Form 8879
(Rev. January 2021)
Department of the Treesury

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.

Submission Identification Number (SID)

Taxpay	er's name	Social security nui	nber
MAL	LIKARJUN PASNURI	672-37-16	24
Spouse	's name	Spouse's social se	curity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are a	uthorizing)
	whole dollars only on lines 1 through 5.	i you you are a	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income	1	39,342.
2	Total tax	2	2,960.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,841.
4	Amount you want refunded to you	4	3,881.
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 periury. 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

as m	
7 1 6 2 4	. ,

ERO firm name 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 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

Date 🕨	2/2/202

Spouse's PIN: check one box only

1. malliparin

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 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 Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

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 >		
	Must Retain This Form — See Instructions This Form to the IRS Unless Requested To Do S	0
For Denominary Deduction Act Nation and Vour		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/24/23 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		m 20 2	2	OMB No. 1545	-0074	IRS Use O	only—Do	o not w	rite or staple in th	is space.
Filing Status Check only		Single Married filing jointly	-	filing separately (N	,					spou	ifying survivir ıse (QSS)	0
one box.		u checked the MFS box, enter the nation is a child but not your dependent		ur spouse. If you cł	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the c	lualifying
Your first name	and mi	iddle initial	Last name	e					Yo	our so	cial security n	umber
MALLIKAR	JUN		PASNU	RI					6	72-3	37-1624	
lf joint return, sj	oouse's	s first name and middle initial	Last name	e					Sp	ouse'	s social securi	ty number
	`	er and street). If you have a P.O. box, see	instruction	S.			A	Apt. no.			ntial Election (
521 WATE		RD DR ce. If you have a foreign address, also co	malata ana	ana halaw	Sta	ta	ZIP c				if filing jointly,	,
	USL UIII	ce. Il you have a loreign address, also co	mpiete spa	ices below.			088			•	this fund. Che	0
EDISON Foreign country	name		For	reign province/state/o	NJ			n postal cod			ow will not cha or refund.	ange
r oreign country	name			reight province/state/c	Journ	y	1 OF EIG	in postar coc			You	Spouse
Digital		ny time during 2022, did you: (a) rece										7
Assets		ange, gift, or otherwise dispose of a	-			_	asset)	? (See ins	tructio	ons.)	Yes >	No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur		Your spouse								
		Were born before January 2, 1		Are blind Spo		_	n hefr	ore Januar	v 2 1	958	Is blind	
Dependents				(2) Social security		(3) Relationsh					ies for (see inst	ructions):
If more		irst name Last name		number		to you		Child tax		· .	Credit for other o	,
than four									1			·
dependents,									1			
see instructions and check	s ——]			
here]			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see i	instructions)						1 a	43	,503.
	b	Household employee wages not re			•					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	,			• •		•	1c		
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		·	1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f			•		• •		·	1e		
was withheld.	f	Employer-provided adoption bene			•		• •		·	1f		
If you did not	g	Wages from Form 8919, line 6 .			•		• •		·	1g		0.
get a Form W-2, see	h	Other earned income (see instruction	,		•	· · · · ·	· ·		·	1h	-	0.
instructions.	i 	Nontaxable combat pay election (s Add lines 1a through 1h			•	🔲				1z	12	,503.
Attack Sak D	z 2a	· · · · · · · · · · · · · · · · · · ·	2a		ьт	axable interest	• •		·	2b		, 505.
Attach Sch. B if required.	2a 3a		2a 3a			rdinary divide			•	3b		
	4a	-	4a			axable amoun			•	4b		
Standard	5a		5a			axable amoun			•	5b		
Deduction for-	6a		6a			axable amoun				6b		
 Single or Married filing 	C	If you elect to use the lump-sum e							Π			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if re	equired. If not requ	ired.	, check here				7		
Married filing	8	Other income from Schedule 1, lin	e10 .							8	-4	,161.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		,342.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line	e 26						10		
Head of	11	Subtract line 10 from line 9. This is	s your adjı	usted gross incon	ne					11	39	,342.
household, \$19,400	12	Standard deduction or itemized								12		,950.
If you checked	13	Qualified business income deduction	ion from F	orm 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	12	,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is y	our i	axable incom	e.			15	26	,392.
)												

