IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name	Social securit	834-16-5677					
MAN	OJ KUMAR MATHEY	834-16-						
Spouse	's name	Spouse's soc	ial secu	urity number				
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	r year you a	re au	thorizing.)				
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	37,920.				
2	Total tax		2	2,792.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	5,402.				
4	Amount you want refunded to you		4	2,610.				
5	Amount you owe		5					

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I autho	orize GLOBA	L TAXES	LLC	to enter or generate my PIN	
			ERO firm name	-	E

6	5	6	7	7	
Ent don	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 authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Pr	ctitioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8	39				

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ►									
	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested To Do So								
For Denemicarly Deduction Act Nation and Vous		Earm 8879 (Bay, 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.	
Filing Status	XS	Single Married filing jointly] Married filing	separately (N	1FS)	Head of	house	hold (HOH)		lifying surviving use (QSS)	
one box.		u checked the MFS box, enter the nation is a child but not your dependent	, ,	ouse. If you ch	neck	ed the HOH or	QSS	box, enter th	e child's	name if the qualifying	
Your first name	and mi	ddle initial	Last name						Your so	cial security number	
MANOJ KU	MAR		MATHEY						834-3	16-5677	
lf joint return, sp	ouse's	first name and middle initial	Last name						Spouse'	s social security number	
Home address (numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Preside	ntial Election Campaigr	
56 GILL	LANI	E			-		1	E		nere if you, or your	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spaces b	elow.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a	
ISELIN					NJ	Г	088	30	0	ow will not change	
Foreign country	name		Foreign	province/state/c	count	ty	Foreig	in postal code	your tax	c or refund.	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes X No	
Standard		eone can claim: You as a de		Your spouse							
Deduction		Gpouse itemizes on a separate retur		a dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are b	olind Spo	use	: 🗌 Was bor		ore January 2		Is blind	
Dependents	(see	instructions):	(2)	Social security		(3) Relationsh	ip (4) Check the b	k the box if qualifies for (see in		
If more	(1) First name Last name			number		to you		Child tax ci	redit	Credit for other dependents	
than four dependents,											
see instructions											
and check											
here 🗌											
Income	1a ⊾	Total amount from Form(s) W-2, b		,					. <u>1a</u>		
Attach Form(s)	b	Household employee wages not re	-	.,			• •		. 1b		
W-2 here. Also	C d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	,			• •		. <u>1c</u> . 1d	-	
attach Forms W-2G and	d	Taxable dependent care benefits for					• •		. 10		
1099-R if tax	e f	Employer-provided adoption bene			•		• •		. 1e	-	
was withheld.		Wages from Form 8919, line 6 .		-			• •				
lf you did not get a Form	g h	Other earned income (see instruct			•		• •		. <u>1g</u> . 1h	-	
W-2, see	;	Nontaxable combat pay election (s	,		•	· · · · ·	· ·			0.	
instructions.	z	Add lines 1a through 1h		5)	•				. 1z	42,280.	
Attach Sch. B	2a		2a		ь т	axable interes	· ·		04		
if required.	3a		3a			rdinary divide			3b		
	4a		4a			axable amoun			. 4b		
Standard	5a		5a			axable amoun			. 5b		
Deduction for-	6a		6a			axable amoun			. 6b		
 Single or Married filing 	c	If you elect to use the lump-sum e						[
separately,	7	, , , , , , , , , , , , , , , , , , ,				,		[7		
\$12,950Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. 8	-4,360.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9	37,920.	
surviving spouse,	10	Adjustments to income from Sche							. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11		
household,	12	Standard deduction or itemized	•	-					. 12		
\$19,400 • If you checked	13	Qualified business income deduct				5-A			. 13		
any box under Standard	14	Add lines 12 and 13							. 14		
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	ne.		. 15		
see instructions.			-	,							

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

Form **1040** (2022)

