

2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

Your Social Security Number (required) 309979054

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.)

RAVIPATI ASHOK KUMAR

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

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1222 \end{array}$

 $\begin{array}{ll} {\rm Home\ Address\ (Number\ and\ Street,\ including\ apartment\ number)} \\ 550\ \ NORTHRIDGE\ \ PKWY\ \ APT\ \ 1118 \\ \end{array}$

City, Town, Post Office State ZIP Code SANDY SPRINGS GA 30350

Driver's License Number (Voluntary) (See instructions) 199871461

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	С	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		011900254
dd5.	Account number	dd5.		385017903828



NJ-1040 2022 Page 2

Name(s) as shown on Form NJ-1040 RAVIPATI ASHOK KUMAR

Your Social Security Number 309979054

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:							Fiscal yea				
Fron	n: To:					Enter mor	2023				
	ng Statu n only one										
1. 2. 3.	×	Single Married/CU Couple, filing i Married/CU Partner, filing s									
4. 5.		Head of Household Qualifying Widow(er)/Surv Indicate the year of your sp	_		2020	2021	Enter spouse's/CU partne	er's SSN			
	mptions the oval	s that apply. You must enter a total	al in the bo	oxes to the right and co	omplete the calculation.						
6. 7. 8. 9.	Blind/ Vetera	65+ (Born in 1957 or earlier) Disabled	×	Self Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		Domestic Partner	1	x \$1,000 = x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 =		
11. 12. 13.	Depen	Dependents dents Attending Colleges (Se Exemption Amount (Add tota		ž.	h 12)				x \$1,500 = $x $1,000 = $ 13.		
14. a. b.	Last N	dent Information. Provide th	tial		· 		Social Security Number		Birth Year	N	o Health Insurance
d.											

