITED STATES	School district name NR
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying surviving spouse

**B Did you itemize** your deductions on your 2022 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No

**D1** Did you have a financial account located in a foreign country? ..... Yes  No



### D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) ..... Yes  No

(2) Enter the amount .....

### E New York City part-year residents only

(1) Number of months **you** lived in NY City in 2022 ....

(2) Number of months **your spouse** lived in NY City in 2022 .....

**F** Enter your **2-character special condition code(s) if applicable** .....

### G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H** Did you or your spouse maintain living quarters in NYS in 2022? ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001223555

For office use only

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Enter your Social Security number  
596290083

Federal income and adjustments	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc. ....	1	89891 .00	1	89891 .00
2 Taxable interest income .....	2	.00	2	.00
3 Ordinary dividends .....	3	30 .00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5 Alimony received .....	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-7173 .00	11	.00
12 Rental real estate included in line 11 (federal amount) <b>12.</b> <input type="text" value="-7173"/>		-7173 .00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income Identify: <input type="text"/>	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16 .....	17	82748 .00	17	89891 .00
18 Total federal adjustments to income Identify: <input type="text"/>	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	82748 .00	19	89891 .00
19a Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	82748 .00	19a	89891 .00

New York additions				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21 Public employee 414(h) retirement contributions .....	21	6535 .00	21	6535 .00
22 Other (Form IT-225, line 9) .....	22	.00	22	.00
23 Add lines 19a through 22 .....	23	89283 .00	23	96426 .00

New York subtractions				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government .....	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds .....	27	.00	27	.00
28 Pension and annuity income exclusion .....	28	.00	28	.00
29 Other (Form IT-225, line 18) .....	29	.00	29	.00
30 Add lines 24 through 29 .....	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	89283 .00	31	96426 .00

32 Enter the amount from line 31, **Federal amount** column  **32** 89283 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	81283.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	<b>000.00</b>
36 <b>New York taxable income</b> (subtract line 35 from line 34)	81283.00

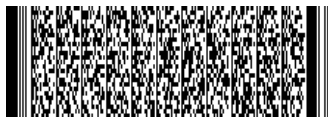
**Tax computation, credits, and other taxes**

37 <b>New York taxable income</b> (from line 36)	81283.00
38 New York State tax on line 37 amount	4544.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	4544.00
41 New York State child and dependent care credit	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	4544.00
43 New York State earned income credit	.00
44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	4544.00
45 Income percentage <input type="text"/> New York State amount from line 31 <input type="text" value="96426.00"/> ÷ Federal amount from line 31 <input type="text" value="89283.00"/> = Round result to 4 decimal places <input type="text" value="1.0800"/>	
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	4908.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	4908.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	4908.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	<b>See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.</b>
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00	
56 <b>Sales or use tax</b> (Do not leave blank.)	56	0.00	
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00	
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	4908.00	

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Enter your Social Security number
596290083

59 Enter amount from line 58 59 4908 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits (5021.00).

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid (113.00), amount available for refund (113.00), and total refund after NYS 529 account deposit (113.00).

Mark one refund choice: [ ] direct deposit to checking or savings account (fill in line 73) - or - [X] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2023 tax (69), amount owed (70), and other penalties and interest (72).

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box [ ]

73a Account type: [ ] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number [ ] 73c Account number [ ]

74 Electronic funds withdrawal Date [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code | 0 | 9, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email:

See instructions for where to mail your return.

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Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

596290083

Box b Employer identification number (EIN)

133893536

### Box c Employer's information

Employer's name CITY UNIVERSITY OF NEW YORK			
Employer's address (number and street) 205 EAST 42ND STREET			
City NEW YORK	State NY	ZIP code 10017	Country

Box 1 Wages, tips, other compensation

89891.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

4994.00

Code

E

Box 12b Amount

25540.00

Code

D D

Box 12c Amount

4994.00

Code

G

Box 12d Amount

.00

Code

Box 14a Amount

6535.00

Description

414HSUB

Box 14b Amount

424.00

Description

NYSPFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

89891.00

Box 17a NYS income tax withheld

5021.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

### Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555

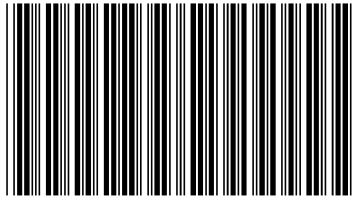


2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
596290083

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.)  
ANUMALA SRI SAI HARISH

Spouse's/CU Partner's SSN (if filing jointly)  
727297288

County/Municipality Code (See Table page 50)  
1205

Home Address (Number and Street, including apartment number)  
22E READING RD

City, Town, Post Office  
EDISON

State ZIP Code  
NJ 08817

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

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

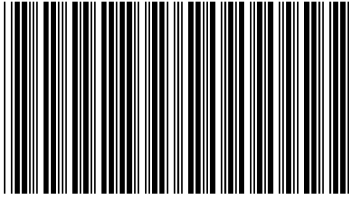
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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  
ANUMALA SRI SAI HARISH

