2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

Your Social Security Number (required) 498915238

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.)

PAGADALA MADAN MOHAN & ARUNA

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

961975375

County/Municipality Code (See Table page 50) 1205

Home Address (Number and Street, including apartment number) 8831 BUCKEYE DR APT 424

ZIP Code City, Town, Post Office State 46237 INDIANAPOLIS IN

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.

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

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

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2.	Account type (C for checking, S for savings)	dd2.	C
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4.	Routing number	dd4.	111000025
dd5.	Account number	dd5.	586035008148



NJ-1040

Name(s) as shown on Form NJ-1040

PAGADALA MADAN MOHAN & ARUNA

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498915238

1555

2022 Page 2

Part-year residents, provide months/days you were a New Jersey resident during 2022: Fiscal year filers only: 2023 From: Enter month of your year end To:

Filing Status

Fill in only one.

- 1. Single
- 2. × Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- Head of Household 4. Enter spouse's/CU partner's SSN
- Qualifying Widow(er)/Surviving CU Partner 5.

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.

Regular	×	Self	×	Spouse/CU Partner	Domestic Partner	2	$x $1,000 = \underline{2000}$
Senior 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner			x \$1,000 =
Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =
Veteran		Self		Spouse/CU Partner			x \$6,000 =
Qualified Dependent Children						2	$x $1,500 = \underline{3000}$
Other Dependents							x \$1,500 =
Dependents Attending Colleges (See instructions)					x \$1,000 =		
3. Total Exemption Amount (Add totals from the lines at 6 through 12)						13. 5000 .	
	Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See	Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions)	Senior 65+ (Born in 1957 or earlier) Self Blind/Disabled Self Veteran Self Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions)	Senior 65+ (Born in 1957 or earlier) Self Blind/Disabled Self Veteran Self Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions)	Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions)	Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions)	Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions)

Dependent Information. Provide the following information for each dependent. 14. Last Name, First Name, Middle Initial

PAGADALA, DANVISREE

791599598

PAGADALA, SHREYANSH REDDY b. c. d.

2018

NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040

PAGADALA MADAN MOHAN & ARUNA

Your Social Security Number

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1555

15	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	112724 .
15. 16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	112/21 .
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.	•
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.	•
25. 26.	Alimony and separate maintenance payments received Other (Englace decompate) (See instructions)	26.	•
27.	Other (Enclose documents) (See instructions) Total Income (Add lines 15, 16e, 17 through 20e, and 21 through 26)	20. 27.	112724 .
27. 28a.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) Pension/Retirement Exclusion (See instructions)	27. 28a.	112/24 .
		28b.	•
28b. 28c.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) Total Evaluation Amount (Add lines 28e and 28h)	28c.	•
29.	Total Exclusion Amount (Add lines 28a and 28b) New Jersey Grace Income (Subtract line 28a from line 27) (See instructions)	29.	112724 .
30.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	5000 .
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.	0.
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.	5000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	107724 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	4320 .
40a.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	4320 •
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	4320 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	103404 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	2938 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	398 .
44.	Enter Code	77.	14
45.	Balance of Tax (Subtract line 44 from line 43)	45.	2540 .
46.		46.	2340 •
	Sheltered Workshop Tax Credit Cold Stor Family Covereding Condit (See instructions)	47.	•
47. 48.	Gold Star Family Counseling Credit (See instructions)	48.	•
49.	Credit for Employer of Organ/Bone Marrow Donor (See instructions) Total Credits (Add lines 46 through 48)	49.	•
	Total Credits (Add lines 46 through 48)		2540 .
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	2540 .
51. 52.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51. 52.	0 .
JL.	Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	34.	•
52	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	52	0 .
53.	Shared responsionly rayment (see instructions) REQUIRED enclose schedule HCC and fill in	53.	U .

NJ-1040 2022

Page 4



Name(s) as shown on Form NJ-1040

PAGADALA MADAN MOHAN & ARUNA

Your Social Security Number

498915238 1555

54.	Total Tax Due (Add lines 50 through 53)	54.	2540		
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	2872		
56.	Property Tax Credit (See instructions page 24)	56.			
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.			
58.	New Jersey Earned Income Tax Credit (See instructions)	58.			
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.		
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.		
64.	Child and Dependent Care Credit (See instructions)		64.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	2872		
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	67.			
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	68.	332		
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)	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.	332	

Under penalties of perjury, I declare that I have example the best of my knowledge and belief, it is true, correspond on all information of which the preparer has a	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		
Your Signature	Date	Spouse's/CU Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
RVSSMANIKUMARAPPANA		P02090332	nj.gov/taxation Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		30-1017196	Trenton, NJ 08647-0555

Division Use: 1 2 3 4 5 6 7