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	<u> </u>	16	2,	,960.
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	2,	,960.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,	,960.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	2,	,960.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 6	5,841.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	6,	,841.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	6,	,841.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	3,	,881.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	eck here	🗆	35a	3,	,881.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 8 1	0 6 5 8	0 3 6 !	5 7 7		-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				? See				
Designee		structions	•				omplete l	below.	X No	
		signee's		Phone			onal identi	fication		
	nai			no.			iber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·			1		1			0
	ŤŎ	5						nt you an Idei IN, enter it he		
Joint return?		SOFT				inst.)				
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spous	
Keep a copy for your records.									ection PIN, er	nter it here
your records.								inst.)		
		one no. (848)309-841		Email address	MALLIKARJUN. P	PASNURI@GMAIL.C				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/01/2023	P0208	2703	Self-em	nployed
Use Only	Fir	m's name GLOBAL TA					Pho	ne no. (678)965	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-21	45487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 1(040 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
MALLIKARJUN PA	SNURI	672-37	-1624

6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 7 8 Other income: 8a () 9 Net operating loss 8a () 9 Gambling 8b c Cancellation of debt 8d () 6 6 7 7 8d () 8b 8 Cancellation of debt 8d () 6 6 7 7 8d () 8b 8 Foreign earned income exclusion from Form 2555 8d () 9 Income from Form 8853 8d () 9 Alaska Permanent Fund dividends 8d 1 Income from Form 8889 8d 1 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 8d 1 Income from the rental of personal property if you engaged in the rental for profit but were not in the business of senting such property 8d 1 Income from the rental of personal property if you engaged in the rental for profit but were not in the business of senting such property 8d 1 Incoume from the rental of per	Par	t Additional Income			
b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royatiles, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (b Gambling 8a (c Cancellation of debt 8c (d Foreign earned income exclusion from Form 2555 8d (g Alaska Permanent Fund dividends 8g h Jury duty pay 8h i Income from Form 8859 8f g Alaska Permanent Fund dividends 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(A) inclusion (see instructions) 8n n Section 951(A) inclusion (see instructions) 8a g Taxable distributions from an ABLE account (see instructions) 8a g Taxable distributions from an anonqualifed def	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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		Combine lines 1 through / and 9. Enter here and on Form 1040, 1040-SH	a, or 1040-NR, line 8	10	-4,161.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
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26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
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BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

(Form	1040)	(From	rental real e	state, royalties, partners	hips, S	6 corporat	ions, es	states,	trusts, REMI	Cs, etc.)	20	122
	nent of the Treasury Revenue Service		Go to w	Attach to Form 1040, ww.irs.gov/ScheduleE fo					formation.		Attachm Sequend	lent ce No. 13
Name(s)) shown on return										al security r	number
	IKARJUN PA									672-3	7-1624	
Part	Note: If yo	u are in t	the business	ental Real Estate an of renting personal proper n 4835 on page 2, line 40.			e C. See	e instru	ctions. If you	are an indiv	vidual, repo	ort farm
				2 that would require you								
B				uired Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical addr	ess of e	ach proper	ty (street, city, state, ZII	P code	e)						
Α	RAHAMATH 1	NAGAR	,YOUSF	GUDA HYDERABAD 7	FELAI	NGANA 1	IN 50	0045				
B												
<u>C</u>												
1b	Type of Prope (from list below			rental real estate prope port the number of fair				Fa	ir Rental Days	Person Da		QJV
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B		_		et the requirements to f			B		505		Ű	
C		_	qualified	joint venture. See instru	uctions	s.	C					
Туре	of Property:	I					_	1		1	I	
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									Propert	ies:		
Incom	ne:						Α		В			С
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4	Royalties recei	ved.			4							
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12		-		etc. (see instructions)	12		2 1					
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20		s. Add li	nes 5 throu	gh 19	20		4,5	61.				
21) and/or 4 (royalties). If								
	result is a (loss	s), see ir	nstructions	to find out if you must			-4,1	61.				
22				after limitation, if any,		/	4 1 4	\	1		1	`
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b				ine 4 for all royalty prop ine 12 for all properties				23b 23c				
c d								230 23d				
e u				ine 20 for all properties				23u 23e	2	4,561.		
24				hown on line 21. Do no								
25				ne 21 and rental real estat		-					(4,161.)
26				alty income or (loss).							X	,_,_, ,
-										1		

Supplemental Income and Loss

SCHEDULE E

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

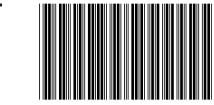
Schedule E (Form 1040) 2022

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-4,161.