-1040 22

Your Social Security Number 309979054

1555

NJ-1040 2022 Page 3

040MP03220

15. Wages, salaries, tips, and other campleynce compensation (State wages from Bot 1 of canbood W-2(a)) (Sex instructions) 16ta					
100. Tax-carregit interest income (Eaclose Schedule) (See instructions) Do not include on line Is 6 17. 17	15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	10690 .	
17. Divikenfer 17. 18.	16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•	
18	16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•	
19. Net gatis or income from disposition of property (Schedule N-DOP, line 4) 19.	17.	Dividends	17.	•	
20. Excludible pensions, annuity, and IRA distributions/withdrawals (See instructions) 20.	18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•	
201. Distributive Share of Partiership Income (Schedule NJ-BIUS-I, Part II, line 4) (Enclose Schedule NJ-1 or federal Schedule K-1) 22.	19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•	
1. Distributive Share of Partnership Income (Schedule N-BUS-1, Part III, line 4) (Enclose Schedule N-H-O referral Schedule K-1) 22 22 22 22 22 22 22	20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•	
22 Net pro mini share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-BUS-1, Part IV, line 4) 22 23 Net gains or income from reats, mysultes, partent, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) 24 24 24 24 25 25 25 25	20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		
23 Neg gains or income from rents, royaltics, patents, and copyrights (Schedule NI-BUS-I, Part IV, line 4) 23 24 18 24 25 25 25 25 25 25 25	21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		
24. Nilmony and separate maintenance payment received 23. Allmony and separate maintenance payment received 26. Note The Chance of Comment (See instructions) 26. Note The Chance (See instructions) 26. Note The Chance (See instructions) 27. Note Income (Add lines 15, 16s, 17 through 20s, and 21 through 26) 27. Note Income (Add lines 15, 16s, 17 through 20s, and 21 through 26) 28. Persion Referenance Exclusion (See Worksheet D and instructions pages 19-20) 28. Note The Chance (See instructions) 28. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Worksheet F and instructions) 30. Note The Chance (See Note See See See See See See See See See S	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.	•	
25 Alimony and separate maintenance payments received 26 26 27 20 30 30 30 30 30 30 30	23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		
26	24.	Net gambling winnings (See instructions)	24.		
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) 28a. Pension/Retirement Exclusion (See instructions) 28a.	25.	Alimony and separate maintenance payments received	25.		
28. Pension/Retirement Exclusion (See instructions) 28b. - - 28b. (blue Retirement Income Exclusion (See Workshere) and instructions pages 19-20) 28b. - - - 28b. (blue Retirement Income Exclusion (See Workshere) 28b. - - - - 28b. (See Foreign Common (Subtract line 28c from line 27) (See instructions) 29. 10.690 - - 30b. (Semption Amount (Einer amount from line 13. Part-year residents see instr.) 30. 10.000 - - 31c. (Alimony and separate maintenance payments (See instructions) 31. - <t< td=""><td>26.</td><td>Other (Enclose documents) (See instructions)</td><td>26.</td><td></td><td></td></t<>	26.	Other (Enclose documents) (See instructions)	26.		
286. Chee Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) 286. 28	27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	10690 .	
28c. Total Exclusion Amount (Add lines 28a and 28b) 28c. 106 90 2 29. New Jersey Gross Incomes (Subtract line 28c from line 27) (See instructions) 29. 106 90 2 31. Mexical Expenses (See Worksheet F and instructions) 31. 1 2 32. Alimony and separate maintenance payments (See instructions) 32. 3 2 2 33. Qualified Conservation Contribution 33. 3 4 2 3 34. Health Enterprise Zone Deduction 34. 3 0 4 3 1 4	28a.	Pension/Retirement Exclusion (See instructions)	28a.		
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) 30. 1006 0. 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) 30. 1000 0. 31. Medical Expenses (See Worksheet F and instructions) 31. 32. 32. 33. 32. 33. 33. 33. 34. 33. 33. 33. 34.	28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) 31. 4000 1 4000 1 4000 1 4000 1 4000 1 1 2 1	28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		
31. Medical Expenses (See Worksheet F and instructions)	29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	10690 .	
32. Alimony and separate maintenance payments (See instructions) 32. 33. 34. 34. 34. 34. 34. 34. 34. 34. 35. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 37.	30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .	
33. Qualified Conservation Contribution 33. 34. 34. 34. 34. 34. 35. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 37	31.	Medical Expenses (See Worksheet F and instructions)	31.		
34. Health Enterprise Zone Deduction 34. 34. 34. 35. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36. 37a. 37b.	32.	Alimony and separate maintenance payments (See instructions)	32.		
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) 36. 37. 38. 38. 39.	33.	Qualified Conservation Contribution	33.		
36. Organ/Bone Marrow Donation Deduction (See instructions) 36. 37a. 37a. 37b.	34.	Health Enterprise Zone Deduction	34.		
37a	35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
37b. NJCLASS Deduction 37b.	36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
37c. NJ Higher Ed. Tuition Deduction 37c. 3	37a.	NJBEST Deduction	37a.		
38. Total Exemptions and Deductions (Add lines 30 through 37e) 38. 1000 9. 39. 9690 9. 39. Taxable Income (Subtract line 38 from line 29) 40a. 540 9. 540 9690 9. 40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) 40a. 540 9. 540 9. 40b. Indicate your residency status during 2022 (fill in only one) Homeowner Tenant Both 41. Property Tax Deduction (From Worksheet H) (See instructions) 41. 41. 9690 9. 42. 42. New Jersey Taxable Income (Subtract line 41 from line 39) 42. 9690 9. 43. 135 9. 43. 135 9. 44. 9690 9. 44. 46.	37b.	NJCLASS Deduction	37b.		
39. Taxable Income (Subtract line 38 from line 29) 39. 96 90 9 . 40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) 40a. 54 0 . 54 0 . 40b. Indicate your residency status during 2022 (fill in only one) Homeowner Tenant Both 41. Property Tax Deduction (From Worksheet H) (See instructions) 41. 2. 42. New Jersey Taxable Income (Subtract line 41 from line 39) 42. 96 90 0 . 43. 43. Tax on amount on line 42 (Tax Table page 52) 43. 13 5 0 . 44. 13 5 0 . 45. 13 5	37c.	NJ Higher Ed. Tuition Deduction	37c.		
Total Property Taxes (18% of Rent) Paid (See instructions page 25) Homeowner Tenant Both Fernant Both Fernant Paid (See instructions) Homeowner Tenant Both Fernant Homeowner Tenant Homeowner Tenant Homeowner Tenant Homeowner H	38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .	
Homeowner Tenant Both Property Tax Deduction (From Worksheet H) (See instructions) Al. 9690	39.	Taxable Income (Subtract line 38 from line 29)	39.	9690 .	
Homeowner Tenant Both Property Tax Deduction (From Worksheet H) (See instructions) Al. 9690	40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	540 .	
42.New Jersey Taxable Income (Subtract line 41 from line 39)42.96 9043.43.Tax on amount on line 42 (Tax Table page 52)43.135.44.Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)44.245.Enter Code45.Balance of Tax (Subtract line 44 from line 43)45.135.46.Sheltered Workshop Tax Credit46.4747.Gold Star Family Counseling Credit (See instructions)47.4848.Credit for Employer of Organ/Bone Marrow Donor (See instructions)4849.Total Credits (Add lines 46 through 48)4950.Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry50.135.51.Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 051.0.52.Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed52	40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
43.Tax on amount on line 42 (Tax Table page 52)43.135.44.Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)44.2Enter CodeEnter Code45.Balance of Tax (Subtract line 44 from line 43)45.135.46.Sheltered Workshop Tax Credit46.46.2.47.Gold Star Family Counseling Credit (See instructions)47.4848.Credit for Employer of Organ/Bone Marrow Donor (See instructions)48.4949.Total Credits (Add lines 46 through 48)4950.Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry50.135.51.Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 051.0.52.Interest on Underpayment of Estimated Tax52Fill in if Form NJ-2210 is enclosedFill in if Form NJ-2210 is enclosed	41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code 45. Balance of Tax (Subtract line 44 from line 43) 46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 47. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	9690 .	
Enter Code 45. Balance of Tax (Subtract line 44 from line 43) 46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	43.	Tax on amount on line 42 (Tax Table page 52)	43.	135 .	
Enter Code 45. Balance of Tax (Subtract line 44 from line 43) 46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		
46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 47. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Use Tax Due on Underpayment of Estimated Tax 52. Fill in if Form NJ-2210 is enclosed					
46. Sheltered Workshop Tax Credit 47. Gold Star Family Counseling Credit (See instructions) 47. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Use Tax Due on Underpayment of Estimated Tax 52. Fill in if Form NJ-2210 is enclosed	45.	Balance of Tax (Subtract line 44 from line 43)	45.	135 .	
47. Gold Star Family Counseling Credit (See instructions) 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 49. Total Credits (Add lines 46 through 48) 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Use Tax Due on Underpayment of Estimated Tax 52. Fill in if Form NJ-2210 is enclosed	46.				
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 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. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. Interest on Underpayment of Estimated Tax 52. Fill in if Form NJ-2210 is enclosed	47.	·	47.		
49. Total Credits (Add lines 46 through 48) 49. 20. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. 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 Fill in if Form NJ-2210 is enclosed			48.		
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry 50. 135 . 135 .		, ,			
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 51. 0 Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed				135 .	
52. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed 52.		•		_	
Fill in if Form NJ-2210 is enclosed					
	53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0.	

