



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.

Table with 2 columns: Taxpayer's name (SAMIR V SONI) and Spouse's name (jointly filed return only) (PARITA S SONI)

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.

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.

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.

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.

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

Part A - Tax return information

Table with 2 columns: Line number and Amount. Line 1: Federal adjusted gross income (761964). Line 2: Refund. Line 3: Amount you owe (4970). Line 4: Financial institution routing number. Line 5: Financial institution account number. Line 6: Account type (checkboxes for Personal checking, Personal savings, Business checking, Business savings).

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.

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.

Table with 2 columns: Signature (Taxpayer's and Spouse's) and 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.

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.

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.

Table with 3 columns: Signature (ERO's and Paid preparer's), Print name (GLOBAL TAXES LLC and SYAM PRIYA RAM SAGAR GUPTA TALLAM), and Date (03312023).



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning .....

22

and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SAMIR V		Your last name (for a joint return, enter spouse's name on line below) SONI		Your date of birth (mmddyyyy) 10061984	Your Social Security number 687101759
Spouse's first name and middle initial PARITA S		Spouse's last name SONI		Spouse's date of birth (mmddyyyy) 04141987	Spouse's Social Security number 280916390
Mailing address (see instructions) (number and street or PO Box) 9925 E ROTATION DR				Apartment number	New York State county of residence NR
City, village, or post office MESA		State AZ	ZIP code 85212	Country UNITED STATES	School district name NR
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying surviving spouse

**B** Did you itemize your deductions on your 2022 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? Yes  No



### D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes  No

(2) Enter the amount .....

### E New York City part-year residents only

(1) Number of months you lived in NY City in 2022 ....

(2) Number of months your spouse lived in NY City in 2022 .....

**F** Enter your 2-character special condition code(s) if applicable .....

### G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H** Did you or your spouse maintain living quarters in NYS in 2022? Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
KIARA S	SONI	DAUGHTER	668919024	01272020

If more than 6 dependents, mark an X in the box.



203001223555

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Enter your Social Security number  
687101759

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc. (1), Taxable interest income (2), Ordinary dividends (3), Taxable refunds, credits, or offsets of state and local income taxes (4), Alimony received (5), Business income or loss (6), Capital gain or loss (7), Other gains or losses (8), Taxable amount of IRA distributions (9), Taxable amount of pensions/annuities (10), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (11), Rental real estate included in line 11 (12), Farm income or loss (13), Unemployment compensation (14), Taxable amount of Social Security benefits (15), Other income (16), Add lines 1 through 11 and 13 through 16 (17), Total federal adjustments to income (18), Federal adjusted gross income (19), and Recomputed federal adjusted gross income (19a).

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (20), Public employee 414(h) retirement contributions (21), Other (22), and Add lines 19a through 22 (23).

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (24), Pensions of NYS and local governments and the federal government (25), Taxable amount of Social Security benefits (26), Interest income on U.S. government bonds (27), Pension and annuity income exclusion (28), Other (29), Add lines 24 through 29 (30), and New York adjusted gross income (31).

32 Enter the amount from line 31, Federal amount column 761964.00

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**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

33	16050.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	745914.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	1 000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	744914.00

**Tax computation, credits, and other taxes**

37 <b>New York taxable income</b> (from line 36)	744914.00
38 New York State tax on line 37 amount	51027.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	51027.00
41 New York State child and dependent care credit	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	51027.00
43 New York State earned income credit	.00

44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	51027.00
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45 <b>Income percentage</b>	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	140330.00	761964.00	0.1842

46 <b>Allocated New York State tax</b> (multiply line 44 by the decimal on line 45)	9399.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	9399.00
49 <b>Net other New York State taxes</b> (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	9399.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b <b>MCTMT net earnings base</b>	52b	.00	
52c <b>MCTMT</b>	52c	.00	
53 <b>Yonkers nonresident earnings tax</b> (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00	
56 <b>Sales or use tax</b> (Do not leave blank.)	56	0.00	
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00	
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	9399.00	

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Enter your Social Security number  
687101759