OMB No. 1545-0074



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) 672371624

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.)
PASNURI MALLIKARJUN

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

Home Address (Number and Street, including apartment number) 521 WATERFORD DR

$\begin{array}{c} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)}\\ 1205 \end{array}$

City, Town, Post Office	State	ZIP Code
EDISON	NJ	08817

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.

Gubernatorial Elections Fund

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.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			021200339
dd5. Account number		dd5.		381	065803657

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



			Name(s) as shown on PASNURI M	Form NJ-1040 IALLIKARJUN					
NJ- 202 Pag	e 2 1 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 1 	4P02220	Your Social Security 1 672371624	Your Social Security Number					
Part	-year residents, provide months/days y		resident during 2022:	Fiscal year filers	only:				
Fror				Enter month of y	-	2023			
	ng Status n only one.								
1.	× Single								
2.	Married/CU Couple, filing jo	oint return							
3.	Married/CU Partner, filing se	eparate return							
4.	Head of Household			Enter spouse's/CU partner's SSN	Ň				
5.	Qualifying Widow(er)/Survi	iving CU Partner							
	Indicate the year of your spo	ouse's/CU partner's de	ath: 2020 20	021					
	mptions	l in the boxes to the right :	and complete the calculation						
Fill i	n the ovals that apply. You must enter a total		*	Description 1	- \$1 000 - 1	1000			
Fill i 6.	n the ovals that apply. You must enter a total Regular	× Self	Spouse/CU Partner	Domestic Partner 1	x \$1,000 =]				
Fill i 6. 7.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier)	× Self Self	Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 =				
Fill i 6. 7. 8.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled	× Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 = x \$1,000 =				
Fill i 6. 7. 8. 9.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran	× Self Self	Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 = x \$1,000 = x \$6,000 =				
Fill i 6. 7. 8. 9. 10.	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children	× Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 =				
 Fill i 6. 7. 8. 9. 10. 11. 	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents	× Self Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 =				
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 Fill i 6. 7. 8. 9. 10. 11. 12. 	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total) Dependent Information. Provide the	 Self <li< td=""><td>Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner</td><td></td><td>$\begin{array}{c} x \\$1,000 = \\ x \\$1,000 = \\ x \\$6,000 = \\ x \\$1,500 = \\ x \\$1,500 = \\ x \\$1,500 = \\ 13. \end{array}$</td><td>1000 .</td></li<>	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		$\begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$6,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,500 = \\ 13. \end{array}$	1000 .			
 Fill i 6. 7. 8. 9. 10. 11. 12. 13. 14. 	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initi	× Self Self Self Self Self self self self self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1 Social Security Number	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =				
 Fill i 6. 7. 8. 9. 10. 11. 12. 13. 	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initi	 Self <li< td=""><td>Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner</td><td></td><td>$\begin{array}{c} x \\$1,000 = \\ x \\$1,000 = \\ x \\$6,000 = \\ x \\$1,500 = \\ x \\$1,500 = \\ x \\$1,500 = \\ 13. \end{array}$</td><td>1000 .</td></li<>	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		$\begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$6,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,500 = \\ 13. \end{array}$	1000 .			
 Fill i 6. 7. 8. 9. 10. 11. 12. 13. 14. a. 	n the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initi	× Self Self Self Self e instructions) s from the lines at 6 th e following information	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		$\begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$6,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,500 = \\ 13. \end{array}$	1000 .			



NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040 PASNURI MALLIKARJUN

Your Social Security Number 672371624

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	40620 .
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.	40620 .
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.	40620 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
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.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	39620 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	338 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	550 .
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	39620 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	704 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	/01 :
	Enter Code		•
45.	Balance of Tax (Subtract line 44 from line 43)	45.	704 .
		45. 46.	704 .
46.	Sheltered Workshop Tax Credit		•
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.	704 .
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.	•
50	Fill in if Form NJ-2210 is enclosed	50	0
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	0.



