### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5.5.135 55.735				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	ber	
NARA	SIMHAN C BALAKRISHNAN	148-96	-102	5	
Spouse's	name	Spouse's so			r
Dout	Toy Datum Information Toy Voor Ending December 21 0000 (Ente	K 7 10 0 K 7 10 1 1 0		th o rizin a	`
Part	, ,	r year you a	ire au	thorizing	.)
	whole dollars only on lines 1 through 5.  Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	23	,333.
	Total tax		2		,040.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,356.
	Amount you want refunded to you		4		,316.
	Amount you owe		5		, 510.
Part		keep a cop	y of y	our retu	ırn)
my know return (of to send for any of Agent to paymen authoriz paymen business taxes to persona Electron	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abour original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomplete to the design of the date of any refund. If applicable, I authorize the Lo initiate and the financial institution account incomplete taxes owed on this return and/or a payment of estimated tax, and the financial institutiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I a dic Funds Withdrawal Consent.	we are the am nitter, or electrection of the t i.S. Treasury a icated in the t on to debit the e the authoriz uests must b processing o payment. I fur	ounts for onic re- ransmind its control ax preperentry ation. The receive of the election of t	from the in turn original ssion, (b) the designated paration so to this acco To revoke ( ived no late lectronic paraticknowledge	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
Taxpay	yer's PIN: check one box only	6	1 1	0 2 5	
×	l authorize GLOBAL TAXES LLC to enter or generate	mv PIN		$\perp$	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methoelow.				
Your si	gnature ► Date ► _				
Snous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name		ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 4 9 Don't en	6 3	1 9 8	9
		2011 ( 0111			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income t ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subnents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of I	nitting this ret	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately vour spouse. If you	. ,	_		`	,	spou	fying surv se (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last na	me					Y	our soc	ial securit	y number
NARASIM	AN (		BALA	KRISHNAN	1	48-9	6-1025	5				
If joint return, s	pouse's	first name and middle initial	Last na	me					Sı	oouse's	social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	ot. no.	P	residen	tial Election	on Campaign
2005, V	[LLA	GE DRIVE									ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP co	de				tly, want \$3 Checking a
AVENEL					NJ	-	0700	)1			w will not	
Foreign country	y name		F	oreign province/state	count	у	Foreigr	postal co	de yo	our tax	or refund.	
Digital	Λ+ or	ny time during 2022, did you: (a) rec	oivo (oo	a roward award a	r no. m	ant for propo	rtu or o	on ilogo):	or (b)	aall	You	Spouse
Digital Assets		ange, gift, or otherwise dispose of a	,				•	,.	` '		Yes	⊠ No
		eone can claim:  You as a de		<u>-</u> _		a dependent	assety:	(000 1110	oti uoti	0113.)		
Standard Deduction		Spouse itemizes on a separate retur	•	•		а перепаетт						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befoi	e Janua	γ2,1	958	☐ Is bli	ind
Dependent	s (see	instructions):		(2) Social securi	tv	(3) Relationsh	nip (4)	Check the	e box i	f qualifi	es for (see	instructions):
If more	•	rst name Last name		number	.,	to you		Child ta	x cred	it (	Credit for oth	ner dependents
than four												
dependents,												
see instruction and check	s ——										[	
here	]										[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	2	23,333.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	instru	ctions)				1d		
W-2G and 1099-R if tax	е	e Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .				· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>	i					
	Z	Add lines 1a through 1h								1z	2	23 <b>,</b> 333.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	t		·	6b		
Married filing separately,	С	If you elect to use the lump-sum e		· ·	`	,						
\$12,950	7	Capital gain or (loss). Attach Sche		'						7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	+ 2	23,333.
\$25,900	10	Adjustments to income from Sche	,							10		
Head of household,	11	Subtract line 10 from line 9. This is								11	1	23,333.
\$19,400	12	Standard deduction or itemized		`	,					12	1	L2 <b>,</b> 950.
If you checked any box under	13	Qualified business income deduct								13		
Standard Deduction,	14	Add lines 12 and 13								14		L2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This is	your <b>t</b>	axable incom	ie .			15	1	10,383.

Form 1040 (2022	2)							F	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 3 4972	3 🗌	10		
Credits	17	Amount from Schedule 2, lir	ne 3				1	7	
	18	Add lines 16 and 17					18	8 1,04	40.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19	9	
	20	Amount from Schedule 3, lin	ne 8				20	0	
	21	Add lines 19 and 20					2	1	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 1,0	40.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				2	4 1,04	
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 2,	356.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,				25	id 2,35	56.
.,	26	2022 estimated tax paymen					20		
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from			_	28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				ndable credits	3	2	
	33	Add lines 25d, 26, and 32. T					3	<b>3</b> 2,35	<del>56.</del>
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>	34	4 1,33	<del>16.</del>
neiulia	35a	Amount of line 34 you want				•	. 🗌 35	ia 1,31	<del>16.</del>
Direct deposit?	b	Routing number 0 2 1					avings		
See instructions.	d	Account number 3 8 1	0 6 6 0	9 0 0 !	5   8	_			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions .		3	7	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•					S. A.	
Designee		structions					mplete belov		
		signee's me		Phone no.			nal identification er (PIN)	on	$\Box$
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	edules and statemen	ts. and to the	best of my knowled	lae and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all information	of which prep	parer has any knowl	edge.
пеге	Yo	ur signature		Date	Your occupation			sent you an Identity	У
						NATUEED.	Protection (see inst.)	n PIN, enter it here	$\overline{}$
Joint return? See instructions.		ouse's signature. If a joint return, I	hath much sing	Doto	SOFTWARE E			sent your spouse a	
Keep a copy for	Sp	ouse's signature. If a joint return, i	both must sign.	Date	Spouse's occupation	DII		rotection PIN, enter	
your records.							(see inst.)		
	Ph	one no. (848) 256-983	8	Email address	NARSI@RADI	ARE.COM			
D-1-I	Pre	eparer's name	Preparer's signat	ure	-	Date	PTIN	Check if:	
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/07/2023	P0208270	3 Self-emplo	oyed
Preparer	Fin	m's name GLOBAL TA	XES LLC					. (678) 965-9	522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	N 84-3171	965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO		Form <b>1040</b>	(2022)



