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)

T.....

Taxpayer's name	Social security number
ANIRUDH PATRO	001-17-8625
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Ent	er year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 23,857.
2 Total tax	2 1,106.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 1,978.
4 Amount you want refunded to you	• • • • • • 4 872.
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	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

7	8	6	2	5	
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

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.

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 – Pract	titioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	five-digit self-selected PIN. 6 1 9 8 9 Don't enter all zeros					

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 🕨						
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Department Peduction Act Nation and your tox	atum instructions	BE\/ 01/28/22 BBO	Earm 8879 (Pov. 01 2021)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/28/23 PRO

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		rn 20 2	2	OMB No. 1545	-0074	IRS Use C	Dnly—D	o not wi	rite or staple i	n this space.
Filing Status	X S	Single Married filing jointly	Married	d filing separately (I	ИFS)	Head of	house	hold (HOH)		ifying surv Ise (QSS)	iving
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you c	heck	ed the HOH or	QSS	box, enter	r the c	child's	name if th	e qualifying
Your first name	and mi	ddle initial	Last nam	ıe					Y	our so	cial security	/ number
ANIRUDH			PATRO)					0	01-1	7-8625)
lf joint return, s	oouse's	first name and middle initial	Last nam	ie					S	pouse':	s social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			A	Apt. no.	P	resider	ntial Electio	n Campaign
246 WILI	OWBI	ROOK DR					1	L0			ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP c	ode				ly, want \$3 Checking a
NORTH BR		NICK			NC	J	089	02	b	ox belo	w will not	0
Foreign country	name		Fo	preign province/state/	count	ty	Foreig	n postal co	de yo	our tax	or refund.	
											You	Spouse
Digital		ny time during 2022, did you: (a) rece										
Assets		ange, gift, or otherwise dispose of a	-				asset)	? (See ins	structi	ons.)	Yes	X No
Standard	_	eone can claim: 🗌 You as a de		•								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	allen	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spe	ouse	: 🗌 Was bor	n befo	ore Janua	ry 2, 1	958	🗌 ls bli	nd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check the	e box i	if qualif	ies for (see i	nstructions):
If more	(1) Fi	irst name Last name		number		to you		Child ta:	x cred	it	Credit for oth	er dependents
than four												
dependents, see instructions												
and check												
here											[
Income	1a	Total amount from Form(s) W-2, be		,						1a	2	3,857.
	b	Household employee wages not re					• •		•	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	,			• •		•	1c		
attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)	• •		•	1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f					• •		•	1e		
was withheld.	f	Employer-provided adoption bene			•				·	1f		
If you did not	g	Wages from Form 8919, line 6 .					• •		•	1g		
get a Form W-2, see	h	Other earned income (see instruction	,			· · · ·	· ·		•	1h		0.
instructions.	i _	Nontaxable combat pay election (s	see instru	ictions)	• •	<u>1</u> i				4-	1 2	2 0 5 7
	2	Add lines 1a through 1h	2a	· · · · ·	 ьт	axable interest			•	1z 2b		3,857.
Attach Sch. B if required.	2a 3a		2a 3a			Ordinary divide			•	20 3b		
	4a		4a			axable amoun			•	4b	+	
Standard			та 5а			axable amoun			•	5b		
Deduction for-	6a		6a			axable amoun			•	6b		
 Single or Married filing 	c	If you elect to use the lump-sum e		ethod, check here					Ū.			
separately,	7	Capital gain or (loss). Attach Sched		-	•	,				7	1	
\$12,950Married filing	8	Other income from Schedule 1, lin				-				8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	2	3,857.
surviving spouse,	10	Adjustments to income from Sche								10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is			ne					11	2	3,857.
household, \$19,400	12	Standard deduction or itemized								12		2,950.
 If you checked 	13	Qualified business income deducti				5-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			ourt	taxable incom	ie .			15		0,907.
300 1130 0010113.												

