

IRS e-file Signature Authorization

- ▶ 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 THARUN KUMAR RAMESH	Social security number 707-30-2238
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	58,478.
2	Total tax	2	5,633.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,669.
4	Amount you want refunded to you	4	3,036.
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

0	2	2	3	8
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- 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 ▶ Tharun Kumar Ramesh Date ▶ 01/20/2023

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- 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	6	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 [X] 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: THARUN KUMAR; Last name: RAMESH; Your social security number: 707-30-2238
Home address: 226 FREEMAN AVE, JERSEY CITY, NJ 07306

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)? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents)

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for lines 2a through 6a, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table for lines 7 through 15, including Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, Taxable income

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	5,633.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,633.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,633.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,633.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	8,669.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	8,669.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	8,669.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,036.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,036.
Direct deposit?	b	Routing number 0 4 3 0 0 0 0 9 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
See instructions.	d	Account number 1 0 7 8 8 4 6 9 7 5		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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 (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation BUSINESS ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (724) 541-9359	Email address THARUNKUMARGORIVI@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/16/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522 Firm's EIN 88-2145487

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
THARUN KUMAR RAMESH

Your social security number
707-30-2238

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	-6,432.
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 ABLE 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	-6,432.

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)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

THARUN KUMAR RAMESH

Your social security number

707-30-2238

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	ELECTRONIC CITY PHASE 2 BENGALURU KARNATAKA IN 560100
B	
C	

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV	
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<input type="checkbox"/>

Type of Property:

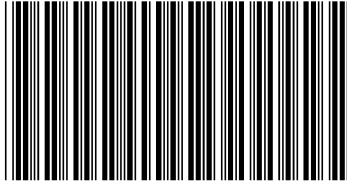
- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		
		A	B	C
3	Rents received	3	450.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	1,160.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	1,062.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	1,462.	
15	Supplies	15	1,546.	
16	Taxes	16		
17	Utilities	17	1,652.	
18	Depreciation expense or depletion	18		
19	Other (list)	19		
20	Total expenses. Add lines 5 through 19	20	6,882.	
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	21	-6,432.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(6,432.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	450.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e	6,882.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(6,432.)	
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	26		-6,432.

2022 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2022
Page 1



040NV01220

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

1555

Your Social Security Number
707302238

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

Spouse's/CU Partner's Social Security Number



State of Residency (outside NJ)
CALIFORNIA

Home Address (Number and Street, incl. apt. # or rural route)
226 FREEMAN AVE

Driver's License # (Voluntary)
R03527367211971

State
NJ

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07306

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:

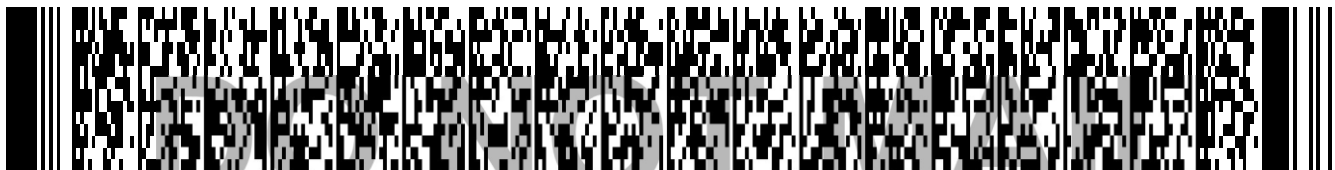
Gubernatorial
Elections Fund

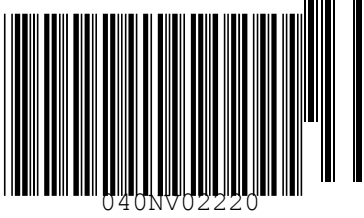
Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes
Yes

F

No
No





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

Your Social Security Number
707302238

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
- 5. Qualifying Widow(er)/Surviving CU Partner

DO NOT MAIL

Name and SSN of Spouse/CU Partner

Exemptions

6. Regular	Self	Spouse/CU Partner	Domestic	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner	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.

