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 securi	ty numl	per	
SUM	ANJALI SRIDHARAN	140-35	-391	6	
Spouse	's name	Spouse's soo	ial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	_ ∣ er year you a	re au	thorizing	.)
	whole dollars only on lines 1 through 5.	<i>y</i> = == <i>y</i> = ==			,
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	19	,573.
2	Total tax		2		663.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,728.
4	Amount you want refunded to you		4	1	,065.
5 Dort	Amount you owe		5	tour rotu	ırın)
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transful my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for revived and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the I to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed and sprior to the payment (settlement) date. I also authorize the financial institutions involved in the coreceive confidential information necessary to answer inquiries and resolve issues related to the inal identification number (PIN) below is my signature for the income tax return (original or amended) I income Funds Withdrawal Consent.	jection of the ti J.S. Treasury a dicated in the ti ion to debit the te the authorizing quests must be processing of payment. I fur	ransmind its of ax prepared entry ation. The receipt the electrical entry at the electrical entry entry at the electrical entr	ssion, (b) the designated paration so to this according revoke wed no late the detection of the design of the desi	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
Тахра	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	5 my DIN	3	9 1 6	00 mv
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Your s	signature ► Sridharan Sumanjali Date ►				
Snous	se's PIN: check one box only				
Ороца	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	V			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6	1 9 8	9
		Don't ent	er all ze	eros	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordance	
ERO's	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

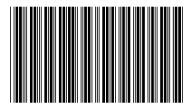
2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (_		`	, _	spou	ifying surv Ise (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last na	me					Y	our so	cial securit	y number	
SUMANJAI	Ί		SRID	HARAN					1	40-3	35-391	6	
If joint return, s	pouse's	first name and middle initial	Last nai	me					S	pouse's	s social sec	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	pt. no.	Р	resider	ntial Election	on Campaign	
_G6-661 A	ABBI	NGTON DR									ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP co	de				tly, want \$3 Checking a	
EAST WIN	ISDOE	3			NJ	-	085	20			w will not		
Foreign country	/ name		F	Foreign province/state	/count	у	Foreign	n postal co	de y	our tax	or refund.	Spouse	
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	r payn	nent for prope	rty or s	services);	or (b) sell,	You	spouse	
Assets		ange, gift, or otherwise dispose of a	,				•	, .	` '		☐ Yes	⊠ No	
Standard		eone can claim: You as a de		<u>-</u> _		a dependent							
Deduction		Spouse itemizes on a separate retur	•	•	alien	<u> </u>							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	☐ Was bor	rn befo	re Janua	ry 2, 1	1958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	nip (4)	Check th	e box	if qualif	ies for (see	instructions):	
If more		rst name Last name	number to you				Child tax cre			it	Credit for otl	edit for other dependents	
than four										[
dependents, see instructions											[
and check											[
here											[<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a		19 , 573.	
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	instru	ctions)				1d			
W-2G and	е	, , , , ,								1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 29	. 9					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	ions) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i	i						
	Z	Add lines 1a through 1h								1z		19 , 573.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a			axable amoun				5b			
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here	(see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing	8	Other income from Schedule 1, line 10								8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		19 , 573.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is	s your a c	djusted gross inco	me					11		19 , 573.	
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	e A)					12	1	12 , 950.	
If you checked any box under	13	Qualified business income deduct								13	1		
Standard	14	Add lines 12 and 13								14	1 -	12 , 950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income										6,623.	

Form 1040 (2022	(.)										Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		663.
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18		663.
	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	. If zero or less,	enter -0					22		663.
	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		663.
Payments	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	1,	728.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						2	25d	1,	728.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	1,	728.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	1,	065.
riciana	35a	Amount of line 34 you want			is attached, ch	eck here		. 🗆 🔄	35a	1,	065.
Direct deposit?	b	Routing number 0 8 3			c Type:	X Check	ing S	avings			
See instructions.	d	Account number 7 1 1	3 1 9 1	1 8							
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g				s.,			37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party Designee		you want to allow another	•				Yes. Cor	nplete bel	ow.	× No	
		signee's		Phone				al identifica	tion _		$\overline{}$
	nar			no.			numbe	, ,			
Sign Here		der penalties of perjury, I declare fief, they are true, correct, and com		of preparer (othe	r than taxpayer) is	based on		of which pr	eparer	has any kno	owledge.
	Yo	ur signature		Date	Your occupation	ı				you an Iden	
Joint return?	S	Sridharan Sumanjali			SCIENTIST					T T T	Ť
See instructions.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occup	If the IR	S sent	your spouse	 ∍an			
Keep a copy for your records.	opodoo o dignataro. Il a joint rotarri, sotii made oigii.						Identity (see inst		tion PIN, ent	ter it here	
	Ph	one no.		Email address	SRIDHARAIYA	ANGAR2@	GMAIL.COM	1			
Doid	Pre	parer's name	Preparer's signat	ure		Date		PTIN	(Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	м 02/1	.2/2023 I	2020827	03	Self-em	ployed
Preparer Use Only	Fin								io. (6	78)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's E	:IN	84-317	1965
Go to www.irs.go	ov/Forn	11040 for instructions and the late	st information.		BAA	REV 02	/05/23 PRO			Form 10	40 (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) 140353916

