

# Mississippi Individual Income Tax Declaration For Electronic Filing 2022

Submission Number

Taxpayer First Name <b>HASAN</b>	Initial	Last Name <b>MOHAMMAD</b>	<b>YOU MUST ENTER SSN</b>	
Spouse First Name	Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) <b>1480 US HIGHWAY 46 Apt. 134A</b>				
City <b>PARSIPPANY</b>	State <b>NJ</b>	Zip <b>07054</b>	County Code <b>90</b>	Taxpayer SSN <b>114044865</b>
				Spouse SSN

**PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)**

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	3974
2 Total Mississippi tax (Form 80-105, line 24; 80-205, line 26)	2	0
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	4
4 Refund (Form 80-105, line 34; 80-205, line 35)	4	4
5 Amount you owe (Form 80-105, line 37; 80-205, line 38)	5	

**PART II: DIRECT DEPOSIT/DIRECT DEBIT**

1 Routing number	062203751	3 Type of account:	Checking	<input checked="" type="checkbox"/>	Savings
2 Account number	3705931016	6 Type of account:	Checking		Savings
4 Routing number					
5 Account number					

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

**PART III: DECLARATION OF TAXPAYER**

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

<b>ERO Use Only</b>	ERO Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
		02182023			
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			882145487	
				Phone No.	
				(678) 965-9522	

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
		02182023		<input checked="" type="checkbox"/>	
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			843171965	
				Phone No.	
				(678) 965-9522	



# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2022

Amended

Non-Resident   Part-Year, Tax Year Beginning 02012022 and Ending 12312022

Taxpayer First Name <b>HASAN</b>		Initial	Last Name <b>MOHAMMAD</b>	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) <b>1480 US HIGHWAY 46 Apt. 134A</b>				
City <b>PARSIPPANY</b>		State <b>NJ</b>	Zip <b>07054</b>	County Code <b>90</b>

SSN **114044865**

Spouse SSN

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

**EXEMPTIONS**

**Dependents** (in column B, enter "C" for child, "P" for parent or "R" for relative)

6 (A) Name	(B)	(C) Dependent SSN

7 Total number of dependents (from line 6 and Form 80-491)

8 Taxpayer Age 65 or Over      Spouse Age 65 or Over  
Taxpayer Blind      Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8

10 Line 9 x **\$1,500**      10  
11 Enter filing status exemption      11      6000  
12 Total (line 10 plus line 11)      12      6000

**PRORATION**

(COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

<p>13a Mississippi adjusted gross income <b>4797</b></p> <p>b Adjusted gross income from all sources <b>48340</b></p> <p>c Line 13a divided by line 13b <b>9.9235</b></p>	<p>14a Standard or itemized deductions <b>2300</b></p> <p>b Mississippi deductions (line 14a multiplied by line 13c) <b>228</b></p>	<p>15a Exemptions (from line 12; if married filing separate, use 1/2 amount) <b>6000</b></p> <p>b Mississippi exemption (line 15a multiplied by line 13c) <b>595</b></p>
---	---	--

**MISSISSIPPI INCOME TAX**

Column A (Taxpayer)

Column B (Spouse)

16 Mississippi adjusted gross income (from page 2, line 67 or line 68)	16A	4797	16B	
17 Deductions (from line 14b; if itemized, attach Form 80-108)	17A	228	17B	
18 Exemptions (from line 15b)	18A	595	18B	
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A	3974	19B	
20 Income tax due (from Schedule of Tax Computation, see instructions)			20	0
21 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3d)			21	
22 Other credits (from Form 80-401, line 1)			22	0
23 Net income tax due (line 20 minus line 21 and line 22)			23	0
24 Consumer use tax (see instructions)			24	
25 Catastrophe savings tax (see instructions)			25	
26 Total Mississippi income tax due (line 23 plus line 24 and line 25)			26	0
27 Mississippi income tax withheld (complete Form 80-107)			27	4
28 Estimated tax payments, extension payments and/or amount paid on original return			28	
29 Refund received and/or amount carried forward from original return (amended return only)			29	
30 Total payments (line 27 plus line 28 minus line 29)			30	4
31 Overpayment (if line 30 is more than line 26, subtract line 26 from line 30; if zero, skip to line 36)			31	4
32 Interest and penalty (from Form 80-320, line 11 and/or line 12)			32	
33 Adjusted overpayment (line 31 minus line 32)			33	4
34 Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)		34	0
35 Overpayment refund (line 33 minus line 34)		<b>REFUND</b>	35	4
<input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3)				
36 Balance due (if line 26 is more than line 30, subtract line 30 from line 26)		<b>BALANCE DUE</b>	36	
37 Interest and penalty (from Form 80-320, line 19)			37	
38 Total due (line 36 plus line 37)		<b>AMOUNT YOU OWE</b>	38	

