

Electronic Filing Instructions for your 2022 Federal Amended Tax Return
Important: Your taxes are not finished until all required steps are completed.



UTKARSH AWASTHI
1106 lighthouse lane
Perth Amboy, NJ 08861

Balance Due/Refund	Your federal tax return (Form 1040-X) shows that you have no balance due nor a refund due to you: DO NOT mail a payment or expect to receive a refund from the Internal Revenue Service.		
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your federal return		
2022 Federal Tax Return Summary	Adjusted Gross Income Correct Amount	\$	12,360.00
	Taxable Income Correct Amount	\$	0.00
	Total Tax Correct Amount	\$	0.00
	Total Payments/Credits Correct Amount	\$	131.00
	No Refund or Amount Due	\$	0.00

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.
 ► Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) **2022** **or fiscal year** (enter month and year ended)

Your first name and middle initial UTKARSH	Last name AWASTHI	Your social security number 759-82-7645
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions. 1106 lighthouse lane		Apt. no.
Your phone number (732) 705-0930		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Perth Amboy NJ 08861		
Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

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

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

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.
 Use Part III on page 2 to explain any changes.

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
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Income and Deductions

1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1	12,360.	0.	12,360.
2 Itemized deductions or standard deduction	2	12,950.	-190.	12,760.
3 Subtract line 2 from line 1	3	-590.	190.	-400.
4a Reserved for future use	4a			
b Qualified business income deduction	4b	0.	0.	
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5	0.	0.	0.

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions): <u>Table</u>	6	0.	0.	0.
7 Nonrefundable credits. If a general business credit carryback is included, check here ► <input type="checkbox"/>	7	0.	0.	
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	0.	0.	0.
9 Reserved for future use	9			
10 Other taxes	10	0.	0.	0.
11 Total tax. Add lines 8 and 10	11	0.	0.	0.

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	131.	0.	131.
13 Estimated tax payments, including amount applied from prior year's return	13	0.	0.	
14 Earned income credit (EIC)	14	0.	0.	
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15	0.	0.	
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		0.	
17 Total payments. Add lines 12 through 15, column C, and line 16	17		131.	

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		131.	
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19		0.	
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20			
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21			
22 Amount of line 21 you want refunded to you	22		0.	
23 Amount of line 21 you want applied to your (enter year):	23	estimated tax		

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25 0	0	
26 Your dependent children who didn't live with you due to divorce or separation	26 0	0	
27 Other dependents	27 0	0	
28 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

- ▶ Attach any supporting documents and new or changed forms and schedules.
I accidentally put independent when I'm dependent on my parents.

Sign Here	Remember to keep a copy of this form for your records.				
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.				
	▶ _____ Your signature	_____ Date	_____ Student Your occupation		
	▶ _____ Spouse's signature. If a joint return, both must sign.	_____ Date	_____ Spouse's occupation		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Self-Prepared			Firm's EIN ▶
	Firm's address ▶				Phone no.

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (UTKARSH), Last name (AWASTHI), Your social security number (759-82-7645), Home address (1106 lighthouse lane, Perth Amboy, NJ, 08861), and Presidential Election Campaign options.

Digital Assets 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.) [] Yes [X] No

Standard Deduction Someone can claim: [X] 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 blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Check the box if qualifies for (Child tax credit, Credit for other dependents).

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1 is 12,360.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or (loss) (7), Other income from Schedule 1, line 10 (8), Total income (9), Adjustments to income (10), Adjusted gross income (11), Standard deduction or itemized deductions (12), Qualified business income deduction (13), and Taxable income (15).

Table with columns for line number, description, and amount. Rows 16-24 include Tax and Credits. Total tax is 0.

Table with columns for line number, description, and amount. Rows 25-33 include Payments. Total payments are 131.

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

Table with columns for line number, description, and amount. Rows 34-36 include Refund. Amount of refund is 131.

Table with columns for line number, description, and amount. Rows 37-38 include Amount You Owe. Amount owed is 0.

Third Party Designee section. Includes checkboxes for Yes/No and fields for name, phone number, and PIN.

Sign Here section. Includes declaration text and signature fields for taxpayer and spouse, with dates and occupations.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm name, address, and EIN.

File by Mail Instructions for your 2022 New Jersey Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



UTKARSH AWASTHI
1106 LIGHTHOUSE LANE
PERTH AMBOY, NJ 08861

Balance Due/Refund

Your New Jersey state amended tax return shows you owe a balance due of \$38.00.