59 Enter amount from line 58 ..... **59** 9399 .00

**Payments and refundable credits**

<b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return. <b>Do not send federal Form W-2 with your return.</b>
<b>60a</b> NYC school tax credit (rate reduction amount)	<b>60a</b>	.00	
<b>61</b> Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00	
<b>62</b> Total <b>New York State</b> tax withheld	<b>62</b>	1 662 .00	
<b>63</b> Total <b>New York City</b> tax withheld	<b>63</b>	2 767 .00	
<b>64</b> Total <b>Yonkers</b> tax withheld	<b>64</b>	.00	
<b>65</b> Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00	
<b>66</b> Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	4 429 .00	

**Your refund, amount you owe, and account information**

<b>67</b> Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	<b>67</b>	.00
<b>68</b> Amount of line 67 available for refund (subtract line 69 from line 67) <b>TIP:</b> Use this amount to check your refund status online.	<b>68</b>	.00
<b>68a</b> Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
<b>68b</b> Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	.00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 73) - or -  paper check

**Refund?** Direct deposit is the easiest, fastest way to get your refund.

**See instructions for payment options.**

**See instructions for the proper assembly of your return.**

<b>69</b> Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)	<b>69</b>	.00
<b>70</b> Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	<b>70</b>	4 970 .00
<b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	<b>71</b>	.00
<b>72</b> Other penalties and interest	<b>72</b>	.00

**73** Account information for direct deposit or electronic funds withdrawal.  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box

**73a** Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

**73b** Routing number  **73c** Account number

**74** Electronic funds withdrawal ..... Date  Amount  .00

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code   0   9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 245 ROONEY CT E BRUNSWICK NJ 08816		Employer identification number 843171965	Date 03312023
Email: SYAM@GTAXFILE.COM			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return) PHYSICIAN	
Date	Daytime phone number ( 919 ) 449 7542
Email: SAMIRSPARITA@GMAIL.COM	

**See instructions for where to mail your return.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM







Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

**Box a** Employee's Social Security number for this W-2 Record

687101759

**Box b** Employer identification number (EIN)

232535214

**Box c** Employer's information

<b>Employer's name</b> DATA CORE SYSTEMS INC			
<b>Employer's address (number and street)</b> 1500 JFK BOULEVARD SUITE 624			
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>ZIP code</b> 19102	<b>Country</b>

**Box 1** Wages, tips, other compensation

69763.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

43.00  C

**Box 12b** Amount

.00

**Box 12c** Amount

.00

**Box 12d** Amount

.00

**Box 14a** Amount

.00 Description

**Box 14b** Amount

.00 Description

**Box 14c** Amount

.00 Description

**Box 14d** Amount

.00 Description

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  N  Y

**Box 16a** NYS wages, tips, etc. .00

**Box 17a** NYS income tax withheld .00

**Other state information:**

**Box 15b** other state  A  Z

**Box 16b** Other state wages, tips, etc. 69763.00

**Box 17b** Other state income tax withheld 1882.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.  
Locality a .00  
Locality b .00

**Box 19** Local income tax withheld  
Locality a .00  
Locality b .00

**Box 20** Locality name  
Locality a  
Locality b

## Do not detach. W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

280916390

**Box b** Employer identification number (EIN)

860392561

**Box c** Employer's information

<b>Employer's name</b> PULMONARY CONSULTANTS PC			
<b>Employer's address (number and street)</b> 6750 E BAYWOOD AVE STE 401			
<b>City</b> MESA	<b>State</b> AZ	<b>ZIP code</b> 85206-1749	<b>Country</b>

**Box 1** Wages, tips, other compensation

479064.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

**Box 12b** Amount

.00

**Box 12c** Amount

.00

**Box 12d** Amount

.00

**Box 14a** Amount

.00 Description

**Box 14b** Amount

.00 Description

**Box 14c** Amount

.00 Description

**Box 14d** Amount

.00 Description

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  N  Y

**Box 16a** NYS wages, tips, etc. 479064.00

**Box 17a** NYS income tax withheld 12935.00

**Other state information:**

**Box 15b** other state  A  Z

**Box 16b** Other state wages, tips, etc. 479064.00

**Box 17b** Other state income tax withheld 12935.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.  
Locality a .00  
Locality b .00

**Box 19** Local income tax withheld  
Locality a .00  
Locality b .00

**Box 20** Locality name  
Locality a  
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

Box a Employee's Social Security number for this W-2 Record

687101759

Box b Employer identification number (EIN)

