



Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial: **MARIE** Last name: **VIOLA** Your social security number: **594-99-2364**

If joint return, spouse's first name and middle initial: **FNU** Last name: **SHAIKH AKRAM** Spouse's social security number: **718-72-8781**

Home address (number and street). If you have a P.O. box, see instructions. **59 GILES AVE** Apt. no. **FL 2** Presidential Election Campaign Fund: You Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. **Jersey City** State: **NJ** ZIP code: **07306** Check here if you, or your spouse, if filing jointly, want \$3 to go to fund. Checking a box below will not change your tax or refund.

Foreign country name: Foreign province/state/county: Foreign postal code: You Spouse

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) Check if qualifies for (see instructions): |
|--------------------------------|-----------|----------------------------|-------------------------|--|
| (1) First name | Last name | | | Child tax credit |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| | | | | |
|-----|--|-----|---------|-------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 72,58 |
| 2a | Tax-exempt interest | 2a | 2b | |
| 3a | Qualified dividends | 3a | 3b | |
| 4a | IRA distributions | 4a | 4b | |
| 5a | Pensions and annuities | 5a | 5b | |
| 6a | Social security benefits | 6a | 6b | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/> | | 7 | |
| 8 | Other income from Schedule 1, line 10 | | 8 | |
| 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 72,58 |
| 10 | Adjustments to income from Schedule 1, line 26 | | 10 | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | | 11 | 72,58 |
| 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 25,100. | |
| b | Charitable contributions if you take the standard deduction (see instructions) | 12b | 300. | |
| c | Add lines 12a and 12b | 12c | 25,40 | |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | | |
| 14 | Add lines 12c and 13 | 14 | 25,40 | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 47,18 | |

| | | | |
|-----|---|-----|--------------------------|
| 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 | 5,263. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,263. |
| 19 | Nonrefundable 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 | 0. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 5,263. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 5,263. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 6,202. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 6,202. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) NO | 27a | |
| | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the requirements for taxpayers who are at least age 18, to claim the EIC. See instructions | | <input type="checkbox"/> |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | 0. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 6,202. |

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

Refund

Direct deposit? See instructions.

| | | | |
|-----|--|-----|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 939. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 939. |
| b | Routing number 021200339 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 381044418982 | | |
| 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |

Amount You Owe

| | | | |
|----|--|----|----|
| 37 | Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | 0. |
| 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 **Shahid Manzoor** Phone no. **201-993-0877** Personal identification number (PIN) **02352**

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.

Joint return? See instructions. Keep a copy for your records.

| | | | |
|--|------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Shahid Manzoor | | HOMEMAKER | |
| 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.) |
| | | APPRENTICE | |

Phone no. _____ Email address _____

Paid Preparer Use Only

| | | | | |
|----------------------------------|--|------|-----------------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| Shahid Manzoor | | | P00111340 | |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GB FINANCIAL SERVICES LLC | 81 CULVER AVE, JERSEY CITY, NJ, 07305 | | (201) 993-0877 | 27-3294296 |

NJ-1040
2021
Page 1



040MP01210

Your Social Security Number (required)
594992364

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.)
VIOLA MARIE AND SHAIKH AKRAM FNU

Spouse's/CU Partner's SSN (if filing jointly)
718728781

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
59 GILES AVE APT. FL 2

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07306

Driver's License Number (Voluntary) (See instructions)
V45365190051012

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.

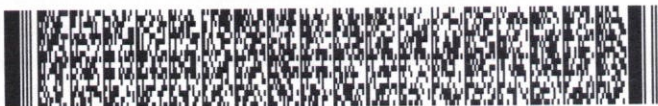
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| 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. | 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. | |
| dd5. Account number | dd5. | |

**021200339
381044418982**





040MP02210

Name(s) as shown on Form NJ-1040

VIOLA MARIE AND SHAIKH AKRAM FNU

Your Social Security Number

594992364

1064

Part-year residents, provide months/days you were a New Jersey resident during 2021:

From:

To:

Fiscal year filers only:

Enter month of your year end

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: 2019 2020

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 | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000= | <u>2000</u> |
| 7. Senior 65+ (Born in 1956 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. | 2000 . |