You are paying by check.

You can also pay your balance due by credit card online, using a Visa, American Express, MasterCard, or Discover credit card. Do not send in the payment voucher if you pay your taxes by credit card. You may be able to pay your 2022 New Jersey income taxes by e-check. This option is available on the Division's Web site (nj.gov/taxation). Taxpayers who do not have Internet access can make a payment by e-check by contacting the Division's Customer Service Center at 609-292-6400. Do not send in the payment voucher if you pay your taxes by e-check. When using e-check on the Web, you will need your social security number and date of birth to make a payment. Be sure the social security number you enter matches the first social security number shown on the form for which you are making your payment, and the date of birth you enter is the date of birth for that person.. For more information, go to <http://www.state.nj.us/treasury/taxation/>.

What You Need to Mail

Your amended tax return - Form NJ-1040X. Remember to sign and date the return.

Your payment - Mail a check or money order for \$38.00, payable to "State of New Jersey - TGI". Write your Social Security number and "2022 Form NJ-1040X" on the check. Mail the return and check together.

Your payment voucher - This printout includes a payment voucher (Form NJ-1040-V). Mail this voucher with your payment.

Be sure to attach all forms or schedules that changed to your amended return.

Mail your return, attachments, payment and payment voucher to:
New Jersey Division of Taxation
Revenue Processing Center
P.O. Box 664
Trenton, New Jersey 08646-0664

Don't forget correct postage on the envelope.

What You Need to Keep

Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.

File by Mail Instructions for your 2022 New Jersey Amended Tax Return
Important: Your taxes are not finished until all required steps are completed.

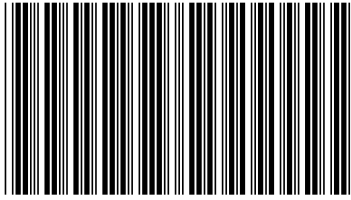


UTKARSH AWASTHI
1106 LIGHTHOUSE LANE
PERTH AMBOY, NJ 08861

2022 New Jersey Tax Return Summary		Adjusted Gross Income As Originally Filed	\$	12,360.00
		Adjusted Gross Income Amended	\$	12,360.00
		Taxable Income As Originally Filed	\$	11,360.00
		Taxable Income Amended	\$	11,360.00
		Total Tax As Originally Filed	\$	159.00
		Total Tax Amended	\$	159.00
		Total Payments/Credits As Originally Filed	\$	410.00
		Total Payments/Credits Amended	\$	372.00
		Payment Due	\$	38.00

Special Formatting		Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.		
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NJ-1040X
2022
Page 1



040AM01220

Your Social Security Number
759827645

Last Name, First Name, Initial (Joint filers enter first name and initial of each. Enter spouse/CU partner last name only if different.)
AWASTHI UTKARSH

Spouse's/CU Partner's Social Security Number

County/Municipality Code
1216

Home Address (Number and Street, incl. apt. # or rural route)
1106 LIGHTHOUSE LANE

City, Town, Post Office
PERTH AMBOY

State ZIP Code
NJ 08861

Driver's License Number (Voluntary. See instructions NJ-1040.)

Your address has changed.
The address above is a foreign address.
Death certificate is enclosed.
I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

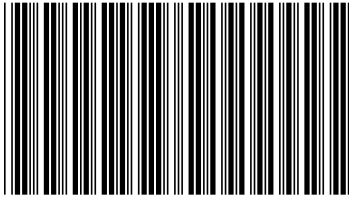
Gubernatorial Elections Fund Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Do you want to designate \$1 of your taxes for this fund?	You	Yes	No
If joint return, does your spouse/CU Partner 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.
dd2. Account type (C for checking, S for savings)	dd2.
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.
dd4. Routing number	dd4.
dd5. Account number	dd5.