220999690

### Box c Employer's information

Employer's name HORIZON HEALTHCARE SERVICES, INC			
Employer's address (number and street) 3 PENN PLAZA EAST			
City NEWARK	State NJ	ZIP code 07105-2248	Country

Box 1 Wages, tips, other compensation

140330.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

446.00

Code

C

Box 12b Amount

12957.00

Code

A A

Box 12c Amount

19194.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

213.00

Description

NJ FLI

Box 14b Amount

169.00

Description

UI/WF/SWF

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

140330.00

Box 17a NYS income tax withheld

1662.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

143501.00

Box 17b Other state income tax withheld

5780.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 71267.00

Locality b .00

Box 19 Local income tax withheld

Locality a 2767.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

687101759

Box b Employer identification number (EIN)

860960545

### Box c Employer's information

Employer's name SAMIR SONI			
Employer's address (number and street) 9925 E ROTATION DR			
City MESA	State AZ	ZIP code 85212	Country

Box 1 Wages, tips, other compensation

67073.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

53.00

Code

C

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

A | Z

Box 16b Other state wages, tips, etc.

67073.00

Box 17b Other state income tax withheld

1811.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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2022 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2022  
Page 1



For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year  
Beginning \_\_\_\_\_, 2022 Ending \_\_\_\_\_, 2023

1555

Your Social Security Number  
687101759

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
SONI SAMIR V & PARITA S

Spouse's/CU Partner's Social Security Number  
280916390

State of Residency (outside NJ)  
ARIZONA

Home Address (Number and Street, incl. apt. # or rural route)  
9925 E ROTATION DR

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
D07947460	AZ	MESA	AZ	85212

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

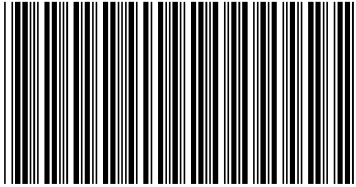
I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No







040NV02220

Name(s) as shown on Form NJ-1040NR  
SONI SAMIR V & PARITA S

Your Social Security Number  
687101759

1555

**Filing Status**  
(Check only ONE box)

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return \_\_\_\_\_
- 4. Head of Household Name and SSN of Spouse/CU Partner \_\_\_\_\_
- 5. Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

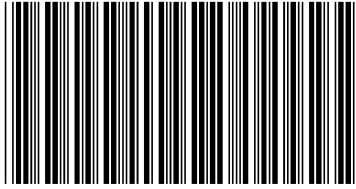
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2			
7. Age 65 or over	Self	Spouse/CU Partner		7.				
8. Blind or Disabled	Self	Spouse/CU Partner		8.				
9. Veteran Exemption	Self	Spouse/CU Partner						9.
10. Number of your qualified dependent children				10.			1	
11. Number of other dependents				11.				
12. Dependents attending colleges (See Instructions)				12.				
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	1	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. SONI _____ KIARA _____ S	668919024	2020
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	143501 .	15.	143501 .
16. Interest	16.	27 .	16.	0 .
17. Dividends	17.	915 .	17.	0 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	0 .	18.	0 .
19. Net gains or income from disposition of property (From line 68)	19.	0 .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	4042 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	. .	21.	. .
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	. .	22.	. .
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	3750 .	23.	0 .
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	. .	24.	. .
25. Alimony and separate maintenance payments received	25.	. .	25.	. .
26. Other – State Nature and Source _____	26.	. .	26.	. .
27. TOTAL INCOME (Add lines 15 through 26)	27.	152235 .	27.	143501 .



040NV03220

Name(s) as shown on Form NJ-1040NR  
SONI SAMIR V & PARITA S

Your Social Security Number  
687101759

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	152235 .	29. 143501
30. Total Exemption Amount (See Instructions)	30.	3500 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	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 Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	3500 .	
39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)	39.	148735 .	
40. Tax on amount on line 39 (From Tax Table)	40.	5443 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>94.26</u> %			
42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)	42.		5131 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		5131 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		5131 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	5780 .	
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



Name(s) as shown on Form NJ-1040NR: SONI SAMIR V & PARITA S  
 Your Social Security Number: 687101759

