Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submi | ission Identification Number (SID) | | | | |
|---|---|--|--|---|--|
| Taxpaye | er's name | Social securit | y numl | oer | |
| SAI | NAVEEN NUTHALAPATI | 778-53- | -620 | 3 | |
| Spouse' | 's name | Spouse's soc | ial sec | urity numb | per |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 (Enter | year you a | re au | thorizin | g.) |
| | whole dollars only on lines 1 through 5. | , , | | | <u> </u> |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 | 1 | 3,000. |
| 2 | Total tax | | 2 | | 6. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 1,208. |
| 4 | Amount you want refunded to you | | 4 | | 1,202. |
| 5 Part | Amount you owe | een a con | 5 v of v | Our rei | turn) |
| | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) | | | | |
| for any Agent t paymer authori paymer busines taxes t person | If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I among Funds Withdrawal Consent. | S. Treasury as cated in the tand to debit the the authorization of the a | nd its of ax prepartion. The receive the elements of the eleme | designate paration s to this ac To revoke ved no la ectronic cknowled | ed Financial software for ecount. This e (cancel) a ater than 2 payment of ge that the |
| | | | | | |
| Тахра | yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate r | 3 av DIN | 6 2 | 2 0 3 | 00 my |
| | ERO firm name | ř Ent | | digits, but | |
| | signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| Your s | signature ▶ Date ▶ | | | | |
| Spous | se's PIN: check one box only | | | | |
| Г | I authorize to enter or generate r | nv PIN | | | as my |
| _ | ERO firm name | _ | er five | digits, but | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| Spous | e's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part | 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 | | 6 6 | 1 9 | 8 9 |
| | | Don't ente | er all ze | eros | |
| authori | that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In | tting this retu | rn in a | accordan | ce with the |
| ERO's | s signature ► Date ► | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | |

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

| Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (s | o 3 security number ction Campaign ou, or your ointly, want \$3 d. Checking a oot change nd. u Spouse s No |
|--|--|
| SAI NAVEEN | o 3 security number ction Campaign ou, or your ointly, want \$3 d. Checking a oot change nd. u Spouse s No |
| If joint return, spouse's first name and middle initial Home address (number and street). If you have a P.O. box, see instructions. Home address (number and street). If you have a P.O. box, see instructions. 1324 HIDDEN RIDGE DRIVE City, town, or post office. If you have a foreign address, also complete spaces below. IRVING Foreign country name Foreign province/state/county Foreign prostal code TX 75038 box below will ryour sole office. If you have a foreign address, also complete spaces below. Foreign province/state/county Foreign postal code Your Spouse if filing j to go to this fun box below will ryour sole of the spaces of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yestandard Peduction 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 Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is Dependents (see instructions): (1) First name Last name Spouse: Was born before January 2, 1958 Is Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for the foreign structions and check here | ction Campaign out, or your bintly, want \$3 d. Checking a ot change nd. u Spouse s No |
| 1324 HIDDEN RIDGE DRIVE 3121 Check here if you complete spaces below. State ZIP code to go to this fun box below will represent that four dependents, see instructions and check here Dependents See instructions and check here Dependents See instructions and check here Dependents D | bu, or your bintly, want \$3 d. Checking a oot change and. u Spouse S No blind |
| City, town, or post office. If you have a foreign address, also complete spaces below. IRVING Foreign country name Foreign province/state/county Foreign postal code TX 75 038 TX 75 038 Foreign postal code TX TS TS TS TS TS TS TS TS TS | bintly, want \$3 d. Checking a oot change nd. u Spouse s No |
| IRVING Foreign country name Foreign province/state/county Foreign postal code TX 75038 to go to this fun box below will your tax or refur tax or file your tax or refur tax or file your tax or refur tax or given tax or file your tax or refur your tax or refur tax or given tax or file your tax or refur tax or file your tax or refur tax or file your tax or file your tax or file | d. Checking a oot change and. u Spouse S No blind |
| TX 75.038 box below will r your tax or refur You say Standard Spouse Standard Spouse | ot change and. u Spouse s No blind |
| Foreign country name Foreign province/state/county Foreign postal code Your tax or refur Yo Poigital 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)? (See instructions.) Ye 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 | nd. Spouse No blind |
| 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)? (See instructions.) Yestandard 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 Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for than four dependents, see instructions and check here . Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Canded the properties on the properties on the properties of the propert | s 🗵 No |
| Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes 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 Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for than four dependents, see instructions and check here . Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yeu as a dependent your spouse it will see instructions In the set in a digital asset)? (4) Check the box if qualifies for (so if the pouse it will see instructions) Are blind in the set in a digital asset)? (4) Check the box if qualifies for (so if the pouse it will see instructions) Are blind in the set in a digital asset (read adeption benefits from Form Status alien Are blind in the set in the pouse it will see instructions). In the pouse it will be seen instructions in the set | blind |
| 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 Dependents (see instructions): If more than four dependents, see instructions and check here | blind |
| 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 Dependents (see instructions): (2) Social security number to you Child tax credit Credit for than four dependents, see instructions and check here | |
| If more than four dependents, see instructions and check here | ee instructions): |
| than four dependents, see instructions and check here | , |
| dependents, see instructions and check here | other dependents |
| see instructions and check here | |
| and check here | |
| Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a Household employee wages not reported on Form(s) W-2 1b Household employee wages not reported on Form(s) W-2 1c Tip income not reported on line 1a (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Taxable dependent care benefits from Form 2441, line 26 1e Employer-provided adoption benefits from Form 8839, line 29 1g Wages from Form 9010, line 6 | |
| Household employee wages not reported on Form(s) W-2 | |
| b Household employee wages not reported on Form(s) W-2 | 13,000. |
| W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. W-2G and W-2G and W-2G and W-2G and W-2G and Use Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 Wegge from Form 9010, line 6 | |
| attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | |
| 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 | |
| was withheld. † Employer-provided adoption benefits from Form 8839, line 29 | |
| If you did not g Wages from Form 8919, line 6 | |
| | |
| get a Form h Other earned income (see instructions) | 0. |
| instructions. | 12 000 |
| z Add lines 1a through 1h | 13,000. |
| Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest | |
| de d | |
| 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b | |
| Standard | |
| Single or Married filing C If you elect to use the lump-sum election method, check here (see instructions) | |
| separately, 7 Capital gain or (loss) Attach Schodulo D if required if not required check here | |
| \$12,950 | |
| jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 13,000. |
| surviving spouse, 10 Adjustments to income from Schedule 1 line 26 | , |
| \$25,900 Head of | 13,000. |
| household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) | 12,950. |
| of you checked 13 Qualified business income deduction from Form 8995 or Form 8995-A | |
| any box under Standard 14 Add lines 12 and 13 | 12,950. |
| Deduction, see instructions. see instructions. | |