Your Social Security Number  
596290083

1555

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

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
  - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2020 2021

727297288  
Enter spouse's/CU partner's SSN

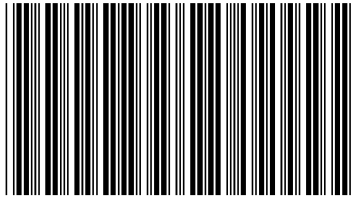
**Exemptions**

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	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</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						x \$1,500 =	_____
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.	1000 .

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.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03220

Name(s) as shown on Form NJ-1040  
ANUMALA SRI SAI HARISH

Your Social Security Number  
596290083

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	89891	.
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.	30	.
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.	89921	.
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.	89921	.
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.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher Ed. Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	.
39. Taxable Income (Subtract line 38 from line 29)	39.	88921	.
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	2160	.
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.	88921	.
43. Tax on amount on line 42 (Tax Table page 52)	43.	3538	.
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	3538	.
Enter Code		32	
45. Balance of Tax (Subtract line 44 from line 43)	45.	0	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49. Total Credits (Add lines 46 through 48)	49.	.	.
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	.	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52. Interest on Underpayment of Estimated Tax	52.	.	.
Fill in if Form NJ-2210 is enclosed			
53. Shared Responsibility Payment (See instructions)	53.	0	.
	<b>REQUIRED</b> Enclose Schedule HCC and fill in	<b>X</b>	



Name(s) as shown on Form NJ-1040 ANUMALA SRI SAI HARISH	Social Security Number 596-29-0083
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**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

<b>Part I</b> 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, NJ-1040. If loss, make no entry on line 18.)		4.

<b>Part II</b> 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)
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.

<b>Part III</b> 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	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.

<b>Part IV</b> 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
1.	From federal Sch E	596290083	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**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2022**

Part I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-7,173.		
5.	Loss Carryforward From Tax Year 2021			5b.	(	)	
6.	Totals	6a.	0.	6b.	-7,173.		
<b>Part II Adjustment Calculation</b>							
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.				
<b>Part III Loss Carryforward to Tax Year 2023</b>							
12.	Loss Carryforward to Tax Year 2023			12.	(	7,173.)	

**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.



**Statement for Wages, Salaries, and Tips**

**2022**

Name ANUMALA SRI SAI HARISH	Social Security No. 596-29-0083
--------------------------------	------------------------------------

	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
<b>Not applicable if a part-year nonresident with NJ source income.</b>		
<b>1</b> Wages, from Form W-2 . . . . .	89,891.	
<b>Deductions from wages:</b> Complete the following if included on line 1 above and meet all requirements (see help)		
<b>a</b> Meals and lodging . . . . .		
<b>b</b> Employee business expenses . . . . .		
<b>c</b> Moving expenses . . . . .		
<b>d</b> Compensation for injuries or sickness . . . . .		
<b>e</b> Total deductions from wages . . . . .		
<b>f</b> Taxable wages . . . . .	89,891.	
<b>2</b> Miscellaneous income, Form 8919 . . . . .		
<b>3</b> Excess employee business expense reimbursement . . . . .		
<b>4</b> Taxable tips, from Form 4137, plus non-cash tips . . . . .		
<b>5</b> Excess moving expense reimbursement . . . . .		
<b>6</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .		
<b>7</b> Wages from a foreign source . . . . .		
<b>8</b> Ordinary income from ESPP stock sale and incentive stock options . . . . .		
<b>9</b> Military spouses residency relief act (see New Jersey instructions) . .		
<b>10</b> Other:		
CITY UNI -E-403(b) deferrals	0.	
CITY UNI -G-457(b) deferrals	0.	
CITY UNI -NY IRC 414(h) contribution	0.	
<b>11 Total wages, salaries, tips, etc . . . . .</b>	<b>89,891.</b>	

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

Name as Shown on Return ANUMALA SRI SAI HARISH	Social Security No. 596-29-0083
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**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
		<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 . . . . .											
		<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 . . . . .											
		<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"/>