**Part I Net Gains or Income From Disposition of Property** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65. Wealthfront Broker	01/01/2022	12/31/2022	13590	14017	-427
FIDELITY BROKERAGE	01/01/2022	12/31/2022	129519	150608	-21089
Wealthfront Broker	01/01/2022	12/31/2022	129645	129392	253
Wealthfront Broker	01/01/2022	12/31/2022	2537	2565	-28
Wealthfront Broker	01/01/2022	12/31/2022	7079	6464	615
66. Capital Gains Distribution					66.
67. Other Net Gains					67.
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)					68. 0

**Part II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

69. Amount reported on line 15 in column A required to be allocated	69.
70. Total days in taxable year	70.
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.
72. Total days worked in taxable year (subtract line 71 from line 70)	72.
73. Deduct days worked outside New Jersey	73.
74. Days worked in New Jersey (subtract line 73 from line 72)	74.

75. Allocation Formula \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)  
 (Enter amount from line 69) (Salary earned inside N.J.)

**Part III Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR SONI SAMIR V & PARITA S	Social Security Number 687-10-1759
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**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	PHYSICIAN	280916390	0.
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4. 0.

**Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	2658 S REAVIS FALLS RD	687101759	1	4,387.
2.	3053 E SUNRISE PL	687101759	1	-345.
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4. 4,042.

**Part III Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.	The Clarks Landing Fund I, LP	364716555	3,750.		
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)		3,750.		
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

**Part IV Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		5.	

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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2022**

Part I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	4,042.		2b.	4,042.	
3.	Distributive Share of Partnership Income	3a.	3,750.		3b.	3,750.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2021				5b.	( )	
6.	Totals	6a.	7,792.		6b.	7,792.	
<b>Part II Adjustment Calculation</b>							
7.	Total Regular Business Income	7.	7,792.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	7,792.				
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.				
<b>Part III Loss Carryforward to Tax Year 2023</b>							
12.	Loss Carryforward to Tax Year 2023	12.			( )		

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- 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 on line 35 of Form NJ-1040NR, 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-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**



DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2022 AND ENDING 66F

Your First Name and Middle Initial SAMIR V Last Name SONI Your Social Security Number 687 10 1759

Spouse's First Name and Middle Initial (if box 4 or 6 checked) PARITA S Last Name SONI Spouse's Social Security No. 280 91 6390

Current Home Address - number and street, rural route 9925 E ROTATION DR Apt. No. Daytime Phone (with area code) (919) 449-7542

City, Town or Post Office MESA State AZ ZIP Code 85212 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits. Row 10c: KIARA S, SONI, Daughter, 12, 12, 0.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022. Rows 11b and 11c are blank.

Table with 3 columns: Line number, Description, Amount. Lines 12-19 (Additions) and 20-24 (Subtractions). Line 12: 761,964.00. Line 19: 785,600.00. Line 20: -3,000.00. Line 21: -21,263.00. Line 22: 587.00. Line 23: 0.00. Line 24: 0.00.

Table with 3 columns: Line number, Description, Amount. Lines 25-34 (Subtractions). Line 25: 0.00. Line 26: 23,636.00. Line 27: 0.00. Line 28: 0.00. Line 29a: 0.00. Line 29b: 0.00. Line 30: 0.00. Line 31: 0.00. Line 32: 0.00. Line 33: 0.00. Line 34: 0.00.

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) SAMIR V & PARITA S SONI  
 Your Social Security Number 687-10-1759

