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

Submission Identification Number (SID)		-	
Taxpayer's name	Social security	number ,	
ABHIJEET DAS	707-35-	2463	
Spouse's name	Spouse's soci	al security number	
MONALI MOHANTY	723-80-		
	year you ar	e authorizing.)
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1 209	,672.
2 Total tax		2 31	,776.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 31	,524.
4 Amount you want refunded to you		4	
5 Amount you owe		5	252.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reje for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment (FIN) below is my signature for the income tax return (original or amended) I ar Electronic Funds Withdrawal Consent.	tter, or electro ction of the tra S. Treasury ar cated in the ta n to debit the the authoriza ests must be processing of ayment. I furtl	nic return origina ansmission, (b) the dist designated x preparation sofe entry to this acco tion. To revoke (received no late the electronic pa ner acknowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate r	mv PIN	2 4 6 3	as my
ERO firm name	Ent	er five digits, but 't enter all zeros	ao my
signature on the income tax return (original or amended) I am now authorizing.	401	1 011101 411 20100	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Your signature ▶ Date ▶			
Special's DINI, sheek are her anti-			
Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate responsible to	Ent	1 2 8 3 er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN methors.	ow authorizin		
below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 6	6 6 1 9 8 r all zeros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	itting this retu	n in accordance	
ERO'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

|--|

OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	hous	ehold (HOF	H)		lifying surv use (QSS)	iving	
Check only one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	r QSS	S box, ente	r the c	•	,	e qualif	fying
		on is a child but not your dependen										•	, ,
Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial security	y numbe	er
ABHIJEET	Γ		DAS						707-35-2463				
If joint return, s	pouse's	first name and middle initial	Last na	me					Sp	Spouse's social security numb			mber
MONALI			MOHA	NTY					7:	23-8	30-1283	3	
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.			ntial Election		paign
615 PAV	ONIA	AVENUE						5109			nere if you,		
City town or nost office. If you have a foreign address, also complete spaces below. State 7IP code Sp.						spouse if filing jointly, want \$ to go to this fund. Checking							
						this fund. (ow will not							
Foreign country	~						or refund.						
											You	Spo	ouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	nent for prope	erty o	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of					-				Yes	X No)
Standard	Som	eone can claim:	ependent	t Your sp	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus alien	1							
Age/Blindness	you:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd	
Dependent	s (see	instructions):		(2) Social sec	uritv	(3) Relationsh	air	(4) Check th	e box i	f qualif	fies for (see	instruction	ons):
If more	•	rst name Last name		number	,	to you	.	Child ta	x credi	t	Credit for oth	ier depen	ndents
than four													
dependents,													
see instruction and check	s ——												
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a	22	28,23	4.
income	b	Household employee wages not r	eported	on Form(s) W-2						1b			
Attach Form(s)	С	Tip income not reported on line 1a	a (see ins	structions) .						1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	ported or	n Form(s) W-2 (se	ee instru	ictions)				1d			
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line	29 .					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	tions) .				٠.			1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		1i	<u>i </u>						
	Z	Add lines 1a through 1h								1z	22	28,23	4.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	nt.			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	nt.			5b			
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	nt.			6b			
Married filing	С	If you elect to use the lump-sum e	election r	method, check h	ere (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	f required. If not i	required	, check here				7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	-1	.8,56	i2.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	', and 8.	This is your tota	lincom	e				9	20	9,67	2.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is	s your a c	djusted gross in	come					11	20	9,67	2.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Sched	lule A)					12	2	25,90	0.
If you checked	13	Qualified business income deduct	tion from	Form 8995 or F	orm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	2	25,90	0.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This	is your t	taxable incon	ne			15	18	3 , 77	2.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	31,776.
Credits	17	Amount from Schedule 2, lir						17	
	18	Add lines 16 and 17						18	31,776.
	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	31,776.
	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	31,776.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 31	,524.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	31,524.
.,	26	2022 estimated tax paymen						26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	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				indable credits		32	
	33	Add lines 25d, 26, and 32. T						33	31,524.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	is attached, chec	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X	XXXXX	XXXX	$X \mid X \mid X \mid X \mid X$	XX			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	20	For details on how to pay, g	_	-		1 1		37	252.
This Death	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	•		rn with the IRS?		mnlete h	elow	× No
Designee		signee's		Phone			onal identifi		
		me		no.			er (PIN)	Jacion	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ar signature		Date	Tour occupation		I		IN, enter it here
Joint return?					ENGINEER		(see ii	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.						יי אוא די גער ש	(see in	•	ection PIN, enter it here
		one no (FE1) 200 000	7	Email address	OPERATIONS				
		one no. (551) 328-996 eparer's name	Preparer's signat	Email address	ARHIJEETDAS	057@GMAIL.CO Date	M PTIN		Check if:
Paid		eparers name 1 PRIYA RAM SAGAR GUPTA TALLAM			רווסחות חתודיאים			 - てハマ	Self-employed
Preparer			1	RAM SAGAK	GUPIA TALLAM	02/26/2023	P02082		
Use Only		m's name GLOBAL TA		INICIAIT OV NI	T 00016				678) 965-9522
0-1			Y CT E BRU	INDMICK N			Firm's	, EIIN	84-3171965
GO TO WWW.Irs.g	UV/FOR	n1040 for instructions and the late	ธนาทอกกลับอก.		BAA	REV 02/24/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number
ABHI	JEET DAS & MONALI MOHANTY		707-3	35-24	63
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		 	1	
2a	Alimony received		 	2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797		 	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	-18,562.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation		 	7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
į	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
	Stock options	8k		-	
ı	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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m		-	
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
p	Taxable distributions from an ABLE account (see instructions)	8p 8q			
q	Scholarship and fellowship grants not reported on Form W-2	8r		-	
r	Nontaxable amount of Medicaid waiver payments included on Form	OI			
S	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		87			