Form 1040 (2022	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	2,792.
Credits	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	2,792.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	e8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	2,792.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	2,792.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	5	,402.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	5,402.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	5,402.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you o	verpaid		34	2,610.
	35a	Amount of line 34 you want			is attached, che	ck here		. 🗆	35a	2,610.
Direct deposit?	b	Routing number 0 3 1			c Type: 🛛 🗙] Check	ing 🗌 S	Savings		
See instructions.	d	Account number 8 1 1	5 8 5 3	966						
	36	Amount of line 34 you want a	applied to your :	2023 estimate	edtax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go							37	
	38	Estimated tax penalty (see in	-			38				
Third Party Designee		you want to allow another	person to disc	cuss this retu			Yes. Co	mplete h		X No
Designee		signee's		Phone			_	nal identif		
	nai			no.				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0			,		, 0
Here	Yo	ur signature		Date	Your occupation			If the	IRS se	nt you an Identity
										IN, enter it here
Joint return? See instructions.					SOFTWARE I		EER	(see		
Keep a copy for your records.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			ity Prote	nt your spouse an ection PIN, enter it her
	Ph	one no. (848)667-382	0	Email address	MANOJKUMARMA	ATHEY@(GMAIL.CO	M		
Deid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	03/0	2/2023	P02470)833	Self-employed
Preparer		m's name GLOBAL TAX		•••						678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816				s EIN	88-2145487
Go to www.im.a	ov/Eor	a 1040 for instructions and the late					04/00 DDC			Earm 1040 (202)

Go to www.irs.gov/Form1040 for instructions and the latest information.

REV 02/24/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01		
Name(s) shown on Fo	Your social security number			
MANOJ KUMAR MA	834-16	-5677		

Par	t 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. Att	ach Schedule E .	5	-4,360.
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		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	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			
		8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
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:			
•	Tatal athen income. Add lines to the such the	8z		
9	Total other income. Add lines 8a through 8z		9	1 200
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	i, or 1040-INK, Ilhe 8	10	-4,360.

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

Schedule 1 (Form 1040) 2022

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	Attorney fees and court costs you paid in connection with an award				-	
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 [±]	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your adjustments to income				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

(Form	1040)	(From r	From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										
	nent of the Treasury Revenue Service			Attach to Form 1040, irs.gov/ScheduleE for					Attachment Sequence No. 13				
	shown on return		do to <i>www</i> .	IIS.gov/Scheduler 10	mour			itest in	iormation.	Your soci	al security		
.,	J KUMAR MA	TUEV									6-5677	lumber	
Part			c From Dont	al Dool Estato an	d Do	valtion				034-1	0-0077		
	Note: If yo rental inco	ou are in t ome or los	he business of r ss from Form 48	t al Real Estate an renting personal proper 35 on page 2, line 40.	ty, use	Schedule			-				
				at would require you d Form(s) 1099?								s ⊠ No s □ No	
1 a	Physical addr	ress of e	ach property (street, city, state, ZIF	P code	e)							
Α	THOKALAPA	LLI PC	ST WESTGO	DAVARI DISTRIC	CT Al	NDHRA F	PRADE	SH II	N 534406				
C 1b	Type of Prope (from list below			ntal real estate prope rt the number of fair				Fa	ir Rental Days	Person Da		QJV	
Α	3	,	personal use	e days. Check the Q	JV bo	x only	Α		365		0		
В				he requirements to f			B						
С			qualified join	it venture. See instru	ictions	3.	С						
Туре	of Property:	•											
1	Single Family R	esidence	e 3 Vacat	tion/Short-Term Ren	tal	5 Land	l		Self-Rental				
2	Multi-Family Re	sidence	4 Comr	nercial		6 Roya	alties	8	Other (desc	ribe)			
									Properti	es:			
Incom	ne:						Α		В			С	
3	Rents received				3		4	20.					
4	Royalties rece	ived.			4								
Expen	ises:												
5	Advertising				5								
6	Auto and trave	el (see in:	structions) .		6								
7					7		8	50.					
8	Commissions				8								
9	Insurance .				9								
10	•				10								
11	-				11		7	50.					
12	00			. (see instructions)	12								
13	Other interest				13								
14	Repairs				14		1,1						
15					15		1,0	80.					
16					16								
17					17		9	80.					
18		xpense	or depletion .		18								
19				40	19		4 17	0.0					
20	•		•	19	20		4,/	80.					
21		s), see ir	structions to f	nd/or 4 (royalties). If find out if you must	21		-4,3	60.					
22				er limitation, if any,	22	(50.)	()	()
23a	Total of all am	ounts re	ported on line	3 for all rental prope	rties			23a		420.			
b				4 for all royalty prop				23b					
с				12 for all properties				23c					
d				18 for all properties				23d					
е				20 for all properties				23e	4	,780.			
24	Income. Add	positive	amounts show	wn on line 21. Do no	t inclu	ude any lo	sses			. 24			
25				1 and rental real estat							(4,360.)
26	Total rental re	eal esta	te and royalty	/ income or (loss).	Comb	ine lines t	24 and	25. E	nter the resu	ılt			