#### 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) 148961025

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.)

BALAKRISHNAN NARASIMHAN C

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

Home Address (Number and Street, including apartment number)

2005 VILLAGE DRIVE

 $\begin{array}{l} {\hbox{County/Municipality Code (See Table page 50)}} \\ {\hbox{1307}} \end{array}$ 

City, Town, Post Office State ZIP Code AVENEL NJ 07001

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

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.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		021200339
dd5.	Account number	dd5.		381066090058



# **NJ-1040** 2022 Page 2

Name(s) as shown on Form NJ-1040 BALAKRISHNAN NARASIMHAN C

Your Social Security Number 148961025

1555

_		040									
Part-y	ear res	sidents, provide months/days	you were	a New Jersey resid	ent during 2022:		Fiscal year	ar filers on	ly:		
From	:	To:					Enter mor	nth of you	year end	2	023
	g Statu										
1.	×	Single									
2.	•	Married/CU Couple, filing	· ioint rotu	***							
3.		Married/CU Partner, filing									
4.		Head of Household	s separate	return			Enter spouse's/CU partne	er's SSN			
5.		Qualifying Widow(er)/Sur	rviving CI	I Partner			Enter spouse 3/00 partiti	2 3 5514			
٥.		Indicate the year of your s			2020	2021					
	nptions the oval	s that apply. You must enter a to	otal in the bo	oxes to the right and co	omplete the calculation.						
6.	Regul	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
7.	Senio	r 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =		
8.	Blind	Disabled		Self	Spouse/CU Partner				x \$1,000 =		
9.	Vetera	an		Self	Spouse/CU Partner				x \$6,000 =		
10.	Qualit	fied Dependent Children							x \$1,500 =		
11.	Other	Dependents							x \$1,500 =		
12.	Deper	ndents Attending Colleges (S	See instruc	tions)					x \$1,000 =		
13.	Total	Exemption Amount (Add to	tals from t	he lines at 6 throug	h 12)				13.	1000	•
14.	Deper	ndent Information. Provide t	the follow	ng information for	each dependent.						
	Last N	Name, First Name, Middle Ir	nitial				Social Security Number		Birth Year	No	Health Insurance
a.											
b.											
c.											

## J-1040 22

Name(s) as shown on Form NJ-1040
BALAKRISHNAN NARASIMHAN C

Your Social Security Number 148961025

1555

**NJ-1040** 2022 Page 3

040MP03220

	040Mr 03220			
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	23333	
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.	23333	
28a		28a.		
28b	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		
28c		28c.		
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	23333	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	
31.	Medical Expenses (See Worksheet F and instructions)	31.		
32.	Alimony and separate maintenance payments (See instructions)	32.		
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
37a		37a.		
37b	NJCLASS Deduction	37b.		
37c	NJ Higher Ed. Tuition Deduction	37c.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	
39.	Taxable Income (Subtract line 38 from line 29)	39.	22333	
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.	22333	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	321	
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.	321	
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.	321	
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

#### Name(s) as shown on Form NJ-1040 BALAKRISHNAN NARASIMHAN C

Your Social Security Number 148961025

1555

Tax Due Address

Page 4	
1 age 4	040MP04220

54.	Total Tax Due (Add lines 50 through 53)		54.	321 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	1155 .
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.	1155 .
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.	834 .
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.	834 .

the best of my knowledge and belief, it is true, correct, based on all information of which the preparer has any Your Signature			Partner's Signature (required if filing jointly)  Date	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  State of New Jersey Division of Taxation Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature			Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR	GUPTA	TALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address
Firm's Name			Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to:  New Jersey Division of Taxation  Revenue Processing Center - Refunds  PO Box 555
GLOBAL TAXES LLC	84-3171965	Trenton, NJ 08647-0555		

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

Schedule **NJ-HCC** 

2022

(Form NJ-1040)

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

Name as Shown on Return	Social Security No.
BALAKRISHNAN NARASIMHAN C	148-96-1025
Part I	
Did you and, if applicable, all members of your tax household, have coverage for every month in 2022 (See instructions for line 53, NJ-1 include only months as a New Jersey resident.  X  Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return.  No. Continue to Part II.	1040.) Part-year residents
Part II	
Enter the name and Social Security number for each member of you every month each person had minimum essential health coverage of (part-year residents include only months as a New Jersey resident), exemption, enter the exemption number. (See instructions for line 5 more than one exemption number, check the box. If you need more any additional individuals.	or qualified for an exemption . If an individual qualified for an i3, NJ-1040.) If an individual has e space, enclose a statement listing
QuickZoom to Shared Responsibility Payment Calculation Worksheet	<del></del>

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