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-18,562.

10

Schedule 1 (Form 1040) 2022 Page **2**

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	' ' '	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

ABHIJEET DAS & MONALI MOHANTY 707-35-2463 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) 103, KALARAHANGA, PATIA BHUBANESWAR ODISHA IN 751024 Α B SOBHA DREAM ACRES PANATHUR MAIN ROAD BANGALORE, KARNATAKA IN 560087 C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α 3 Α 365 0 if you meet the requirements to file as a В 3 0 В 365 qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 624. 972. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,969. 1,750. 8 Commissions 9 9 Insurance . . . 10 Legal and other professional fees 10 11 11 Management fees 1,878. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,578. 2,490. Repairs 14 1,442. 1,749. 15 15 16 16 Taxes 17 Utilities 17 1,780. 18 2,230. 3,292. 18 Depreciation expense or depletion 19 19 20 20 8,974. Total expenses. Add lines 5 through 19 11,184. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must

22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)		10,56	0.)	(8,00	2.)	(
23a	Total of all amounts reported on line 3 for all rental properties			23a	1,5	96.	
b	Total of all amounts reported on line 4 for all royalty properties			23b			
С	Total of all amounts reported on line 12 for all properties			23c			
d	Total of all amounts reported on line 18 for all properties			23d	5 , 5:	22.	
е	Total of all amounts reported on line 20 for all properties			23e	20,1	58.	
24	Income. Add positive amounts shown on line 21. Do not include	de any	losses			24	
25	Losses. Add royalty losses from line 21 and rental real estate losse	s from	line 22. E	nter to	otal losses here	25	(18,

21

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 .

-18,562.-18**,**562.

Schedule E (Form 1040) 2022

,562.

-8,002.

file Form 6198

Deductible rental real actate loss after limitation, if any

-10,560.



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals.*

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- Social Security number (SSN)/taxpayer identification (ID) number Make sure that the entire SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order:
 city, province or state, and then country (all in the City, village, or post
 office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

■ Detach (cut) here

REV 01/27/23 PRO



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 18, 2023; June 15, 2023; September 15, 2023; and January 16, 2024. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and 2023 IT-2105 on your payment. Make payable to NYS Income Tax. Mail youcher and payment to: NYS Estimated Income Tax. Processing Center. PO Box 4122. Binghamton NY 13902-4122.

lax. Mail voucher and payment to: NYS Estimated income	: Iax, Processi	ng Center, F	O Box 4122, Binghamton		
Full SSN or taxpayer ID number	Enter your 2-character special				
707352463	condition code if applicable (s				
Taxpayer's first name and middle initial	Taxpayer's las	st name			
ABHIJEET	DAS				
Mailing address (number and street or PO Box; see instructions)			Apartment number		
615 PAVONIA AVENUE			5109		
City, village, or post office		State	ZIP code		
JERSEY CITY		NJ	07306		
Taxpayer's email address					
ABHIJEETDAS057@GMAIL.COM					

Cents		Dollars
00	161	
00		

Estimated tax amounts

New York City

Yonkers

MCTMT

. 00

Total payment

161.00

STOP: Pay this electronically on our website



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

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- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order:
 city, province or state, and then country (all in the City, village, or post
 office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

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■ Detach (cut) here

REV 01/27/23 PRO



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 18, 2023; June 15, 2023; September 15, 2023; and January 16, 2024. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and 2023 IT-2105 on your payment. Make payable to NYS Income Tax. Mail youcher and payment to: NYS Estimated Income Tax. Processing Center. PO Box 4122. Binghamton NY 13902-4122.

lax. Mail voucher and payment to: NYS Estimated income	: Iax, Processi	ng Center, F	O Box 4122, Binghamton		
Full SSN or taxpayer ID number	Enter your 2-character special				
707352463	condition code if applicable (s				
Taxpayer's first name and middle initial	Taxpayer's las	st name			
ABHIJEET	DAS				
Mailing address (number and street or PO Box; see instructions)			Apartment number		
615 PAVONIA AVENUE			5109		
City, village, or post office		State	ZIP code		
JERSEY CITY		NJ	07306		
Taxpayer's email address					
ABHIJEETDAS057@GMAIL.COM					