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|---------------------------------|---------|---|---------------------|-------------------|-------------------|---------|-------------------|---------------|---------------------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 3 4972 | 3 🗌 | | | 16 | 6. |
| Credits | 17 | Amount from Schedule 2, lir | - | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 6. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | 3. If zero or less, | enter -0 | | | | | 22 | 6. |
| | 23 | Other taxes, including self-e | | | | | | | | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | | | | 6. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| , | а | Form(s) W-2 | | | | 25a | 1 | ,208 | 3. | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 1,208. |
| ., | 26 | 2022 estimated tax paymen | | | | | | | 26 | · |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3. line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | - | | 30 | | | | |
| | 31 | Amount from Schedule 3, lir | | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | | e credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | • | - | - | | | | | 1,208. |
| D. () | 34 | If line 33 is more than line 24 | | | | | | | 34 | 1,202. |
| Refund | 35a | Amount of line 34 you want | | | | - | - | · r | 35a | 1,202. |
| Direct deposit? | b | Routing number 0 1 1 9 0 0 2 5 4 c Type: X Checking Savin | | | | | | . ∟ Savino | | , - |
| See instructions. | d | Account number 3 8 5 | | | | | | caving | | |
| | 36 | Amount of line 34 you want | | | | 36 | Γ' | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | 1 00 | | | | |
| You Owe | 31 | For details on how to pay, g | | • | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | _ | - | | 38 | 1 | | 0. | |
| Third Party | | you want to allow another | | | | | | | | |
| Designee | | structions | • | | | | Yes. Co | omplet | e below. | × No |
| 200.900 | De | signee's | | Phone | | | | • | ntification | |
| | nar | me | | no. | | | numl | oer (PIN |) | |
| Sign | | der penalties of perjury, I declare tief, they are true, correct, and com | | | | | | | | |
| Here | | | ipiete. Deciaration | | | aseu on | all lillorination | | | nt you an Identity |
| | 10 | ur signature | | Date | Your occupation | | | | | IN, enter it here |
| Joint return? | | | | | SOFTWARE 1 | DEVE | LOPER | - 1 | ee inst.) | |
| See instructions. | Sp | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupat | ion | | | | nt your spouse an |
| Keep a copy for your records. | | | | | | | | - 1 | entity Prote ee inst.) | ection PIN, enter it here |
| your records. | | | | | | | | (- | ee mst.) | |
| | | one no. (203) 435–686 | | Email address | NAVEENNUTHALA | | @GMAIL.CO | | | |
| Paid | | eparer's name | Preparer's signat | | | Date | , | PTIN | | Check if: |
| Preparer | SYAM | I PRIYA RAM SAGAR GUPTA TALLAM | 1 | RAM SAGAR | GUPTA TALLAM | [02/0 | 01/2023 | | 82703 | Self-employed |
| Use Only | | m's name GLOBAL TA | | | | | | _ | | (678) 965-9522 |
| | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | | Fi | rm's EIN | 88-2145487 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | est information. | | BAA | REV 0 | 1/24/23 PRO | | | Form 1040 (2022) |



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) 778536203

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.)