040AM02220

Name(s) as shown on Form NJ-1040X
AWASTHI UTKARSH

Your Social Security Number
759827645

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:
From: 22 To: 22

Fiscal year filers only:
Enter month of your year end 2 0 2 3

Filing Status

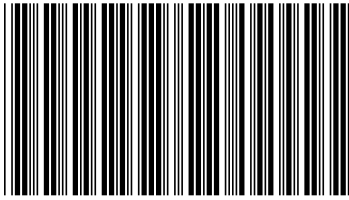
- | | On Original
Return | On Amended
Return | |
|----|-------------------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Single |
| 2. | | | Married/CU Couple, filing joint return |
| 3. | | | Married/CU Partner, filing separate return |
| 4. | | | Head of Household |
| 5. | | | Qualifying Widow(er)/Surviving CU Partner |

Exemptions

				As Originally Reported	Amended Reported			
6.	Regular	<input checked="" type="checkbox"/>	Yourself	Spouse/CU Partner	Domestic Partner	6.	1	1
7.	Age 65 or over		Yourself	Spouse/CU Partner		7.		
8.	Blind or Disabled		Yourself	Spouse/CU Partner		8.		
9.	Veteran Exemption		Yourself	Spouse/CU Partner		9.		
10.	Number of your qualified dependent children					10.		
11.	Number of other dependents					11.		
12.	Dependents attending colleges (See instructions NJ-1040)					12.		
13a.	Add lines 6, 7, 8, and 12.					13a.	1	1
13b.	Add lines 10 and 11.					13b.		
13c.	Enter amount from line 9.					13c.		

Dependent Information

14.	Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040AM03220

Name(s) as shown on Form NJ-1040X
AWASTHI UTKARSH

Your Social Security Number
759827645

1555

		As Originally Reported	Amended (See Instructions)
15.	Wages, salaries, tips, and other employee compensation	12360 .	12360 .
16a.	Taxable interest income	.	.
16b.	Tax-exempt interest income. Do not include on line 16a	.	.
17.	Dividends	.	.
18.	Net profits from business	.	.
19.	Net gains or income from disposition of property	.	.
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals	.	.
20b.	Excludable pensions, annuities, and IRA distributions/withdrawals	.	.
21.	Distributive Share of Partnership Income	.	.
22.	Net pro rata share of S Corporation Income	.	.
23.	Net gains or income from rents, royalties, patents, and copyrights	.	.
24.	Net gambling winnings	.	.
25.	Alimony and separate maintenance payments received	.	.
26.	Other	.	.
27.	Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 through 26)	12360 .	12360 .
28a.	Pension/Retirement Exclusion	.	.
28b.	Other Retirement Income Exclusion	.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27)	12360 .	12360 .
30.	Total Exemption Amount (See instructions)	1000 .	1000 .
31.	Medical Expenses (See instructions NJ-1040)	.	.
32.	Alimony and separate maintenance payments	.	.
33.	Qualified Conservation Contribution	.	.
34.	Health Enterprise Zone Deduction	.	.
35.	Alternative Business Calculation Adjustment (See instructions NJ-1040)	0 .	0 .
36.	Organ/Bone Marrow Donation Deduction (See instr. NJ-1040)	.	.
37a.	NJBEST Deduction	.	.
37b.	NJCLASS Deduction	.	.
37c.	NJ Higher Education Tuition Deduction	.	.
38.	Total Exemptions and Deductions (Add lines 30 through 37)	1000 .	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	11360 .	11360 .
40a.	Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)	.	.
40b.	Indicate your residency status during 2022 (fill in only one)	Both	
		Tenant	
41.	Property Tax Deduction (See instructions NJ-1040)	.	.
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	11360 .	11360 .
43.	Tax on amount on line 42 (See instructions)	159 .	159 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (See instructions NJ-1040)	.	.
	Enter other jurisdiction code		
45.	Balance of Tax (Subtract line 44 from line 43)	159 .	159 .
46.	Sheltered Workshop Tax Credit (See instructions NJ-1040)	.	.
47.	Gold Star Family Counseling Credit (See instructions NJ-1040)	.	.
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	.	.
49.	Total Credits (Add lines 46 through 48)	.	.
50.	Balance of tax after credits (subtract line 49 from line 45) If zero or less, make no entry	159 .	159 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	0 .	0 .
52.	Interest on Underpayment of Estimated Tax (See instructions NJ-1040)	.	.
	Fill in if Form NJ2210 is enclosed		
53.	Shared Responsibility Payment	0 .	0 .
	Fill in if Schedule HCC is enclosed	X	