Exemptions	35	Subtract lines 24 through 34c from line 19.....	35	761,964	00	
	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00	
	37	Subtract line 36 from line 35. Enter the difference .....	37	761,964	00	
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00	
	39	Blind: Multiply the number in box 9 by \$1,500 .....	39		00	
Balance of Tax	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00	
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00	
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	761,964	00	
	43	<b>Deductions: Check box and enter amount.</b> See instructions..... 43I <input checked="" type="checkbox"/> <b>ITEMIZED</b> ..43S <input type="checkbox"/> <b>STANDARD</b>	43	27,050	00	
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> <b>Complete page 3.</b> See instructions.....	44		00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	734,914	00	
	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables.....	46	21,654	00	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32 .....	47		00	
	48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	21,654	00	
	49	Dependent Tax Credit. See instructions .....	49	0	00	
Total Payments and Refundable Credits	50	Family income tax credit (from the worksheet - see instructions) .....	50		00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64.....	51	8,066	00	
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" .....	52	13,588	00	
	53	2022 AZ income tax withheld.....	53	16,628	00	
	54	2022 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b.. 54c	54		00	
	55	2022 AZ extension payment (Form 204) .....	55		00	
	56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56		00	
	57	Property Tax Credit from Arizona Form 140PTC .....	57		00	
Tax Due or Overpayment	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00	
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	16,628	00	
	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60		00	
Voluntary Gifts	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	3,040	00	
	62	Amount of line 61 to be applied to 2023 estimated tax.....	62	0	00	
	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63	3,040	00	
	64 - 74	<b>Voluntary Gifts to:</b>				
Penalty	64	Solutions Teams Assigned to Schools..... 64 <input type="text" value="00"/>	65	Arizona Wildlife..... 65 <input type="text" value="00"/>		
	66	Child Abuse Prevention..... 66 <input type="text" value="00"/>	67	Domestic Violence Services..... 67 <input type="text" value="00"/>	68	Political Gift..... 68 <input type="text" value="00"/>
Refund or Amount Owed	69	Neighbors Helping Neighbors..... 69 <input type="text" value="00"/>	70	Special Olympics..... 70 <input type="text" value="00"/>	71	Veterans' Donations Fund..... 71 <input type="text" value="00"/>
	72	I Didn't Pay Enough Fund..... 72 <input type="text" value="00"/>	73	Sustainable State Parks and Road Fund..... 73 <input type="text" value="00"/>	74	Spay/Neuter of Animals.. 74 <input type="text" value="00"/>
	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican				
Refund or Amount Owed	76	Estimated payment penalty .....	76		00	
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included				
	78	Add lines 64 through 74 and 76; enter the total.....	78		00	
	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 .....	79	3,040	00	
Refund or Amount Owed	<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. 79A <input type="checkbox"/>					
	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 0530000196 ACCOUNT NUMBER: 237006423247					
80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return .....	80			00	

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SOFTWARE ENGINEER  
 OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN  
 SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALLAM 03312023 DATE GLOBAL TAXES LLC FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT PAID PREPARER'S STREET ADDRESS 84-3171965 PAID PREPARER'S TIN

E BRUNSWICK NJ 08816 PAID PREPARER'S CITY STATE ZIP CODE (678) 965-9522 PAID PREPARER'S PHONE NUMBER

Your Name (as shown on page 1)

Your Social Security Number

SAMIR V &amp; PARITA S SONI

687-10-1759

## 2022 Form 140 Dependent and Other Exemption Information

### Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
  - You are claiming *Other Exemptions* on page 2, line 40.

### Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49.

**NOTE:** If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) ✓ Dependent Age included in:		(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
					1 (Box 10a)	2 (Box 10b)	
10f					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e)	(f)
					✓ IF AGE 65 OR OVER	✓ IF DIED IN 2022
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>

### Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 40.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) ✓ AGE 65 OR OVER (see instructions)		(d) ✓ STILLBORN CHILD IN 2022
			C1	C2	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.



Your Name (as shown on page 1) SAMIR V & PARITA S SONI	Your Social Security Number 687-10-1759
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**Part 2 Application of Tax Credits and Recapture:** Enter tax, recapture tax, and tax credits used this taxable year.

28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 37.....	28	21,654	00
29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19.....	29		00
30 Tax from Recapture of Credit for Affordable Housing from Form 354, Part 2, line 12.....	30		00
31 Reserved. Do not enter an amount on this line.....	31		
32 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38.....	32		00
33 Subtotal: Add lines 28 and 32.....	33	21,654	00
34 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; <b>plus</b> Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b.....	34	0	00
35 Subtract line 34 from line 33. Enter the difference. If less than zero, enter "0".....	35	21,654	00