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

Form **1040** (2022)

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 🗌 881	4 2 4972	3		. 16		1,1	106.
Credits	17	Amount from Schedule 2, line	3					. 17			
	18	Add lines 16 and 17						. 18		1,1	106.
	19	Child tax credit or credit for of	ther dependen	ts from Sched	ule 8812			. 19			
	20	Amount from Schedule 3, line	8					. 20			
	21	Add lines 19 and 20						. 21			
	22	Subtract line 21 from line 18.	lf zero or less,	enter -0				. 22		1,1	106.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21 .			. 23			0.
	24	Add lines 22 and 23. This is yo	our total tax					. 24		1,1	106.
Payments	25	Federal income tax withheld f	rom:								
	а	Form(s) W-2				25a	1,9	78.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						. 25 d		1,9	978.
If you have a	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			. 26			
qualifying child,	27	Earned income credit (EIC) .				27					
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812	2		28					
	29	American opportunity credit fr	om Form 8863	8, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line	15			31					
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credi	ts.	. 32			
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				. 33		1,9	978.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amou	nt you overpa	id.	. 34		6	372.
neruna	35a	Amount of line 34 you want re			is attached, che	ck here		35a		8	372.
Direct deposit?	b	Routing number 1 0 2			c Type: 🛛 🗙	Checking	🗌 Savi	ngs			
See instructions.	d	Account number 6 7 4	1 7 0 4	9 0 9							
	36	Amount of line 34 you want ap	oplied to your	2023 estimate	dtax	36					
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.							
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions			. 37			
	38	Estimated tax penalty (see ins	structions) .			38					
Third Party	Do	you want to allow another p	person to disc	cuss this retu	n with the IRS?	See					
Designee	ins	tructions				🗌 Yes	. Comp	lete below.	× No)	
		signee's		Phone				identification			
	nar			no.			umber (l	,			
Sign		der penalties of perjury, I declare that ief, they are true, correct, and compl			1 7 0		,		,		0
Here		ur signature		Date	Your occupation			If the IRS se			
	10			Duic	rour occupation			Protection F			
Joint return?					EMPLOYEE			(see inst.)			
See instructions.	Sp	ouse's signature. If a joint return, bo	o th must sign.	Date	Spouse's occupat	ion		If the IRS se			
Keep a copy for your records.								Identity Prof (see inst.)	tection PII	N, ente	er it here
				Fue elle elebrere			0014	(000 1101.)			
		one no. (732)514-2311 parer's name	Preparer's signat	Email address	ANIRUDHPAT	Date	. <u>COM</u> PT	INI	Check	f.	
Paid	Fre		reparer s signal	ure		Date				lf-emp	loved
Preparer								Dhara		п-епір	loyeu
Use Only		n's name GLOBAL TAX			T 00016			Phone no.			
-	Firr	n's address 245 ROONEY	CI E BRU	ΊΝ ΔΜΙCΚ Νι	J 08816			Firm's EIN			

NJ-1040 2022 Page 1 040MP0122	New Jersey R For Privacy A	2022 NJ-1040 esident Incon et Notification, So	ne Tax Return
Your Social Security Number (required)	Last Name, First Name, Initial (Joint Filers enter first name and middle in	itial of each. Enter sp	pouse's/CU partner's last name ONLY if different.)
001178625	PATRO ANIRUDH		
Spouse's/CU Partner's SSN (if filing jointly)			
	Home Address (Number and Street, including apartment num	ber)	
County/Municipality Code (See Table page 50) 1214	246 WILLOWBROOK DR APT 1	0	
	City, Town, Post Office	State	ZIP Code
	NORTH BRUNSWICK	NJ	08902
	Driver's License Number (Voluntary) (See instructions) 17–213–1124		

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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.			102000076
dd5. Account number		dd5.			6741704909