 $Last\ Name, First\ Name, Initial\ (\textit{Joint Filers enter first name and middle initial of each.}\ Enter\ spouse's / CU\ partner's\ last\ name\ ONLY\ if\ different.)$

SRIDHARAN SUMANJALI

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

Home Address (Number and Street, including apartment number)

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1\,1\,0\,4 \end{array}$

G6-661 ABBINGTON DR

City, Town, Post Office EAST WINSDOR State ZIP Code NJ 08520

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

122861408

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.	С	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		083000137
dd5.	Account number	dd5.		711319118



NJ-1040 2022 Page 2

Name(s) as shown on Form NJ-1040 SRIDHARAN SUMANJALI

Your Social Security Number 140353916

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Part-year residents, provide months/days you were a New Jersey resident during 2022:							Fiscal yea					
From: To:						Enter mo	nth of you	ar year end	2	023		
	g Statu only on											
1.	X	Single										
2.		Married/CU Couple, filin	g joint retu	rn								
3.		Married/CU Partner, filin	g separate	return								
4.		Head of Household					Enter spouse's/CU partne	er's SSN				
5.		Qualifying Widow(er)/Su	ırviving CU	J Partner								
		Indicate the year of your	spouse's/C	U partner's death:	2020	2021						
	nptions the oval	s that apply. You must enter a t	total in the bo	oxes to the right and co	mplete the calculation.							
6.	Regul	ar	X	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000		
7.	Senio	r 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =			
8.	Blind	Disabled		Self	Spouse/CU Partner				x \$1,000 =			
9.	Vetera	an		Self	Spouse/CU Partner				x \$6,000 =			
10.	Qualit	fied Dependent Children							x \$1,500 =			
11.	Other	Dependents							x \$1,500 =			
12.	Deper	dents Attending Colleges (See instruc	tions)					x \$1,000 =			
13.	Total	Exemption Amount (Add to	otals from t	he lines at 6 throug	h 12)				13.	1000	•	
14.	Deper	ndent Information. Provide	the followi	ng information for	each dependent.							
	Last N	Name, First Name, Middle I	nitial				Social Security Number		Birth Year	No	Health Insurance	
a.												
b.												
c.												
d.												

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SRIDHARAN SUMANJALI

Your Social Security Number

Name(s) as shown on Form NJ-1040

140353916

1555



040MP03220

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See it	instructions)	15.	19573 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)		16a.	•
16b.			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 fee	ederal 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.	19573 .
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.	19573 .
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.	0 •
37a.	NJBEST Deduction		37a.	•
37b.	NJCLASS Deduction		37b.	•
37c.	NJ Higher Ed. Tuition Deduction		37c.	•
38.	Total Exemptions and Deductions (Add lines 30 through 37c)		38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)		39.	18573 .
			40a.	1674 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25) Indicate your residency status during 2022 (fill in only one) Homeowner	Tenant	Both	10/4 •
40b.		Tenant	41.	
41.	Property Tax Deduction (From Worksheet H) (See instructions)			18573 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)		42.	260 .
43.	Tax on amount on line 42 (Tax Table page 52)		43.	200 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)		44.	•
	Enter Code			0.60
45.	Balance of Tax (Subtract line 44 from line 43)		45.	260 .
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.	260 .
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 Schedul	le HCC and fill in	53.	0.

Name(s) as shown on Form NJ-1040 $\label{eq:shown} {\tt SRIDHARAN} \quad {\tt SUMANJALI}$

Your Social Security Number 140353916

1555

Tax Due Address

NJ-1040 2022 Page 4

040MP04220

54.	Total Tax Due (Add lines 50 through 53)		54.	260 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	585 .
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.	635 .
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.	375 .
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.	375 .

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail 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. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI Paid Preparer's Signature Federal Identification Number You can also make a payment on our website: nj.gov/taxation SYAM P02082703 PRIYA RAM SAGAR GUPTA TALLAM Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 84-3171965 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_____

Schedule **NJ-HCC**

2022

(Form NJ-1040)

New Jersey **Health Care Coverage**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.
SRIDHARAN SUMANJALI	140-35-3916
Part I	
Did you and, if applicable, all members of your tax household, have coverage for every month in 2022 (See instructions for line 53, NJ-1 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return. No. Continue to Part II.	040.) Part-year residents
Part II	
Enter the name and Social Security number for each member of you every month each person had minimum essential health coverage o (part-year residents include only months as a New Jersey resident). exemption, enter the exemption number. (See instructions for line 53 more than one exemption number, check the box. If you need more any additional individuals.	or qualified for an exemption If an individual qualified for an 3, NJ-1040.) If an individual has space, enclose a statement listing
QuickZoom to Shared Responsibility Payment Calculation Worksheet	···· —

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
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