Supplemental Income and Loss

SCHEDULE E

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2022

26

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-4,360.

OMB No. 1545-0074



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

1213

 $\cap 4$

Your Social Security Number (required)

834165677

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.) MATHEY MANOJ KUMAR

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

Home Address (Number and Street, including apartment number) County/Municipality Code (See Table page 50) 56 GILL LANE APT 1E City, Town, Post Office

ISELIN

ZIP Code State 08830 NJ

Driver's License Number (Voluntary) (See instructions) M08145167204881

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			031207607
dd5. Account number		dd5.			8115853966

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



Γ			Name(s) as shown on MATHEY MA	Form NJ-1040 ANOJ KUMAR		
NJ-1 2022 Page	, <u>, , , , , , , , , , , , , , , , , , </u>	P02220	Your Social Security 834165677			1555
Part-	year residents, provide months/days yo		sident during 2022:	Fiscal year	filers only:	
Fron				-	of your year end	2023
					5 5	
	g Status only one.					
1.	× Single					
2.	Married/CU Couple, filing jo	int return				
3.	Married/CU Partner, filing se	parate return				
4.	Head of Household			Enter spouse's/CU partner'	s SSN	
5.	Qualifying Widow(er)/Surviv	ring CU Partner				
	Indicate the year of your spou	se's/CU partner's deat	h: 2020 2	021		
	nptions the ovals that apply. You must enter a total i	in the boxes to the right an	d complete the calculation.			
6.	Regular	× Self	Spouse/CU Partner	Domestic Partner	1 x \$1,000 =	1000
7.	Senior 65+ (Born in 1957 or earlier)	Self	Spouse/CU Partner		x \$1,000 =	
8.	Blind/Disabled	Self	Spouse/CU Partner		x \$1,000 =	
9.	Veteran	Self	Spouse/CU Partner		x \$6,000 =	
10.	Qualified Dependent Children				x \$1,500 =	
11.	Other Dependents				x \$1,500 =	
12.	Dependents Attending Colleges (See	instructions)			x \$1,000 =	
13.	Total Exemption Amount (Add totals	from the lines at 6 thro	ough 12)		13.	1000 .
14.	Dependent Information. Provide the	following information	for each dependent.			
	Last Name, First Name, Middle Initia	1		Social Security Number	Birth Year	No Health Insurance
a.						
b.						
c.						
d.						



NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040 MATHEY MANOJ KUMAR

 $\begin{array}{l} \mbox{Your Social Security Number}\\ 834165677 \end{array}$

1555

			45420
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	45432 .
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.	45432 .
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.	45432 .
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.	44432 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1728 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1728 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	42704 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	868 .
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.	868 .
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.	868 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0.
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0.