Installment Agreement Request  
(see instructions for eligibility; attach Form 71-661)



# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2022

SSN 114044865

INCOME	Total Income From All Sources	Mississippi Income ONLY
39 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	39 48340	39 4797
40 Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>	40	40
41 Capital gain (loss) <b>(attach Federal Schedule D, if applicable)</b>	41	41
42 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	42	42
43 Farm income (loss) <b>(attach Federal Schedule F)</b>	43	43
44 Interest income (from Form 80-108, part II, line 3)	44	44
45 Dividend income (from Form 80-108, part II, line 6)	45	45
46 Alimony received	46	46
47 Taxable pensions and annuities <b>(complete Form 80-107)</b>	47	47
48 Unemployment compensation <b>(complete Form 80-107)</b>	48	48
49 Other income (loss) (from Form 80-108, part V, line 10)	49 0	49 0
50 <b>Total income</b> (add lines 39 through 49)	50 48340	50 4797

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
51 Payments to IRA	51	51
52 Payments to self-employed SEP, SIMPLE and qualified retirement plans	52	52
53 Interest penalty on early withdrawal of savings	53	53
54 Alimony paid (complete below)	54	54
Name	SSN	State
Date of Divorce		
55 Moving expense <b>(attach Federal Form 3903)</b>	55	55
56 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	56	56
57 Mississippi Prepaid Affordable College Tuition (MPACT)	57	57
58 Mississippi Affordable College Savings (MACS)	58	58
59 Self-employed health insurance deduction	59	59
60 Health savings account deduction	60	60
61 Catastrophe savings account deduction	61	61
62 Self-employment tax deduction	62	62
63 First-time home buyer saving account deduction	63	63
64 Agricultural disaster program compensation deduction	64	64
65 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	65	65
66 <b>Total adjustments</b> (add lines 51 through 65)	66	66
67 <b>Adjusted gross income</b> (line 50 minus line 66; <b>enter total AGI on page 1, line 13b and Mississippi AGI line 13a</b> )	67 48340	67 4797
68 <b>Split Mississippi AGI on line 67 between taxpayer and spouse</b>	T 68 4797	S 68

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



802052233163

# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2022

SSN 114044865

**DIRECT DEPOSIT INFORMATION**

1 Overpayment refund (from page 1, line 35) 1 4

<p><b>a</b> Routing Number 1</p> <p style="margin-left: 20px;">062203751</p>	<p>Account Number 1</p> <p style="margin-left: 20px;">3705931016</p>	<p><input checked="" type="checkbox"/> Checking    Savings</p>	<p>Direct Deposit 1 Amount</p> <p style="margin-left: 20px;">1a 4</p>
<p><b>b</b> Routing Number 2</p>	<p>Account Number 2</p>	<p>Checking    Savings</p>	<p>Direct Deposit 2 Amount</p> <p style="margin-left: 20px;">1b</p>

**SIGNATURE**

This return may be discussed with the preparer Yes No

**I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.**

		5078678699	P02082703
Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
		6789659522	SYAM@GTAXFILE.COM
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GU	0218202	245 ROONEY CT	E BRUNSWICK NJ 08816
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code

**Mail REFUND returns to:** Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058  
**Mail all other returns to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Duplex and Photocopies NOT Acceptable**



# Mississippi Adjustments And Contributions 2022

Taxpayer Name  
**MOHAMMAD, HASAN**

SSN **114044865**

**PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)**

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

<b>1</b> Federal adjusted gross income from Federal Form 1040, line 11	1	48340	
<b>2 a</b> Medical and dental expenses	2a		
<b>b</b> Multiply line 1 by 7.5% (.075)	2b		
<b>c</b> Medical and dental expense deduction (line 2a minus line 2b)			2c
<b>3 a</b> Total taxes paid	3a	2462	
<b>b</b> Less state income taxes (or other taxes in lieu of)	3b	2462	
<b>c</b> Total taxes paid deduction (line 3a minus line 3b)			3c
<b>4</b> Total interest paid			4
<b>5</b> Charitable contributions			5
<b>6</b> Total casualty or theft loss ( <b>attach Federal Form 4684</b> )			6
<b>7 a</b> Other miscellaneous deductions	7a		
<b>b</b> Less Mississippi gambling losses	7b		
<b>c</b> Total other miscellaneous deductions (line 7a minus line 7b)			7c
<b>8 Mississippi itemized deductions</b> (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8 <span style="float: right;">0</span>

**PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)**

<b>1</b> Interest income from all sources	1	0
<b>2</b> Amount of Mississippi nontaxable interest in line 1	2	
<b>3</b> Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	3	0
<b>4</b> Total dividends from all sources	4	
<b>5</b> Amount of Mississippi nontaxable distributions reported in line 4	5	
<b>6</b> Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 44 or Form 80-205, line 45)	6	

**PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)**

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at [www.dor.ms.gov](http://www.dor.ms.gov)) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund  
 Burn Care Fund  
 Wildlife Heritage Fund  
 Educational Trust Fund

Wildlife Fisheries and Parks Foundation  
 Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 33



# Mississippi Adjustments And Contributions 2022

SSN 114044865

**PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES**

**A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES**

- 1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E) A1
- 2 Add: depletion claimed in excess of cost basis A2
- 3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2) A3

**B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS**

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

COLUMN A	COLUMN B	COLUMN C
NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S

- 1 Total income (loss) from partnerships, s corporations, estates and trusts (Column C) B1

- C Total of Section A and Section B income (loss)(line A3 plus line B1); enter here and on Form 80-105, line 41 or Form 80-205, line 42 C

**PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME**

- 1 Net operating loss (enter from Form 80-155, line 2) 1
- 2 First-time home buyer unqualified expenses 2
- 3 Catastrophe savings taxable distribution 3

List other types of income (loss)

- 4 Other earned income Federal Form 1040 4 0
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 48 or Form 80-205, page 2, line 49 10 0



# Mississippi Income / Withholding Tax Schedule 2022

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)  
**MOHAMMAD, HASAN**

**THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING**

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	<p style="text-align: center; margin: 0;">Check appropriate box</p> <p style="margin: 0;">W-2                  W-2G                  1099</p> <p style="margin: 5px 0 0 20px;">If 1099-R, Code in Box 7</p> <p style="margin: 0 0 0 20px;">133714398</p> <p style="margin: 0 0 0 20px;">Employer or Payer ID from W-2 or 1099</p> <p style="margin: 0 0 0 20px;"><b>HASAN MOHAMMAD</b></p> <p style="margin: 0 0 0 40px;">Taxpayer Name</p> <p style="margin: 0 0 0 20px;">114044865</p> <p style="margin: 0 0 0 20px;">Taxpayer Social Security Number</p>	<p style="margin: 0;"><b>MS</b>                                  0</p> <p style="margin: 0 0 0 20px;">State                  State Wages, Tips, Etc.</p> <p style="margin: 10px 0 0 20px;">0</p> <p style="margin: 0 0 0 20px;"><b>Mississippi Withholding Only</b></p> <p style="margin: 0 0 0 20px;">NJ                                  44251</p> <p style="margin: 0 0 0 20px;">State                  Income from Other State</p>	<p style="margin: 0;"><b>BARCLAYS SERVICES CORPORA</b></p> <p style="margin: 0 0 0 20px;">Employer or payer name</p> <p style="margin: 0 0 0 20px;">745 SEVENTH AVE 18TH FLR</p> <p style="margin: 0 0 0 20px;">Address</p> <p style="margin: 0 0 0 20px;">NEW YORK                                  NY 10019</p> <p style="margin: 0 0 0 20px;">City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	<p style="text-align: center; margin: 0;">Check appropriate box</p> <p style="margin: 0;">W-2                  W-2G                  1099</p> <p style="margin: 5px 0 0 20px;">If 1099-R, Code in Box 7</p> <p style="margin: 0 0 0 20px;">646000818</p> <p style="margin: 0 0 0 20px;">Employer or Payer ID from W-2 or 1099</p> <p style="margin: 0 0 0 20px;"><b>HASAN MOHAMMAD</b></p> <p style="margin: 0 0 0 40px;">Taxpayer Name</p> <p style="margin: 0 0 0 20px;">114044865</p> <p style="margin: 0 0 0 20px;">Taxpayer Social Security Number</p>	<p style="margin: 0;"><b>MS</b>                                  4797</p> <p style="margin: 0 0 0 20px;">State                  State Wages, Tips, Etc.</p> <p style="margin: 10px 0 0 20px;">4</p> <p style="margin: 0 0 0 20px;"><b>Mississippi Withholding Only</b></p> <p style="margin: 0 0 0 20px;">State                  Income from Other State</p>	<p style="margin: 0;"><b>THE UNIV OF SOUTHERN MISS</b></p> <p style="margin: 0 0 0 20px;">Employer or payer name</p> <p style="margin: 0 0 0 20px;">118 COLLEGE DRIVE</p> <p style="margin: 0 0 0 20px;">Address</p> <p style="margin: 0 0 0 20px;">HATTIESBURG                                  MS 39406</p> <p style="margin: 0 0 0 20px;">City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center; margin: 0;">Check appropriate box</p> <p style="margin: 0;">W-2                  W-2G                  1099</p> <p style="margin: 5px 0 0 20px;">If 1099-R, Code in Box 7</p> <p style="margin: 0 0 0 20px;">Employer or Payer ID from W-2 or 1099</p> <p style="margin: 0 0 0 20px;">Taxpayer Name</p> <p style="margin: 0 0 0 20px;">Taxpayer Social Security Number</p>	<p style="margin: 0;"><b>MS</b></p> <p style="margin: 0 0 0 20px;">State                  State Wages, Tips, Etc.</p> <p style="margin: 10px 0 0 20px;"><b>Mississippi Withholding Only</b></p> <p style="margin: 0 0 0 20px;">State                  Income from Other State</p>	<p style="margin: 0;">Employer or payer name</p> <p style="margin: 0 0 0 20px;">Address</p> <p style="margin: 0 0 0 20px;">City, State, ZIP</p>