Name(s) as shown on Form NJ-1040 RAVIPATI ASHOK KUMAR

Your Social Security Number

309979054

1555

NJ-1040
2022
Page 4

54.	Total Tax Due (Add lines 50 through 53)		54.	135 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	378 .
56.	Property Tax Credit (See instructions page 24)		56.	50 .
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.	•
58.	New Jersey Earned Income Tax Credit (See instructions)	58.		
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65.	New Jersey Child Tax Credit (See instructions)		65.	
	Number of dependents under age 6 on 12/31/2022			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	428 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you ow	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 en	ter the overpayment	68.	293 .
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.	293 .

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, and based on all information of which the preparer has any knowledge.	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 Da	Date	Spouse's/CU Pa	rtner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature			Federal Identification Number	Trenton, NI 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GU	UPTA T	ALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address
Firm's Name			Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC			84-3171965	Trenton, NJ 08647-0555

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return RAVIPATI ASHOK KUMAR	Social Security No.							
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 to every month each person had minimum essential health coverage or question (part-year residents include only months as a New Jersey resident). If a exemption, enter the exemption number. (See instructions for line 53, Normore than one exemption number, check the box. If you need more spanning additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	ualified for an exemption an individual qualified for an NJ-1040.) If an individual has ace, enclose a statement listing							

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
,		. —	Check	box if t	his indi	vidual i	s unde	r 18 .	·				
Exemption Code Check box if this individual has more than one exemption number													
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · · ·		· · · ·	i	
Everntian Code			[]	L	 -::								
Exemption Code		_	Check Check								on nun	nber .	
ĺ						Viduai i	Sunde	10.	i i i i i i			i i i i i i	
Exemption Code		ı	l∟l Check l	hox if t	l∟ his indi	l∟	has mo	re than	l∟ n one e	ı∟ xemnti	on nur	nber .	
Exemplion Godo		_	Check										
Exemption Code			Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
			Check	box if t	<u>his ind</u> i	vidual i	s unde	r 18 .	<u></u> .	<u></u>	<u></u>		
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
,		.—	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
<u> </u>													
Exemption Code		_	Check								on nun	nber	
ĺ			Check	box if t	his indi	vidual i	s unde	r 18	 i			i —	
Exemption Code			l∟l Check∃	boy if t	 hio indi	الـــــا		ro than				lL	
Exemption Code		_	Check								OII Hull	inei	
Ī						l	S unde		iiii.	ı		ii	
Exemption Code			Check	box if t	ı∟ his indi	ı∟∟∟ı vidual l	has mo	re than	one e	xempti	on nun	nber .	
		_	Check							•			
Exemption Code			Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					