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. | _____ | | | |



040MP03210

Name(s) as shown on Form NJ-1040

VIOLA MARIE AND SHAIKH AKRAM FNU

Your Social Security Number

594992364

1064

| | | |
|---|-----------|--|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 72586 |
| 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. | 72586 |
| 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. | 72586 |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 2000 |
| 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. | . |
| 36. Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . |
| 37. Total Exemptions and Deductions (Add lines 30 through 36) | 37. | 2000 |
| 38. Taxable Income (Subtract line 37 from line 29) | 38. | 70586 |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) | 39a. | 1728 |
| 39b. Block | . | . |
| 39b. Lot | . | . |
| 39b. Qualifier | | Fill in if you completed Worksheet G |
| 39c. County/Municipality Code | | |
| 39d. Indicate your residency status during 2021 (fill in only one) | Homeowner | <input checked="" type="checkbox"/> Tenant |
| 40. Property Tax Deduction (From Worksheet H) (See instructions) | 40. | |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38) | 41. | 70586 |
| 42. Tax on Amount on line 41 (Tax Table page 52) | 42. | 1315 |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 43. | |
| Enter Code | | |
| 44. Balance of Tax (Subtract line 43 from line 42) | 44. | 1315 |
| 45. Sheltered Workshop Tax Credit | 45. | . |
| 46. Gold Star Family Counseling Credit (See instructions) | 46. | . |
| 47. Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 47. | . |
| 48. Total Credits (Add lines 45 through 47) | 48. | . |
| 49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry | 49. | 1315 |
| 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 50. | . |
| 51. Interest on Underpayment of Estimated Tax | 51. | . |
| Fill in if Form NJ-2210 is enclosed | | |
| 52. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in <input checked="" type="checkbox"/> | 52. | . |



Name(s) as shown on Form NJ-1040

VIOLA MARIE AND SHAIKH AKRAM FNU

Your Social Security Number

594992364

1064

| | | | |
|--|-----|-------------|---|
| 53. Total Tax Due (Add lines 49 through 52) | 53. | 1315 | . |
| 54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions) | 54. | 2885 | . |
| 55. Property Tax Credit (See instructions page 23) | 55. | 50 | . |
| 56. New Jersey Estimated Tax Payments/Credit from 2020 tax return | 56. | . | . |
| 57. New Jersey Earned Income Tax Credit (See instructions) | 57. | . | . |
| 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. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 58. | . | . |
| 59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . | . |
| 60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 60. | . | . |
| 61. Wounded Warrior Caregivers Credit (See instructions) | 61. | . | . |
| 62. Pass-Through Business Alternative Income Tax Credit (See instructions) | 62. | . | . |
| 63. Child and Dependent Care Credit (See instructions) | 63. | . | . |
| Fill in if you are a CU couple claiming the Child and Dependent Care Credit | | | |
| 64. Total Withholdings, Credits, and Payments (Add lines 54 through 63) | 64. | 2935 | . |
| 65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe | 65. | . | . |
| If you owe tax, you can still make a donation on lines 68 through 75. | | | |
| 66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment | 66. | 1620 | . |
| 67. Amount from line 66 you want to credit to your 2022 tax | 67. | . | . |
| 68. Contribution to N.J. Endangered Wildlife Fund | 68. | . | . |
| 69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | 69. | . | . |
| 70. Contribution to N.J. Vietnam Veterans' Memorial Fund | 70. | . | . |
| 71. Contribution to N.J. Breast Cancer Research Fund | 71. | . | . |
| 72. Contribution to U.S.S. New Jersey Educational Museum Fund | 72. | . | . |
| 73. Other Designated Contribution (See instructions) | 73. | . | . |
| 74. Other Designated Contribution (See instructions) | 74. | . | . |
| 75. Other Designated Contribution (See instructions) | 75. | . | . |
| 76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75) | 76. | . | . |
| 77. Balance due (If line 65 is more than zero, add line 65 and line 76) | 77. | . | . |
| 78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66) | 78. | 1620 | . |

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.