**Nonrefundable Tax Credits Used This Taxable Year:** Enter amounts actually used from Part 1.

36 Military Reuse Zone Credit.....Form 306 ▶	36		00
37 Credit for Increased Research Activities – Individuals..... Form 308-I ▶	37		00
38 Credit for Taxes Paid to Another State or Country.....Form 309 ▶	38	8,066	00
39 Credit for Solar Energy Devices .....Form 310 ▶	39		00
40 Agricultural Water Conservation System Credit .....Form 312 ▶	40		00
41 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets ..... Form 319 ▶	41		00
42 Credit for Contributions to Qualifying Charitable Organizations.....Form 321 ▶	42		00
43 Credit for Contributions Made or Fees Paid to Public Schools.....Form 322 ▶	43		00
44 Credit for Contributions to Private School Tuition Organizations.....Form 323 ▶	44		00
45 Agricultural Pollution Control Equipment Credit ..... Form 325 ▶	45		00
46 Credit for Donation of School Site ..... Form 331 ▶	46		00
47 Credit for Employing National Guard Members..... Form 333 ▶	47		00
48 Credit for Business Contribution by an S Corporation to School Tuition Organizations - Individual ..... Form 335-I ▶	48		00
49 Credit for Solar Energy Devices – Commercial and Industrial Applications .....Form 336 ▶	49		00
50 Credit for Investment in Qualified Small Businesses.....Form 338 ▶	50		00
51 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 16 or Part 2, line 33.....Form 340 ▶	51	0	00
52 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶	52		00
53 Renewable Energy Production Tax Credit.....Form 343 ▶	53		00
54 Credit for New Employment.....Form 345 ▶	54		00
55 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶	55		00
56 Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶	56		00
57 Credit for Contributions to Qualifying Foster Care Charitable Organizations.....Form 352 ▶	57		00
58 Healthy Forest Production Tax Credit.....Form 353 ▶	58		00
59 Affordable Housing Tax Credit.....Form 354 ▶	59		00
60 Credit for Entity-Level Income Tax..... Form 355 ▶	60		00
61 Reserved.....	61		
62 Tax credits used from Form 301: Add lines 36 through 60.....	62	8,066	00
63 Tax credits used from Form 301-SBI, line 69.....	63		00
64 Total Tax Credits Used: add lines 62 and 63. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60, or Form 140X, line 41. Total credits used cannot be more than line 35.....	64	8,066	00

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **07**

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

SAMIR V & PARITA S SONI

Your social security number

687-10-1759

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions)		<b>1</b>
<b>2</b>	Enter amount from Form 1040 or 1040-SR, line 11	<b>2</b>	
<b>3</b>	Multiply line 2 by 7.5% (0.075)		<b>3</b>
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		<b>4</b>

**Taxes You Paid**

<b>5</b>	State and local taxes.		
<b>a</b>	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	<b>5a</b>	27,219
<b>b</b>	State and local real estate taxes (see instructions)	<b>5b</b>	3,113
<b>c</b>	State and local personal property taxes	<b>5c</b>	
<b>d</b>	Add lines 5a through 5c	<b>5d</b>	30,332
<b>e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	<b>5e</b>	10,000
<b>6</b>	Other taxes. List type and amount: _____	<b>6</b>	
<b>7</b>	Add lines 5e and 6	<b>7</b>	10,000

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited. See instructions.

<b>8</b>	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
<b>a</b>	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	<b>8a</b>	17,050
<b>b</b>	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	<b>8b</b>	
<b>c</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>8c</b>	
<b>d</b>	Reserved for future use	<b>8d</b>	
<b>e</b>	Add lines 8a through 8c	<b>8e</b>	17,050
<b>9</b>	Investment interest. Attach Form 4952 if required. See instructions.	<b>9</b>	
<b>10</b>	Add lines 8e and 9	<b>10</b>	17,050

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

<b>11</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>11</b>	
<b>12</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500.	<b>12</b>	
<b>13</b>	Carryover from prior year	<b>13</b>	
<b>14</b>	Add lines 11 through 13	<b>14</b>	

**Casualty and Theft Losses**

<b>15</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	<b>15</b>	
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**Other Itemized Deductions**

<b>16</b>	Other—from list in instructions. List type and amount: _____	<b>16</b>	
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**Total Itemized Deductions**

<b>17</b>	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	<b>17</b>	27,050
<b>18</b>	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		



**Include with your return.**

Your Name as shown on Form 140 SAMIR V SONI	Your Social Security Number 687   10   1759
Spouse's Name as shown on Form 140 (if filing joint) PARITA S SONI	Spouse's Social Security Number 280   91   6390

To itemize on your Arizona return, you must first complete a federal Schedule A even if you did not itemize on your federal return. Use Form 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Schedule A **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