Cents		Dollars
00	161	
00		

Estimated tax amounts

New York City

Yonkers

MCTMT

. 00

Total payment

161.00

STOP: Pay this electronically on our website



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals.*

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- Social Security number (SSN)/taxpayer identification (ID) number Make sure that the entire SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order:
 city, province or state, and then country (all in the City, village, or post
 office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

■ Detach (cut) here

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Full SSN or taxpayer ID number	Enter your 2-character special				
707352463	condition code if applicable (s				
Taxpayer's first name and middle initial	Taxpayer's las	st name			
ABHIJEET	DAS				
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615 PAVONIA AVENUE			5109		
City, village, or post office		State	ZIP code		
JERSEY CITY		NJ	07306		
Taxpayer's email address					
ABHIJEETDAS057@GMAIL.COM					

Cents		Dollars
00	161	
00		

Estimated tax amounts

New York City

Yonkers

MCTMT

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 city, province or state, and then country (all in the City, village, or post
 office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
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Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

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Full SSN or taxpayer ID number	Enter your 2-character special					
707352463	condi	tion code	e if applicable (see in			
Taxpayer's first name and middle initial	Taxpayer's last name					
ABHIJEET	DAS					
Mailing address (number and street or PO Box; see instructions)			Apartment number			
615 PAVONIA AVENUE			5109			
City, village, or post office		State	ZIP code			
JERSEY CITY		NJ	07306			
Taxpayer's email address						
ABHIJEETDAS057@GMAIL.COM						

Cents		Dollars
00	161	
00		

Estimated tax amounts

New York City

Yonkers

MCTMT

. 00

Total payment

161.00

STOP: Pay this electronically on our website

NEW YORK STATE

Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

(12/22)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to New York State Income Tax.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and *Income Tax* on it.

Completing the voucher

Be sure to complete all information on the voucher.

- Enter the tax year from the income tax return you are filing and your entire SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address Enter the city, province, or state all in the City box, and the full country name in the Country box. Enter the postal code, if any, in the ZIP code box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.

You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

NYS PERSONAL INCOME TAX PROCESSING CENTER PO BOX 4124 BINGHAMTON NY 13902-4124

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

STATE PROCESSING CENTER PO BOX 15555 ALBANY NY 12212-5555

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

STOP: Pay this election our website.	ctronically				◀ Cut here ► and Finance her for Income	Tax Returns	NEW YORK STATE	IT-2		I-V
Tax year (уууу) 2022						York State Income Tax. Write the tax year, and Income Tax.	B			(12/22)
Your first name and m	niddle initial	Your	last name (for	a joint return, e	enter spouse's name on line below)	Your full SSN				
ABHIJEET DAS			5			707352463				
Spouse's first name a	nd middle initial	Spou	se's last nam	е		Spouse's full SSN (only if filing a joint	return)			
MONALI		MOH	HANTY			723801283				
Mailing address					Apartment number	Country				
615 PAVONIA	AVENUE				5109					
City, village or post off	fice			State	ZIP code					
JERSEY CITY				NJ	07306			Dollars		Cents
			Email: ABH	HIJEETDA	AS057@GMAIL.COM	Payment			350	00





New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
ABHIJEET DAS	MONALI MOHANTY
	•

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return. IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Part A - Tax return information

1	Federal adjusted gross income (from applicable line)	1.		209672.
	Refund	2.		
3	Amount you owe	3.		350.
	Financial institution routing number	4.		
5	Financial institution account number	5.		
6	Account type: Personal checking Personal savings Business checking Business saving	ngs	•	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	ate
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print ame GLOBAL TAXES LLC	ate
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02262023

Department of Taxation and Finance

Nonresident and Part-Year Resident

							and	ending				
or help completing your re	1							T				
our first name and middle initial	Your last name (for a	joint return, ente	er spouse's name	on line below)	You	ur date of birth (mma		Your So		urity number	•	
ABHIJEET	DAS					0708199				352463		
pouse's first name and middle initial	'				Spo	ouse's date of birth (n		Spouse'	Spouse's Social Security number			
MONALI	MOHANTY					0918199				801283		
lailing address (see instructions) (no	umber and street or PC) Box)				Apartment numb	oer	New You	rk State	county of re	sidence	
15 PAVONIA AVENUE						5109		NR				
ity, village, or post office		State ZIP cod	de	Country				School	district n	ame		
ERSEY CITY			7306	UNITED	S:			NR				
expayer's permanent home addre	ess (see instructions) (ne	o. and street or rui	ral route) A	Apartment no.		City, village, or p	oost office		School	district		
710						1	_			number		
ate ZIP code C	Country					Decedent	Taxpayer	r's date of	death	Spouse's da	te of de	
						information						
				D2 `	Yon	kers part-year	resident	ts only:				
Filing						Did you receive		_		· 🗀	1	
status	l filing joint return					credit? (see instru					No	
(mark an ② X (enter bo	d filing joint return oth spouses' Social Se	curity numbers	above)									
	I filing separate retur	'n			(2) E	Enter the amou	nt					
(enter bo	I filing separate retur oth spouses' Social Sec	curity numbers a	bove)			v York City par	•		-			
④ Head o	of household (with q	ualifying perso	n)			Number of mon	-		-	in 2022		
Qualify	ing surviving spous	se		,		Number of mon n NY City in 20						
Did you itemize your deduc	ctions on your 2022	<u>2</u> г		7		er your <mark>2-chara</mark> e(s) if applicat						
federal income tax return?		Yes L	」 _{No} ∠	<u>.</u>		v York State pa						
Can you be claimed as a d taxpayer's federal return?			No X		Ente	er the date you ut of NYS (mmd	moved ir	nto				
Did you have a financial acc foreign country?		Yes	No X		On t	the last day of the	he tax ye	ear (mark	an X in	one box):		
					2) L	_ived outside N` NYS sources du	YS; rece	ived inco	ome fro	m		
				:	3) L	Lived outside N'NYS sources du	YS; rece	ived no i	income	from		
RATION OF THE PROPERTY OF THE PROPERTY OF THE THE							_		i periou			
				I	livin	you or your spo g quarters in N` es, <i>complete Form</i>	YS in 202	22?		Yes	No	
Dependent information												
First name and middle initial	Last nan	ne	Relatio	onship		Social Secu	rity numb	oer	Date	e of birth (m	mddyyy	
					_							
									1			
nore than 6 dependents, mark	an Vin the heav				1				1			