NJ-1040 2022

Page 4

Name(s) as shown on Form NJ-1040 MATHEY MANOJ KUMAR

Your Social Security Number 834165677

1555

54.	Total Tax Due (Add lines 50 through 53)		54.	868	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	1847	
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.	1847		
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 t	he overpayment	68.	979	
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		•
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.		
76.	Other Designated Contribution (See instructions)	Enter Code	76.		•
77.	Other Designated Contribution (See instructions)	Enter Code	77.		
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.		•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	979	•

Under penalties of perjury, I declare that I hav the best of my knowledge and belief, it is true based on all information of which the prepare	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation			
Your Signature	Date	Spouse's/CU P	Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature			Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
VENKATA SAI PAVAN	KUMAR DUD	IPALLI	P02470833	nj.gov/taxation Refund or No Tax Due Address
Firm's Name			Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC			88-2145487	Trenton, NJ 08647-0555

____4___

5_

6_

7

Division Use:

1 _____

2_

3____

REV 01/24/23 PRO

Name(s) as shown on Form NJ-1040	Social Security Number
MATHEY MANOJ KUMAR	834-16-5677

	Scł	redule NJ-BUS-1 (Form NJ-1040)		lew Jersey Susiness Inc				dule	2022	
Ρ	art I	Net Profits From Busines	s	Lis	st the net	profit ((loss) from bu	usiness(es). See Instructions	6.
	Business Name		Social Sec Fede	urity Num eral EIN	nber/		Prof	ït or (Loss)		
1.										
2.										
3.			· <u> </u>							
4.		fit or (Loss). (Add lines 1, 2, and 3.) NJ-1040. If loss, make no entry on l				4.				
Р	art II	Distributive Share of Part	tner	ship Incom	е				are of income (loss) ee instructions.	
		Partnership Name		Federal Ell	N		are of Partne ncome or (Lo		Share of Pass-Thr Business Alterna Income Tax	
1.										
2.			<u> </u>							<u> </u>
3.				```				_		
4.	(Add lin	tive Share of Partnership Income or es 1, 2, and 3.) (Enter here and on li nake no entry on line 21.)			4.					
5.	Total Sh (Add lin	are of Pass-Through Business Alter es 1, 2, and 3.)(Enter here and inclu	nativ de or	re Income Tax n line 63, NJ-10)40.) 5.					
Р	art III	Net Pro Rata Share of S	Coi	rporation In	come				of income (usable on(s). See instructior	ıs.
		S Corporation Name		Federal EIN Pro Rata Share of S Corporation Income or (Usable Loss)			n Share of Pass-Through Business Alternative Income Tax			
1.										
2.										
3.										
4.	(Add line	Rata Share of S Corporation Income or (is 1, 2, and 3.) (Enter here and on line 22 iake no entry on line 22.)								
5.		are of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on								
P	1	Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the ne form of rer of Property	nts, royali y:	ties, pa	itents, and co	pyrights	derived from or in th s. See instructions. T ents 4 – Copyrights	уре
	1	of Income or Loss. If rental real est nter physical address of property.	ate,	Social Secu Feder			Type – Enter number from list above		Income or (Loss)	
1.	THOKA	LAPALLI POST		83416567	7		1	<u> </u>	-4,360.	
2.								<u> </u>		
3.		// · · · · · · · · · · · · · · · · · ·								
4.		ome or (Loss). (Add lines 1, 2, and 3 here and on line 23, NJ-1040. If loss		ke no entry on	line 23.)		4.		-4,360.	

Name(s) as shown on Form NJ-1040	Social Security Number
MATHEY MANOJ KUMAR	834-16-5677

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.	-4,360.					
5.	Loss Carryforward From Tax Year 2021			5b.	()				
6.	Totals	6a.	0.	6b.	-4,360.					
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	D						
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.	(4,360.)				

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule
NJ-HCC
(Form NJ-1040)

2022

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

Name as Shown on Return	Social Security No.
MATHEY MANOJ KUMAR	834-16-5677

Part I

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

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

No. Continue to Part II.

Part II

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

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

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