Name(s) as shown on Form NJ-1040X
AWASTHI UTKARSH

Your Social Security Number
759827645

1555

		As Originally Reported	Amended (See Instructions)
54. Total Tax Due (Add lines 50 through 53)	54.	159 .	159 .
55. Total New Jersey Income Tax Withheld (See instructions for required enclosures)	55.	186 .	186 .
56. Property Tax Credit (See instructions NJ-1040)	56.	.	.
57. New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.	.	.
58. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	58.	224 .	.
59. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	59.	.	.
60. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	60.	.	.
61. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	61.	.	.
62. Wounded Warrior Caregivers Credit (See instructions NJ-1040)	62.	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	63.	.	.
64. Child and Dependent Care Credit (See instructions NJ-1040)	64.	.	.
65. New Jersey Child Tax Credit	65.	.	.
66. Amount paid with original return, assessments, and/or with request for extension to file	66.	.	186 .
67. Total payments/credits (Add lines 55 through 66)	67.	410 .	372 .
68. Refund previously issued from original return	68.	251 .	251 .
69. Net payments (Subtract line 68 from line 67)	69.	159 .	121 .
70. If line 69 is less than line 54, you have tax due. Subtract line 69 from line 54 and enter the amount you owe		70.	38 .
71. If line 69 is more than line 54, you have an overpayment. Subtract line 54 from line 69 and enter the overpayment		71.	.
72. Amount of line 71 to be			
	(A) REFUNDED	72a.	.
	(B) CREDITED to your 2023 tax	72b.	.

Enter name, Social Security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for federal tax purposes.)

Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change. You must enclose copies of your W-2s, 1099s, and supporting schedules.

Filed as a independent by accident when I am dependent on my parents.

If amending line 44, complete calculations below and include a copy of the tax return filed with the other state (if one was filed or required to be filed):
 [(Income from Other Jurisdictions) _____ / (Income from New Jersey sources) _____] x (New Jersey Tax line 43) _____ = _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 70 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey – TGI
Division of Taxation
Revenue Processing Center
PO Box 664
Trenton, NJ, 08646-0664

You can also make a payment on our website:
nj.gov/taxation

Your Signature Date Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Firm's Federal Employer Identification Number

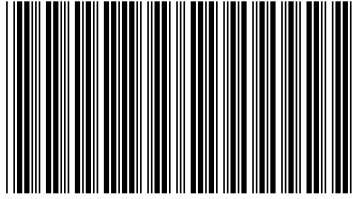
SELF PREPARED

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)
759827645

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.)
AWASTHI UTKARSH

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

County/Municipality Code (See Table page 50)
1216

Home Address (Number and Street, including apartment number)
1106 LIGHTHOUSE LANE

City, Town, Post Office
PERTH AMBOY

State ZIP Code
NJ 08861

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 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	<input checked="" type="checkbox"/>	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	<input type="checkbox"/>	No

Direct Deposit Information

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





Name(s) as shown on Form NJ-1040
AWASTHI UTKARSH

Your Social Security Number
759827645

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:
From: _____ To: _____

Fiscal year filers only:
Enter month of your year end **2 0 2 3**

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2020 2021

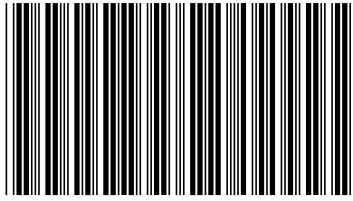
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	<u>1</u>	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1957 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03220

Name(s) as shown on Form NJ-1040
AWASTHI UTKARSH

Your Social Security Number
759827645

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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.	12360	.
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.	12360	.
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.	12360	.
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.	11360	.
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	.
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.	11360	.
43.	Tax on amount on line 42 (Tax Table page 52)	43.	159	.
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.	159	.
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.	159	.
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)	53.	0	.
			REQUIRED Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>	



Name(s) as shown on Form NJ-1040
AWASTHI UTKARSH

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54. Total Tax Due (Add lines 50 through 53)	54.	159 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	186 .
56. Property Tax Credit (See instructions page 24)	56.	.
57. New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.	.
58. New Jersey Earned Income Tax Credit (See instructions)	58.	.
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64. Child and Dependent Care Credit (See instructions)	64.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
65. New Jersey Child Tax Credit (See instructions)	65.	.
Number of dependents under age 6 on 12/31/2022		
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	186 .
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.	27 .
69. Amount from line 68 you want to credit to your 2023 tax	69.	27 .
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.	27 .
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.	0 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Firm's Federal Employer Identification Number

SELF PREPARED

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payments
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

REQUIRED

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

Name(s) as shown on Form NJ-1040 AWASTHI UTKARSH	Social Security Number 759-82-7645
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Schedule NJ-HCC

Health Care Coverage

2022

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

Part I

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

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.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number: <input type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											