203001223555

REV 01/27/23 PRO

707352463

Fe	deral income and adjustments		Federal amount Whole dollars only		New York State amount Whole dollars only
1	Wages, salaries, tips, etc.	1	228234.00	1	51095 . 0
2	Taxable interest income	2	.00	2	.0
3	Ordinary dividends	3	.00	3	.0
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.0
5	Alimony received	5	.00	5	.0
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.0
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	. C
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	. C
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.0
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.0
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-18562 . 00	11	.0
12	Rental real estate included in line 11 (federal amount) 1218562.00]			
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.0
	Unemployment compensation	14	.00	14	.0
	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.0
	Other income Identify:	16	.00	16	.0
	Add lines 1 through 11 and 13 through 16	17	209672.00	17	51095.0
	Total federal adjustments to income		203072100		3103010
	Identify:	18	.00	18	.0
19	Federal adjusted gross income (subtract line 18 from line 17)	19	209672.00	19	51095.0
	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	209672.00	19a	51095.0
	w York additions				
20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	
24	Public employee 414(h) retirement contributions	21	.00	21	.0 .0
	Other (Form IT-225, line 9)	22	.00	22	.0
	Add lines 19a through 22	23	209672.00	23	51095.0
	w York subtractions	23	20 30 72 .00	23	31033.0
24	Taxable refunds, credits, or offsets of state and				
\ -	local income taxes (from line 4)	24	.00	24	.0
25	Pensions of NYS and local governments and the	0.5		0.5	
	federal government	25	.00	25	.(
26	,	26	.00	26	.(
27	Interest income on U.S. government bonds	27	.00	27	.(
28	Pension and annuity income exclusion	28	.00	28	.0
29	Other (Form IT-225, line 18)	29	.00	29	.(
	Add lines 24 through 29	30	.00	30	. C
	New York adjusted gross income (subtract line 30 from line 23)	31	209672.00	31	51095.0





32 Enter the amount from line 31, Federal amount column

Standard deduction or itemized deduction

<u></u>				
33	Enter your standard deduction or your itemized deduction (from Form IT-196).			
	Mark an X in the appropriate box: X Standard - or - Itemize	d 🤅	33	16050.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	[;	34	193622.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	;	35	000.00
36	New York taxable income (subtract line 35 from line 34)	[;	36	193622.00
Ta	x computation, credits, and other taxes			
	New York taxable income (from line 36)	-	37	193622.00
	New York State tax on line 37 amount		38	12078.00
	New York State household credit		39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)		40	12078.00
	New York State child and dependent care credit		41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)		42	12078.00
	New York State earned income credit		43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	4	44	12078.00
			·	
	Income New York State amount from line 31 Federal amount from line 31			Round result to 4 decimal places
	percentage 51095.00 ÷ 209672.00 :	= [45	0.2437
		_		
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	4	46	2943.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	4	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	4	48	2943.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	4	49	.00
50	Total New York State taxes (add lines 48 and 49)	[!	50	2943.00
Ne	ew York City and Yonkers taxes, credits, and surcharges, and MCTMT			
51	Part-year New York City resident tax (Form IT-360.1) 51	00		Saa inatrustiana ta camputa
	Part-year resident nonrefundable New York City	00	ì	See instructions to compute New York City and Yonkers
-		00		taxes, credits, and
52a		00	,	surcharges, and MCTMT.
	MCTMT net			
	earnings base 52b .00			
52c		00		
		00		
	Part-year Yonkers resident income tax surcharge			
	(Form IT-360.1)	00		
55			55	.00
56	Sales or use tax (Do not leave blank.)		56	0.00
50	Guico di uso tax (Do not leave Diank.)		50	U .00
57	Voluntary contributions (Form IT-227, Part 2, line 1)	[57	.00
58			_ '	
	and voluntary contributions (add lines 50, 55, 56, and 57)	[58	2943.00





Payments and refundable credits

59 Enter amount from line 58

60 Part-year NYC school tax credit (fixed amount) (also complete **E** on front)

60a NYC school tax credit (rate reduction amount).....