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 - Payment
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

| | | | |
|----------------------------------|---------------|---|---------------|
| _____ Your Signature | _____ Date | _____ Spouse's/CU Partner's Signature (required if filing jointly) | _____ Date |
| Paid Preparer's Signature | | Federal Identification Number | |
| | | P00111340 | |
| Firm's Name | | Firm's Federal Employer Identification Number | |
| GB FINANCIAL SERVICES LLC | | 273294296 | |

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040

VIOLA, MARIE and SHAIKH AKRAM, FNU

Social Security Number

594-99-2364

Schedule NJ-HCC

Health Care Coverage

2021

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

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

Yes. You do not owe a shared responsibility payment. Check the box at line 52, 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 52, 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.

| | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Name Social Security Number

Exemption number: Check box if this individual has more than one exemption number

| | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Name Social Security Number

Exemption number: Check box if this individual has more than one exemption number

| | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Name Social Security Number

Exemption number: Check box if this individual has more than one exemption number

| | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Name Social Security Number

Exemption number: Check box if this individual has more than one exemption number

| | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Name Social Security Number

Exemption number: Check box if this individual has more than one exemption number

This information is being furnished to the Internal Revenue Service.

| Copy B — To Be Filed With Employee's FEDERAL Tax Return | | Form W-2 Wage and Tax Statement | | OMB No. 1545-0008 |
|--|--|---|--|----------------------|
| 2021 | | 1 Wages, tips, other comp. 72585.73 | 2 Federal income tax withheld 6201.52 | |
| a Employee's SSN XXX-XX-8781 | 3 Social security wages 72585.73 | 4 Social security tax withheld 4500.32 | | |
| b Employer ID No. (EIN) 06-1423207 | 5 Medicare wages and tips 72585.73 | 6 Medicare tax withheld 1052.49 | | |
| c Employer's name, address and ZIP code AETNA RESOURCES, LLC 1 CVS DRIVE WOONSOCKET, RI 02895 | | | | |
| d Control number | | | | |
| e — f Employee's name, address and ZIP code FNU SHAIK AKRAM 59 GILES AVENUE JERSEY CITY, NJ 07306 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a code | See instr. for box 12 C 17.49 | |
| 13 Statutory employee | Retirement plan | Third-party sick pay | 12b code | |
| 14 Other NJ-FLI 203.19 NJ-UI TAXES 153.86 NJVPDI 341.07 | | | 12c code | |
| | | | | 12d code |
| 15 State NJ | Employer's state ID no. 061-423-207/000 | 16 State wages, tips, etc. 72585.73 | 17 State income tax 2885.25 | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Department of the Treasury — Internal Revenue Service

| Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return | | Form W-2 Wage and Tax Statement | | OMB No. 1545-0008 |
|--|--|---|--|----------------------|
| 2021 | | 1 Wages, tips, other comp. 72585.73 | 2 Federal income tax withheld 6201.52 | |
| a Employee's SSN XXX-XX-8781 | 3 Social security wages 72585.73 | 4 Social security tax withheld 4500.32 | | |
| b Employer ID No. (EIN) 06-1423207 | 5 Medicare wages and tips 72585.73 | 6 Medicare tax withheld 1052.49 | | |
| c Employer's name, address and ZIP code AETNA RESOURCES, LLC 1 CVS DRIVE WOONSOCKET, RI 02895 | | | | |
| d Control number | | | | |
| e — f Employee's name, address and ZIP code FNU SHAIK AKRAM 59 GILES AVENUE JERSEY CITY, NJ 07306 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a code | See instr. for box 12 C 17.49 | |
| 13 Statutory employee | Retirement plan | Third-party sick pay | 12b code | |
| 14 Other NJ-FLI 203.19 NJ-UI TAXES 153.86 NJVPDI 341.07 | | | 12c code | |
| | | | | 12d code |
| 15 State NJ | Employer's state ID no. 061-423-207/000 | 16 State wages, tips, etc. 72585.73 | 17 State income tax 2885.25 | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Department of the Treasury — Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