**Adjustment to Medical and Dental Expenses**

1 Medical and dental expenses.....	1		00
2 Medical expenses allowed to be taken as a federal itemized deduction.....	2		00
3 If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4 .....	3		00
4 If line 2 is more than line 1, subtract line 1 from line 2 .....	4		00

**Adjustment to Interest Deduction**

5 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2022 that is equal to the amount of your 2022 federal credit.....	5		00
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**Adjustments to Charitable Contributions**

6 Amount of charitable contributions for which you are claiming a credit under Arizona law .....	6		00
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**Adjustment to State Income Taxes**

7 Amount of state income taxes deducted on the federal Schedule A that are for contributions to a charity for which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A complete the worksheet on page 2 to determine the adjustment on this line .....	7		00
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**Other Adjustments**

8 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax .....	8		00
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**Adjusted Itemized Deductions**

9 Add the amounts on lines 3 and 5.....	9		00
10 Add the amounts on lines 4, 6, 7, and 8.....	10		00
11 Total federal itemized deductions allowed to be taken on federal return.....	11	27,050	00
12 Enter the amount from line 9 above .....	12		00
13 Add lines 11 and 12.....	13	27,050	00
14 Enter the amount from line 10 above .....	14		00
15 Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, enter the amount on Form 140, page 2, line 43. If less than zero, enter "0".....	15	27,050	00



**You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.**

Your Name (as shown on page 1)  
SAMIR V SONI

Your Social Security Number  
687 10 1759

## 2022 Form 140 Schedule A Adjustment to State Income Taxes

**Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit even if the amount was deducted on the federal return as state income taxes paid rather than as charitable contributions.**

If you claimed income taxes on your federal 1040 Schedule A, complete the following worksheet to determine the amount of your adjustment to enter on page 1, line 7.

<b>1A</b>	Total state income taxes on the federal Schedule A before applying the federal limitations.....	<b>1A</b>		00
<b>2A</b>	Amount included in the line 1A for which you claimed an Arizona credit.....	<b>2A</b>		00
<b>3A</b>	Subtract line 2A from line 1A. Enter the difference.....	<b>3A</b>		00
<b>4A</b>	Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate)..	<b>4A</b>		00
<b>5A</b>	Enter the smaller of line 3A or 4A.....	<b>5A</b>		00
<b>6A</b>	Enter total state income taxes claimed on federal Schedule A (after limitation).....	<b>6A</b>		00
<b>7A</b>	Subtract line 5A from line 6A. This is the amount of your Arizona adjustment. Enter the amount on page 1, line 7.....	<b>7A</b>		00



### Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

	(a) Amount reported on your 202 federal income tax return	(b) Amount entered in column (a) reported on your 2022 Arizona income tax return	(c) Amount entered in column (a) reported on your 2022 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
1 Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 0
2 Interest.....	\$ 00	\$ 00	\$ 00	\$ 0
3 Dividends.....	\$ 00	\$ 00	\$ 00	\$ 0
4 Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
5 Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 0
6 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 0
7 Other income reported on your federal return .....	\$ 00	\$ 00	\$ 00	\$ 00
8 Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
9 Other federal adjustments: List on lines 9a through 9c:				
9a	\$ 00	\$ 00	\$ 00	\$ 00
9b	\$ 00	\$ 00	\$ 00	\$ 0
9c	\$ 00	\$ 00	\$ 00	\$ 00
9d Total adjustments: Add lines 9a through 9c for each column.....	\$ 00	\$ 00	\$ 00	\$ 0
1 Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00



### Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

	(a) Amount reported on your 2022 federal income tax return	(b) Amount entered in column (a) reported on your 2022 Arizona income tax return	(c) Amount entered in column (a) reported on your 2022 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
<b>1</b> Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>2</b> Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>3</b> Dividends.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>4</b> Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>5</b> Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>6</b> Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
<b>7</b> Other income reported on your federal return .....	\$ 00	\$ 00	\$ 00	\$ 00
<b>8</b> Total Income: Add lines 1 through 7 .	\$ 00	\$ 00	\$ 00	\$ 00
<b>9</b> Other federal adjustments: List on lines 9a through 9c:				
<b>9a</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9b</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9c</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9d</b> Total adjustments: Add lines 9a through 9c for each column .....	\$ 00	\$ 00	\$ 00	\$ 00
<b>10</b> Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00