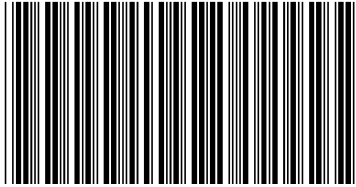
Dependent Information

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

E-FILE ONLY

	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. 14338	15. F 14338
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. .	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. .	25. .
26. Other – State Nature and Source _____	26. .	26. .
27. TOTAL INCOME (Add lines 15 through 26)	27. 14338	27. 14338

DO NOT MAIL



040NV03220

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

Your Social Security Number
707302238

1555

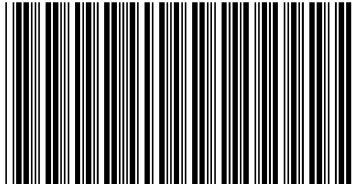
DO NOT MAIL

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.	14338	29. 14338
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.	13338	.
40. Tax on amount on line 39 (From Tax Table)	40.	187	.
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.		187 .
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.		187 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		187 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	617	.
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	.
52. Tax paid on your behalf by Partnership(s)	52.	.	.
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	.
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.	.	.

Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

DO NOT MAIL



040NV04220

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

Your Social Security Number
707302238

1555

DO NOT MAIL

57.	Total Payments/Credits (Add lines 50 through 56)	57.	617 .
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.	430 .
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.	430 .

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

E-FILE ONLY

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.

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

> _____
Your Signature Date

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

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

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

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

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

88-2145487

DO NOT MAIL

REV 01/03/23 PRO

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

Your Social Security Number
707302238

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 $\frac{\text{line 74}}{\text{line 72}} \times \text{line 69} =$ (Enter amount from line 69) (Salary earned inside N.J.)		(If included, this amount on line 15, col. B)

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 _____ % = \$ _____

DO NOT MAIL

6FKeGu0e 1J-B86-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2022

3DUW , Net Prots From Business List the net prot (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Prot or (Loss). (Add lines 1, 2, and 3) (Enter here and online 18, column A. If loss, enter zero on line 18, column A.)		4.

3DUW ,, 1e GDiQV RU IQFRPe List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
URP 5eQIV, 5RyDIIIeV,
Patents, and Copyrights 7ySe RI 3URSeIly:
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	6RuIFe RI IQFRPe RU /RVV. II UeQIDI UeDI eVIDIe, enter physical address of property.	6RFIDI 6eFulily 1uPEel/)eGeIDI (I1	7ySe - (QIeI QuPEel IURP IIVl DERYe	IQFRPe RU (/RVV)
1.	ELECTRONIC CITY PHASE 2	707302238	1	-6,432.
2.				
3.				
4.	1eI IQFRPe RU (/RVV). (\$GG IiQeV 1, 2, DQG 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4. -6,432.

3DUW ,, Distributive Share of Partnership Income List the distributive share of income (loss) from partnerships. See instructions.

	Partnership Name)eGeIDI (I1	Share of Partnership IQFRPe RU (/RVV)	Share of tax paid on your behalf by Partnerships	Share of Pass- Through Business \$IleIQDIiYe IQFRPe 7Dx
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.)				

3DUW ,V Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable IRVV) IURP 6 FRUSRUDIIRQ(V). 6ee iQVIlUuFIIIRQV.

	6 CRUSRUDIIRQ 1DPe)eGeIDI (I1	Pro Rata Share of S Corporation IQFRPe RU (8VDEIe /RVV)	Share of Pass-Through Business \$IleIQDIiYe IQFRPe 7Dx
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, FRUpQ \$. 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.

6FKeGu0e 1J-B86-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2022

3DUW , IQFRPe (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative BuViQeVV Income (L&VV)		
1.	Net Prots From Business	1D.	0.	1E.	0.		
2.	1eII GDIQ RU IQFRPe)URP 5eQIV, Royalties, Patents, and Copyrights	2D.	0.	2E.	-6,432.		
3.	Distributive Share of Partnership Income	3D.	0.	3E.	0.		
4.	Net Pro Rata Share of S Corporation IQFRPe	4D.	0.	4E.	0.		
5.	/RVV CDUyIRUwDUG)URP 7Dx YeDU 2021			5E.	()		
6.	7RIDI	6D.	0.	6E.	-6,432.		
3DUW ,, Adjustment Calculation							
7.	7RIDI 5egulDU %uViQeVV IQFRPe	7.	0.				
8.	7RIDI \$IIeIQDIYe %uViQeVV IQFRPe(/RVV) (If loss, enter zero)	8.	0.				
9.	%uViQeVV IQFJePeQII (6uEIVDFI liQe 8 IURP liQe 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	\$IIeIQDIYe %uViQeVV CBIEulIRQ Adjustment (line 9 x 0.50)	11.	0.				
3DUW ,,, /RVV CDUyIRUwDUG IR 7Dx YeDU 2023							
12.	/RVV CDUyIRUwDUG IR 7Dx YeDU 2023	12.		(6,432.		

,nVIUuFliRnV

- 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.