| Copy C — For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.) | | Form W-2 Wage and Tax Statement | | OMB No. 1545-0008 |
|--|--|---|--|----------------------|
| 2021 | | 1 Wages, tips, other comp. 72585.73 | 2 Federal income tax withheld 6201.52 | |
| a Employee's SSN XXX-XX-8781 | 3 Social security wages 72585.73 | 4 Social security tax withheld 4500.32 | | |
| b Employer ID No. (EIN) 06-1423207 | 5 Medicare wages and tips 72585.73 | 6 Medicare tax withheld 1052.49 | | |
| c Employer's name, address and ZIP code AETNA RESOURCES, LLC 1 CVS DRIVE WOONSOCKET, RI 02895 | | | | |
| d Control number | | | | |
| e — f Employee's name, address and ZIP code FNU SHAIK AKRAM 59 GILES AVENUE JERSEY CITY, NJ 07306 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a code | See instr. for box 12 C 17.49 | |
| 13 Statutory employee | Retirement plan | Third-party sick pay | 12b code | |
| 14 Other NJ-FLI 203.19 NJ-UI TAXES 153.86 NJVPDI 341.07 | | | 12c code | |
| | | | | 12d code |
| 15 State NJ | Employer's state ID no. 061-423-207/000 | 16 State wages, tips, etc. 72585.73 | 17 State income tax 2885.25 | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Department of the Treasury — Internal Revenue Service

| Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return | | Form W-2 Wage and Tax Statement | | OMB No. 1545-0008 |
|--|--|---|--|----------------------|
| 2021 | | 1 Wages, tips, other comp. 72585.73 | 2 Federal income tax withheld 6201.52 | |
| a Employee's SSN XXX-XX-8781 | 3 Social security wages 72585.73 | 4 Social security tax withheld 4500.32 | | |
| b Employer ID No. (EIN) 06-1423207 | 5 Medicare wages and tips 72585.73 | 6 Medicare tax withheld 1052.49 | | |
| c Employer's name, address and ZIP code AETNA RESOURCES, LLC 1 CVS DRIVE WOONSOCKET, RI 02895 | | | | |
| d Control number | | | | |
| e — f Employee's name, address and ZIP code FNU SHAIK AKRAM 59 GILES AVENUE JERSEY CITY, NJ 07306 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a code | See instr. for box 12 C 17.49 | |
| 13 Statutory employee | Retirement plan | Third-party sick pay | 12b code | |
| 14 Other NJ-FLI 203.19 NJ-UI TAXES 153.86 NJVPDI 341.07 | | | 12c code | |
| | | | | 12d code |
| 15 State NJ | Employer's state ID no. 061-423-207/000 | 16 State wages, tips, etc. 72585.73 | 17 State income tax 2885.25 | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Department of the Treasury — Internal Revenue Service



Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | |
|--|--|----------------------------------|---|
| Your first name and middle initial MARIE | | Last name VIOLA | Your social security number 594-99-2364 |
| If joint return, spouse's first name and middle initial FNU | | Last name SHAIKH AKRAM | Spouse's social security number 718-72-8781 |
| Home address (number and street). If you have a P.O. box, see instructions. 59 GILES AVE | | | Apt. no. FL 2 |
| City, town, or post office. If you have a foreign address, also complete spaces below. Jersey City | | State NJ | ZIP code 07306 |
| Foreign country name | | Foreign province/state/county | Foreign postal code |

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to the fund. Checking a box below will not change your tax or refund.
 You Spouse
 Yes No

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
 Yes No

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

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check if qualifies for (see instructions): |
|----------------|-----------|----------------------------|-------------------------|--|
| | | | | Child tax credit <input type="checkbox"/> Credit for other dependents <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| | | | | |
|--|--|--|----------------|----------------|
| 1 | | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 72,586 |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2b | |
| | 3a | Qualified dividends | 3b | |
| | 4a | IRA distributions | 4b | |
| | 5a | Pensions and annuities | 5b | |
| | 6a | Social security benefits | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/> | 7 | |
| 8 | Other income from Schedule 1, line 10 | 8 | | |
| 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 72,586 | |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | 11 | 72,586 | |
| Standard Deduction for - • Single or married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions. | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 25,100. |
| | 12b | Charitable contributions if you take the standard deduction (see instructions) | 12b | 300. |
| b | Add lines 12a and 12b | 12c | 25,400. | |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | | |
| 14 | Add lines 12c and 13 | 14 | 25,400. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 47,186. | |