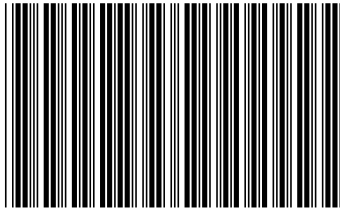
4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center; margin: 0;">Check appropriate box</p> <p style="margin: 0;">W-2                  W-2G                  1099</p> <p style="margin: 5px 0 0 20px;">If 1099-R, Code in Box 7</p> <p style="margin: 0 0 0 20px;">Employer or Payer ID from W-2 or 1099</p> <p style="margin: 0 0 0 20px;">Taxpayer Name</p> <p style="margin: 0 0 0 20px;">Taxpayer Social Security Number</p>	<p style="margin: 0;"><b>MS</b></p> <p style="margin: 0 0 0 20px;">State                  State Wages, Tips, Etc.</p> <p style="margin: 10px 0 0 20px;"><b>Mississippi Withholding Only</b></p> <p style="margin: 0 0 0 20px;">State                  Income from Other State</p>	<p style="margin: 0;">Employer or payer name</p> <p style="margin: 0 0 0 20px;">Address</p> <p style="margin: 0 0 0 20px;">City, State, ZIP</p>

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)  
114044865

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.)  
MOHAMMAD HASAN

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

County/Municipality Code (See Table page 50)  
1214

Home Address (Number and Street, including apartment number)  
1480 US HIGHWAY 46 APT 134A

City, Town, Post Office  
PARSIPPANY

State ZIP Code  
NJ 07054

Driver's License Number (Voluntary) (See instructions)  
885159686

- 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.

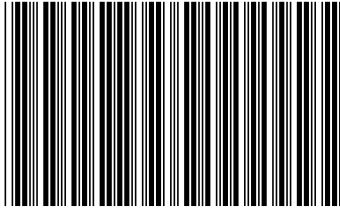
Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**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.	







040MP02220

Name(s) as shown on Form NJ-1040  
MOHAMMAD HASAN

Your Social Security Number  
114044865

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:  
From: 010122 To: 013122

Fiscal year filers only:  
Enter month of your year end 2023

**Filing Status**  
Fill in only one.

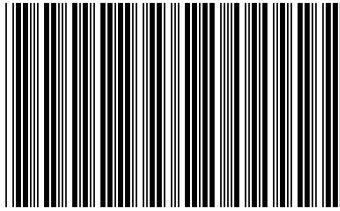
- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death:      2020      2021

**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 | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1957 or earlier)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 8. Blind/Disabled  | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 9. Veteran   | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$6,000 = | _____       |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 11. Other Dependents   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |   | 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  
MOHAMMAD HASAN

Your Social Security Number  
114044865

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	44251 .	
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.	44251 .	
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.	44251 .	
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	83 .	
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.	83 .	
39. Taxable Income (Subtract line 38 from line 29)	39.	44168 .	
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.	44168 .	
43. Tax on amount on line 42 (Tax Table page 52)	43.	948 .	
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.	948 .	
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.	948 .	
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 .	
	REQUIRED	Enclose Schedule HCC and fill in	



Name(s) as shown on Form NJ-1040  
MOHAMMAD HASAN

Your Social Security Number  
114044865

1555

54. Total Tax Due (Add lines 50 through 53)	54.	948 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	2227 .
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) 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	58.	.
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) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	.
65. New Jersey Child Tax Credit (See instructions) Number of dependents under age 6 on 12/31/2022	65.	.
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	2227 .
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 If you owe tax, you can still make a donation on lines 70 through 77.	67.	.
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	1279 .
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.	1279 .

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703  
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 84-3171965

**Tax Due Address**  
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  
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:  
nj.gov/taxation  
**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

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

Name as Shown on Return MOHAMMAD HASAN	Social Security No. 114-04-4865
---	------------------------------------


**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 . . . . .											