61 Other refundable credits (Form IT-203-ATT, line 17)

62 Total New York State tax withheld

63 Total New York City tax withheld

.00

.00

.00

.00

2593.00

60

60a

61

62

63

	2943.00	
Form(s) IT and submit return. Do not ser	e, complete -2 and/or IT-1099-R them with your nd federal with your return.	NO HAN
	2593.00	
	.00	WRITTE
	.00	Z
	.00	Z
easiest, fas refund.	irect deposit is the test way to get your ctions for payment	IES, OT
	350 .00	Ξ
	ctions for the sembly of your	ER THAN
ng - or -	Business savings	SIGNA
	.00	TURE
	Personal identification number (PIN)	NO I
s) must sig	n here ▼	王

Daytime phone number (551)328 9967

See instructions for where to mail your return.

Email: ABHIJEETDAS057@GMAIL.COM

64	Total Yonkers tax withheld	64		. 00			•
65	Total estimated tax payments/amount paid with Form IT-370	65		.00			
66	Total payments and refundable credits (add lines 60 throi	ugh 6	5)		66		2593 . 00
Yo	ur refund, amount you owe, and account information						
67	Amount overpaid (if line 66 is more than line 59, subtract line	59 fr	om line 66)		67		.00
68	Amount of line 67 available for refund (subtract line 69 from	n line	67)		68		.00
	TIP: Use this amount to check your refund status online.						
68a	Amount of line 68 that you want to deposit into a NYS 529 account	(Form	IT-195, line 4) (also submit Form IT-195)	68a		.00
68b	Total refund after NYS 529 account deposit (subtract line 68	Ba froi	m line 68)		68b		.00
69	Mark one refund choice: direct deposit to savings account a Amount of line 67 that you want applied to your 2023	(fill in	cking or line 73) - oi	r - paper check			Direct deposit is the stest way to get you
	estimated tax (see instructions)			.00		See instru	uctions for payment
70	Amount you owe (if line 66 is less than line 59, subtract line 66					options.	actions for purymon
	funds withdrawal, mark an \boldsymbol{X} in the box $\ \ \ \ \ \ \ $ and fill in li					- T	
	or money order you must complete Form IT-201-V and	mail	it with your	return	70		350.00
71	Estimated tax penalty (include this amount on line 70,				7	Saa instri	uctions for the
	or reduce the overpayment on line 67)			.00	-		sembly of your
	Other penalties and interest			.00		return.	
73	Account information for direct deposit or electronic funds v						_
	If the funds for your payment (or refund) would come from (or	or go	to) an accou	unt outside the U.S.,	marl	k an X in th	is box
	73a Account type: Personal checking - or - Personal checking - or -	sonal	savings - o	r - Business cl	heckir	ng - or -	Business saving
	73b Routing number 73c	: Acc	ount number				
74	Electronic funds withdrawal	Date		Amour	nt _		.00.
des	Third-party Print designee's name signee? (see instr.)		Desig	gnee's phone number			Personal identification number (PIN)
Yes	s No X Email:		·				
		TPRII		▼ Taxpa	yer(s) must si	gn here ▼
-	parer's signature Preparer's printed name			Your signature			
	AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM						
	's name (or yours, if self-employed) OBAL TAXES LLC P020			Your occupation ENGINEER			
Addı		ntificati	on number	Spouse's signature and	loccup	oation <i>(if joint</i>	return)



E BRUNSWICK NJ 08816

Email: SYAM@GTAXFILE.COM

245 ROONEY CT



02262023

Date

Date



Department of Taxation and Finance

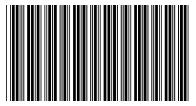
Summary of W-2 StatementsNew York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back