NJ-1040 2022

Page 4

Name(s) as shown on Form NJ-1040 PASNURI MALLIKARJUN

Your Social Security Number 672371624

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54.	Total Tax Due (Add lines 50 through 53)		54.	704	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	2070	•
56.	Property Tax Credit (See instructions page 24)		56.	50	•
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.	2120	
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	the overpayment	68.	1416	•
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.	1416	

Under penalties of perjury, I declare that I have examined this Incon the best of my knowledge and belief, it is true, correct, and complete based on all information of which the preparer has any knowledge.	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 Pa	artner'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:		
SYAM PRIYA RAM SAGAR GUPTA	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 Revenue Processing Center - Refunds		
GLOBAL TAXES LLC	PO Box 555 Trenton, NJ 08647-0555				

____4___

____5___

6_

7

Division Use:

1 _____

2_

3____

Name(s) as shown on Form NJ-1040	Social Security Number
PASNURI MALLIKARJUN	672-37-1624

		edule NJ-BUS-1 (Form NJ-1040)		lew Jersey Business In					lule	2022	
Ρ	art I	Net Profits From Busines	s	List the net profit (loss) from business(es). See Instructions.							
		Business Name		Social Sec Fede	curity N eral El		ber/		Prof	ït or (Loss)	
1.											
2.											
3.											<u> </u>
4.		fit or (Loss). (Add lines 1, 2, and 3.) NJ-1040. If loss, make no entry on li			1		4.			,	
Ρ	art II	Distributive Share of Part	ner	ship Incom	ie					are of income (loss) ee instructions.	
		Partnership Name		Federal El	N			re of Partner come or (Los		Share of Pass-Thr Business Alterna Income Tax	
1.											
2.											
3.					r						
4.	(Add lin	ive Share of Partnership Income or es 1, 2, and 3.) (Enter here and on li nake no entry on line 21.)				4.					
5.		are of Pass-Through Business Alter es 1, 2, and 3.)(Enter here and includ			040.)	5.					
Р	art III	Net Pro Rata Share of S	Coi	rporation Ir	icom	е				of income (usable on(s). See instruction	IS.
		S Corporation Name		Federal EIN				f S Corporation able Loss)		e of Pass-Through Busi Alternative Income Tax	
1.											
2.											
3.											
4.	(Add line	Rata Share of S Corporation Income or (l s 1, 2, and 3.) (Enter here and on line 22 ake no entry on line 22.)									
5.		re of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on l									
P	Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights										
		of Income or Loss. If rental real estant nter physical address of property.	ate,	Social Secu Feder	ırity Νι ral EIN			ype – Enter umber from list above		Income or (Loss)	
1.	RAHAM	ATH NAGAR , YOUSF GUDA		67237162	4			1		-4,161.	
2. 3.											
3. 4.	Net Inc	ome or (Loss). (Add lines 1, 2, and 3)					1			
4.		ere and on line 23, NJ-1040. If loss,		ke no entry on	line 23	3.)		4.		-4,161.	

Name(s) as shown on Form NJ-1040	Social Security Number
PASNURI MALLIKARJUN	672-37-1624

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

		1	Column A		Column B			
Part	LI Income (Loss)	.oss) Reportable Regular Business Income			Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.	1b.	0.			
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.			
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.			
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-4,161.			
5.	Loss Carryforward From Tax Year 2021			5b.	()		
6.	Totals	6a.	0.	6b.	-4,161.			
Part	II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.					
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.					
9.	Business Increment (Subtract line 8 from line 7)	9.	0.					
10.	Adjustment Percentage	10.	0.	50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.					
Part	III Loss Carryforward to Tax Year 2023	3						
12.	Loss Carryforward to Tax Year 2023			12.	(4,161.)		

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- 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 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-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule
NJ-HCC
(Form NJ-1040)

New Jersey Health Care Coverage

2022

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

Name as Shown on Return	Social Security No.
PASNURI MALLIKARJUN	672-37-1624

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

x Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code	·	-		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		_		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

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