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



			Name(s) as shown on PATRO ANI Your Social Security N	RUDH ^{Number}		
NJ- 2022	1040		001178625			1555
Page	<u>, </u>	II II				
Part-	year residents, provide months/days yo		resident during 2022:	Fiscal year file	rs only:	
Fron	н: 070122 То:	123122	0	Enter month of	-	2023
	g Status a 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 S	SN	
5.	Qualifying Widow(er)/Surviv	0				
	Indicate the year of your spor	ise's/CU partner's dea	ath: 2020 20	21		
	nptions the ovals that apply. You must enter a total	in the boxes to the right a	nd complete the calculation.			
		in the boxes to the right a	nd complete the calculation. Spouse/CU Partner	Domestic Partner 1	x \$1,000 =	1000
Fill in	the ovals that apply. You must enter a total		*	Domestic Partner 1	x \$1,000 = x \$1,000 =	
Fill in 6.	the ovals that apply. You must enter a total Regular	× Self	Spouse/CU Partner	Domestic Partner 1		
Fill in 6. 7.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier)	× Self Self	Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 =	
Fill in 6. 7. 8.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled	× Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	x \$1,000 = x \$1,000 =	
Fill in 6. 7. 8. 9.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran	× Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner <u>1</u>	x \$1,000 = x \$1,000 = x \$6,000 =	
Fill in 6. 7. 8. 9. 10.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children	× Self Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner <u>1</u>	$\begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$6,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,500 = \\ \end{array}$	
Fill in 6. 7. 8. 9. 10. 11.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents	× Self Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1	$\begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$6,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,500 = \\ \end{array}$	
 Fill in 6. 7. 8. 9. 10. 11. 12. 	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add totals	X Self Self Self Self instructions) from the lines at 6 th	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner <u>1</u>	$\begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$6,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,500 = \\ \end{array}$	
Fill in 6. 7. 8. 9. 10. 11. 12. 13.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See	 Self Self Self Self instructions) from the lines at 6 th following information 	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner 1 Social Security Number	$\begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$6,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,500 = \\ \end{array}$	
Fill in 6. 7. 8. 9. 10. 11. 12. 13.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add totals Dependent Information. Provide the	X Self Self Self Self instructions) from the lines at 6 th following information al	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner rough 12)	-	$x \$1,000 = __$ $x \$1,000 = __$ $x \$6,000 = __$ $x \$1,500 = __$ $x \$1,500 = __$ $x \$1,000 = __$ $13.$	1000 .
Fill in 6. 7. 8. 9. 10. 11. 12. 13. 14.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add totals Dependent Information. Provide the Last Name, First Name, Middle Initia	X Self Self Self Self instructions) from the lines at 6 th following information	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	-	$x \$1,000 = __$ $x \$1,000 = __$ $x \$6,000 = __$ $x \$1,500 = __$ $x \$1,500 = __$ $x \$1,000 = __$ $13.$	1000 .
Fill in 6. 7. 8. 9. 10. 11. 12. 13. 14. a.	the ovals that apply. You must enter a total Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add totals Dependent Information. Provide the Last Name, First Name, Middle Initia	 Self Self Self Self instructions) from the lines at 6 th following information 	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	-	$x \$1,000 = __$ $x \$1,000 = __$ $x \$6,000 = __$ $x \$1,500 = __$ $x \$1,500 = __$ $x \$1,000 = __$ $13.$	1000 .



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Name(s) as shown on Form NJ-1040 PATRO ANIRUDH

Your Social Security Number 001178625

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	6778 .
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.	6778 .
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.	6778 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	500 .
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.	500 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	6278 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	6278 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	88 .
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.	88 .
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.	88 .
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 PATRO ANIRUDH

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number}\\ 001178625 \end{array}$

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				0.0	
54.	Total Tax Due (Add lines 50 through 53)		54.	88	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	198	•	
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.	198	•
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		67.		•
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	the overpayment	68.	110	
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.	110	
				-	

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.			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 Partner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: nj.gov/taxation Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555 Torette NJ 000473 0555
Paid Preparer's Signature		Federal Identification Number	
Firm's Name		Firm's Federal Employer Identification Number	
GLOBAL TAXES LLC			Trenton, NJ 08647-0555

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Division Use:

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REV 01/24/23 PRO