W-2 Record 1		Employer's information ver's name								
	The state of the s									
Box a Employee's Social Security number or this W-2 Record		yer's address (number and s								
707352463	1	PLAZA DRIVE S		Δ						
Box b Employer identification number (EIN)	City	THATA DIVIVE 5	10 111	State	ZIP code	Country				
346565596	1	AUCUS		NJ	07094-3699					
Box 1 Wages, tips, other compensation	Box 12a /		Code	1	14a Amount		Description			
177139.00	DOX 120 /	187.00				213.00	FLI			
Box 8 Allocated tips	Box 12b /		Code	Box	14b Amount	213.00	Description			
.00	DOX 120 /	14472.00				169.00	UI/HC/WD			
Box 10 Dependent care benefits	Box 12c A		Code	Box	14c Amount	100.00	Description			
.00		.00	T] [.00				
Box 11 Nonqualified plans	Box 12d A		Code	Box	t 14d Amount	.00	Description			
.00		.00] [.00				
.00		.00	<u> </u>	J		.00				
Box 13 Statutory employee Retire	ment plan	X Third-party sick pa	' Ш				Corrected (W-2c)			
NY State information: Box 15a	NUN	Box 16a NYS wages, tips	-		7a NYS income tax with					
NY State	NIY		.00	_		.00				
Other state information: Box 15b		Box 16b Other state wag		_	7b Other state income ta					
other state	NJ	18	3101.00		79	52.00				
NYC and Yonkers Box	18 Local w	ages, tips, etc.	Во	x 19 Loca	I income tax withheld		Box 20 Locality name			
nformation (see instr.):		.00	Locality a		.00.	Locality a				
Locality b			Locality b		.00.	7				
,			, _			,				
Do not detach.		Employer's information								
W-2 Record 2		yer's name								
Box a Employee's Social Security number for this W-2 Record		LS FARGO BANK,	NT 7\							
		<u> </u>								
723801283	1	yer's address (number and s								
723801283 Box b Employer identification number (FIN)	550	<u> </u>		State	ZIP code	Country				
Box b Employer identification number (EIN)	550 City	yer's address (number and s S 4TH STREET		State	ZIP code	Country				
Box b Employer identification number (EIN) 943081343	550 City MIN	yer's address (number and s S 4TH STREET NEAPOLIS	treet)	MN	55415	Country	Description			
Box b Employer identification number (EIN) 943081343 Box 1 Wages, tips, other compensation	550 City	yer's address (number and s S 4TH STREET NEAPOLIS Amount	code	MN			Description NV DET			
Box b Employer identification number (EIN) 943081343 Box 1 Wages, tips, other compensation 51095.00	550 City MIN Box 12a A	yer's address (number and s S 4TH STREET NEAPOLIS Amount 13.00	Code D D D	MN Box	55415 (14a Amount	Country 261.00	NY PFL			
943081343 3ox b Employer identification number (EIN) 943081343 3ox 1 Wages, tips, other compensation 51095.00 3ox 8 Allocated tips	550 City MIN	yer's address (number and s S 4TH STREET NEAPOLIS Amount 13.00 Amount	Code D D D Code	MN Box	55415	261.00	NY PFL Description			
30x b Employer identification number (EIN) 943081343 30x 1 Wages, tips, other compensation 51095.00 30x 8 Allocated tips .00	550 City MIN Box 12a A	yer's address (number and s S 4TH STREET NEAPOLIS Amount 13.00 Amount	Code D D D Code	Box	55415 14a Amount 14b Amount		NY PFL Description NY SDI			
30x b Employer identification number (EIN) 943081343 30x 1 Wages, tips, other compensation 51095.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits	550 City MIN Box 12a A	yer's address (number and s S 4TH STREET NEAPOLIS Amount 13.00 Amount .00 Amount	Code D D D Code Code Code	Box	55415 (14a Amount	261.00	NY PFL Description			
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Box b Employer identification number (EIN) 943081343 Box 1 Wages, tips, other compensation 51095.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State	Box 12b A Box 12c A Box 12d A	yer's address (number and s S 4TH STREET NEAPOLIS Amount 13.00 Amount .00 Amount .00 Third-party sick pa Box 16a NYS wages, tips	Code DDD Code Code Code Code DOD Code DOD CODE CODE CODE DOD CODE DOD CODE DOD CODE DOD CODE DOD COD COD COD COD COD COD COD COD COD	MN Box	55415 (14a Amount (14b Amount (14c Amount (14d Amount	261.00 18.00 .00 .00	NY PFL Description NY SDI Description Description			
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30x b Employer identification number (EIN) 943081343 30x 1 Wages, tips, other compensation 51095.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers nformation (see instr.):	Box 12b A Box 12c A Box 12d A Box 12d A	yer's address (number and s S 4TH STREET NEAPOLIS Amount 13.00 Amount .00 Amount .00 X Third-party sick pa Box 16a NYS wages, tips 5 Box 16b Other state wag ages, tips, etc.	Code D D D Code Code Code Code D Code Code Code Code Code Code Code Code	Box A	55415 (14a Amount (14b Amount (14c Amount (14d Amount (17a NYS income tax with 25 (7b Other state income tax I income tax withheld	261.00 18.00 .00 .00 .00 .held 93.00 c withheld 4.00	NY PFL Description NY SDI Description Corrected (W-2c)			
943081343 30x 1 Wages, tips, other compensation 51095.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers Box 15a NY State	Box 12b A Box 12c A Box 12d A Box 12d A	yer's address (number and s S 4TH STREET NEAPOLIS Amount 13.00 Amount .00 Amount .00 X Third-party sick pa Box 16a NYS wages, tips 5 Box 16b Other state wag ages, tips, etc.	Code Code Code Code Code Code Code Code	Box A	55415 (14a Amount (14b Amount (14c Amount (14d Amount (17a NYS income tax with 25 (7b Other state income tax	261.00 18.00 .00 .00 .00 withheld 4.00 Locality a	NY PFL Description NY SDI Description Corrected (W-2c)			







0120101010

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 707-35-2463 DASA 723-80-1283
DAS ABHIJEET & MOHANTY MONALI
615 PAVONIA AVENUE APT 5109
JERSEY CITY NJ 07306