NUTHALAPATI SAI NAVEEN

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

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50)

1324 HIDDEN RIDGE DRIVE APT 3121

1205

City, Town, Post Office State ZIP Code IRVING TX 75038

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

48868524

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) | ddl. <u> </u> | |
|--|---------------|--------------|
| 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. | 011900254 |
| dd5. Account number | dd5. | 385028672384 |



Name(s) as shown on Form NJ-1040 NUTHALAPATI SAI NAVEEN

Your Social Security Number 778536203

1555

NJ-1040 2022 Page 2

| Part-year r | esidents, provide mo | onths/days | you were a New Jersey resident during 2022: | Fiscal year filers only: | |
|-------------|----------------------|------------|---|------------------------------|------|
| From: | 010122 | To: | 073122 | 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. | 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. | Regula | nr | × | Self | Spouse/CU Partner | | Domestic Partner | 1 | x \$1,000 = | 1000 |
| 7. | Senior | 65+ (Born in 1957 or earlier) | | Self | Spouse/CU Partner | | | | x \$1,000 = | |

| 6. | Regular | × | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = 1000 |
|-----|---|----------|----------------------|-------------------|------------------|---|------------------|
| 7. | Senior 65+ (Born in 1957 or earlier) | | Self | Spouse/CU Partner | | | x \$1,000 = |
| 8. | Blind/Disabled | | Self | Spouse/CU Partner | | | x \$1,000 = |
| 9. | Veteran | | Self | Spouse/CU Partner | | | x \$6,000 = |
| 10. | Qualified Dependent Children | | | | | | x \$1,500 = |
| 11. | Other Dependents | | | | | | x \$1,500 = |
| 12. | 2. Dependents Attending Colleges (See instructions) | | | | | | x \$1,000 = |
| 13. | Total Exemption Amount (Add totals | from the | e lines at 6 through | n 12) | | | 13. 1000 . |
| | | | | | | | |

| 7. | VETERII | 3611 | Spouse/CO Farmer | | x \$0,000 - | |
|-----|----------------------------------|------------------------------|---------------------|------------------------|-------------|---------------------|
| 10. | Qualified Dependent Children | | | | x \$1,500 = | |
| 11. | Other Dependents | | | | x \$1,500 = | |
| 12. | Dependents Attending Colleges (S | ee instructions) | | | x \$1,000 = | |
| 13. | Total Exemption Amount (Add tot | tals from the lines at 6 thr | rough 12) | | 13. 1 | .000 . |
| 14. | Dependent Information. Provide t | he following information | for each dependent. | | | |
| | Last Name, First Name, Middle In | itial | | Social Security Number | Birth Year | No Health Insurance |
| a. | | | | | | |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |
| | | | | | | |

-1040

Name(s) as shown on Form NJ-1040

NUTHALAPATI SAI NAVEEN

Your Social Security Number 778536203

1555

NJ-1040 2022 Page 3

040MP03220

| | | | 10000 |
|------|--|------|---------|
| 15. | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 10000 . |
| 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. | 10000 . |
| 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. | 10000 . |
| 30. | Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 583 . |
| 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. | 583 . |
| 39. | Taxable Income (Subtract line 38 from line 29) | 39. | 9417 . |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25) | 40a. | 1552 . |
| 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. | 9417 . |
| 43. | Tax on amount on line 42 (Tax Table page 52) | 43. | 132 . |
| 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. | 132 . |
| 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. | 132 . |
| 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) REQUIRED Enclose Schedule HCC and fill in | 53. | 0. |
| | | | - |

Name(s) as shown on Form NJ-1040

NUTHALAPATI SAI NAVEEN

Your Social Security Number 778536203

1555

Tax Due Address

NJ-1040 2022 Page 4

040MP04220

| 54. | Total Tax Due (Add lines 50 through 53) | | 54. | 132 . |
|-----|--|----------------------|-----|-------|
| 55. | Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions) | | 55. | 316 . |
| 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. | 131 . |
| | 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. | 447 . |
| 67. | If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you or | we | 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 et | nter the overpayment | 68. | 315 . |
| 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. | 315 . |
| | | | | |

| the best of my knowledge and belief, it is true, correct, an based on all information of which the preparer has any kn | 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 | | |
|--|--|---|---|
| Your Signature D | ate Spouse's/CU F | Partner's Signature (required if filing jointly) Date | 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: |
| SYAM PRIYA RAM SAGAR GU | JPTA TALLAM | P02082703 | 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 |
| GLOBAL TAXES LLC | | 88-2145487 | Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555 |

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Division Use: 1 2 3 4 5 6 7