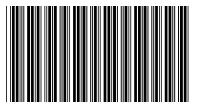
Calendar Year - Due Voucher April 18, 2023 **1**

Indicate the return for which payment is being made by checking the appropriate box:

R X NJ-1040 N NJ-1040-NR NJ-1041 NJ-1041SB

Enter amount of payment here:





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Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

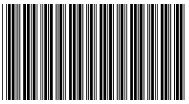
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 707-35-2463 DASA 723-80-1283
DAS ABHIJEET & MOHANTY MONALI
615 PAVONIA AVENUE APT 5109
JERSEY CITY NJ 07306

Calendar Year - Due Voucher June 15, 2023 **2**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





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Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

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DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

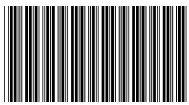
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 707-35-2463 DASA 723-80-1283
DAS ABHIJEET & MOHANTY MONALI
615 PAVONIA AVENUE APT 5109
JERSEY CITY NJ 07306

Calendar Year - Due Voucher September 15, 2023 **3**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





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Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

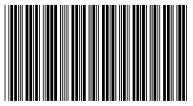
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 707-35-2463 DASA 723-80-1283
DAS ABHIJEET & MOHANTY MONALI
615 PAVONIA AVENUE APT 5109
JERSEY CITY NJ 07306

Calendar Year - Due Voucher January 16, 2024 **4**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0130201010

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V

1555 2022

707-35-2463 DASA 723-80-1283
DAS ABHIJEET & MOHANTY MONALI
615 PAVONIA AVENUE APT 5109
JERSEY CITY NJ 07306

Make your check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

Your Social Security Number (required) 707352463

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.)

DAS ABHIJEET & MOHANTY MONALI

Spouse's/CU Partner's SSN (if filing jointly) $723801283\,$

County/Municipality Code (See Table page 50) 0.906

 $\begin{array}{lll} {\rm Home\ Address\ (Number\ and\ Street,\ including\ apartment\ number)} \\ {\rm 615\ PAVONIA\ AVENUE\ APT\ 5109} \end{array}$

City, Town, Post Office State ZIP Code JERSEY CITY NJ 07306

Driver's License Number (Voluntary) (See instructions) D 0 7 2 3 0 0 3 0 0 0 7 9 0 1

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

do	1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
do	2. Account type (C for checking, S for savings)	dd2.	
do	3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
do	4. Routing number	dd4.	
dd	5. Account number	dd5.	



NJ-1040 2022 Page 2

Name(s) as shown on Form NJ-1040

DAS ABHIJEET & MOHANTY MONALI

Your Social Security Number 707352463

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:								Fiscal ye				
From	From: To:						Enter mo	2023				
	g Statu only one											
1.		Single										
2.	×	Married/CU Couple, filing	joint retu	rn								
3.		Married/CU Partner, filing	separate 1	return								
4.		Head of Household						Enter spouse's/CU partn	er's SSN			
5.		Qualifying Widow(er)/Surv	viving CU	J Partner								
		Indicate the year of your sp	ouse's/C	U partner'	's death:	2020	2021					
	ptions the oval	s that apply. You must enter a tota	al in the bo	oxes to the r	right and c	omplete the calculation.						
6.	Regul	ar	×	Self	×	Spouse/CU Partner		Domestic Partner	2	x \$1,000 =	2000	
7.	Senior	: 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner				x \$1,000 =		
8.	Blind	Disabled		Self		Spouse/CU Partner				x \$1,000 =		
9.	Vetera	nn		Self		Spouse/CU Partner				x \$6,000 =		
10.	Qualif	ied Dependent Children								x \$1,500 =		
11.	Other	Dependents								x \$1,500 =		
12.	Depen	dents Attending Colleges (Se	ee instruc	tions)						x \$1,000 =		
13.	Total 1	Exemption Amount (Add total	als from th	he lines at	6 throug	gh 12)				13.	2000	•
14.	Deper	dent Information. Provide th	ne followi	ng inform	ation for	each dependent.						
	Last N	Jame, First Name, Middle Ini	tial					Social Security Number		Birth Year	No	Health Insurance
a.												
b.												
c.												

NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040

DAS ABHIJEET & MOHANTY MONALI

Your Social Security Number 707352463

1555

1.5	Wasse solaries tire and other application (State Wasse from Day 16 of anglessed W 2(a)) (Cas instructions)	15.	234196 .
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	13. 16a.	234190 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	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.	•
20a.	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.	•
		20. 27.	234196 .
27. 28a.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) Pension/Retirement Exclusion (See instructions)	27. 28a.	234170 .
	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•
28b. 28c.	Total Exclusion Amount (Add lines 28a and 28b)		•
29.		28c. 29.	234196 .
30.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000 .
		31.	2000 .
31. 32.	Medical Expenses (See Worksheet F and instructions)	32.	•
33.	Alimony and separate maintenance payments (See instructions) Ovalified Conservation Contribution	33.	•
	Qualified Conservation Contribution		•
34.	Health Enterprise Zone Deduction	34. 35.	0 .
35. 26	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	•
37a.	NJBEST Deduction	37a. 37b.	•
37b.	NJCLASS Deduction		•
37c.	NJ Higher Ed. Tuition Deduction	37c.	2000 .
38.	Total Exemptions and Deductions (Add lines 30 through 37c) Tayah la Jacoma (Subtract Line 38 from Line 20)	38. 39.	232196 .
39.	Taxable Income (Subtract line 38 from line 29) Tatal Property Taxas (18% of Port) Paid (See instructions rose 25)	40a.	232190 .
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	•
40b.		41.	
41.	Property Tax Deduction (From Worksheet H) (See instructions)		232196 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	10748 .
43.	Tax on amount on line 42 (Tax Table page 52) Condition of Taxon Point to Other Institutions (Findings Schools NI COD) (See instructions)	43. 44.	2345 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code	44.	32
4.5		45	8403 .
45.	Balance of Tax (Subtract line 44 from line 43)	45.	0403 .
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.	0.403
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	8403 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	U .
52.	Interest on Underpayment of Estimated Tax	52.	•
52	Fill in if Form NJ-2210 is enclosed		0
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0.

NJ-10402022

2022 Page 4 Name(s) as shown on Form NJ-1040

DAS ABHIJEET & MOHANTY MONALI

Your Social Security Number 707352463

1555

Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	8403 .	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	7956 .	,
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.	7956 .	,
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amoun	at you owe	67.	447 .	,
	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 6	6 and enter the overpayment	68.		,
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.	447 .	
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.		,

the best of my knowledge and belief, it is true, correct, based on all information of which the preparer has any	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payments			
Your Signature	Date	Spouse's/CU Pa	artner's Signature (required if filing jointly) Date	PO Box 111
Paid Preparer's Signature			Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR	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
GLOBAL TAXES LLC			84-3171965	Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555

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

Division Use: 1 2 3 4 5 6 7

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

Part I **Net Profits From Business** List the net profit (loss) from business(es). See Instructions. Social Security Number/ **Business Name** Profit or (Loss) Federal EIN 1. 2. 3. Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) List the distributive share of income (loss) Part II Distributive Share of Partnership Income from partnership(s). See instructions. Share of Pass-Through Share of Partnership **Business Alternative** Federal EIN Partnership Name Income or (Loss) Income Tax 1. 3. Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) 4. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040.) List the pro rata share of income (usable Part III Net Pro Rata Share of S Corporation Income loss) from S corporation(s). See instructions. Pro Rata Share of S Corporation Share of Pass-Through Business Federal EIN S Corporation Name Income or (Usable Loss) Alternative Income Tax 1. 2. 3. Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) 4. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040) List the net gains or net income, less net loss, derived from or in the Net Gains or Income form of rents, royalties, patents, and copyrights. See instructions. Type Part IV From Rents, Royalties, of Property: Patents, and Copyrights 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights Type – Enter Source of Income or Loss. If rental real estate, Social Security Number/ number from Income or (Loss) Federal FIN enter physical address of property. list above 1. 103, KALARAHANGA, PATIA 707352463 -10,560 2. SOBHA DREAM ACRES 707352463 -8,002 3. Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) 4. -18,562.

2022

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A		Column B					
Part I Income (Loss)			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.	-18,562.				
5.	Loss Carryforward From Tax Year 2021				5b.	()			
6.	Totals	6a.	0.		6b.	-18,562.				
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									
12.	Loss Carryforward to Tax Year 2023				12.	(18,562.)			

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).

- 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 5b.

- Enter the amount from line 6b of this schedule. If loss, enter zero here. Line 8.
- 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)

2022

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.
DAS ABHIJEET & MOHANTY MONALI	707-35-2463
Part I	
Did you and, if applicable, all members of your tax household, har coverage for every month in 2022 (See instructions for line 53, No include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in enclose this schedule with your return. No. Continue to Part II.	J-1040.) Part-year residents
Part II	
Enter the name and Social Security number for each member of yevery month each person had minimum essential health coverage (part-year residents include only months as a New Jersey resider exemption, enter the exemption number. (See instructions for line more than one exemption number, check the box. If you need more any additional individuals.	e or qualified for an exemption nt). If an individual qualified for an e 53, NJ-1040.) If an individual has ore 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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Exemption Code		_	Check							•	on nun	nber	
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · ·		· · · ·	i	
Everntian Code			[]	L	 -::								
Exemption Code		_	Check Check								on nun	nber .	
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Exemption Code		ı	l∟l Check l	hox if t	l∟ his indi	l∟	has mo	re than	l∟ n one e	ı∟ xemnti	on nur	nber .	
Exemplion Godo		_	Check										
Exemption Code			Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
			Check	box if t	<u>his ind</u> i	vidual i	s unde	r 18 .	<u></u> .	<u></u>	<u></u>		
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,		.—	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
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Exemption Code		_	Check								on nun	nber	
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Exemption Code			Check	box if t	ı∟ his indi	ı∟∟∟ı vidual l	has mo	re than	one e	xempti	on nun	nber .	
		_	Check							•			
Exemption Code			Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					