



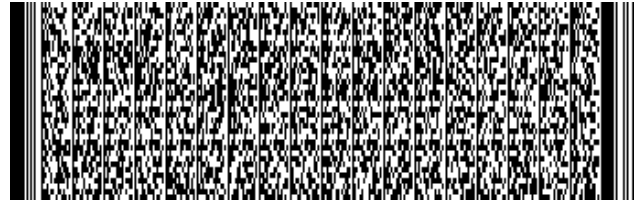
Illinois Department of Revenue
2022 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

782-18-7647 1998
 VARUN REDDY BANDA

 1532 N AUSTIN BLVD 8
 OAK PARK IL 60302 COOK
 VARUN306REDDY@GMAIL.COM



- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
- C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
- D** Check the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income (Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 45,410.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 45,410.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M.	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 45,410.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,425.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 0.00
Exemption allowance. Add Lines 10a through 10d.	10 2,425.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9.	
Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 33,701.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12 1,668.00
Nonresidents and part-year residents: Enter the tax from Schedule NR.	13 .00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 1,668.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 1,668.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 1,668.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 1,668.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,762.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 1,762.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 94.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 94.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 94.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 2 1 2 0 0 3 3 9 X Checking or Savings
Account number 3 8 1 0 5 7 5 2 6 2 3 0

- b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

- 41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2022 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

VARUN REDDY BANDA
 Your name as shown on your Form IL-1040

7 8 2 - 1 8 - 7 6 4 7
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.
 a I lived in **Illinois** from 05 / 16 / 22 to 12 / 31 / 22 I lived in New Jersey from 01 / 01 / 22 to 05 / 15 / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
 b My spouse lived in **Illinois** from ___ / ___ / 22 to ___ / ___ / 22, and _____ from ___ / ___ / 22 to ___ / ___ / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	<u>5</u> 50,410.00	<u>35,602.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> .00	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> .00	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> .00	<u>.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> -5,000.00	<u>0.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	<u>35,602.00</u>

Continue with Step 3 on Page 2 →



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	35,602.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00
	33 RESERVED	33	.00
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	45,410.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	35,602.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	35,602.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	35,602.00
	47 Enter the base income from Form IL-1040, Line 9.	47	45,410.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.784
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,425.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	1,901.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	33,701.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . →	52	1,668.00



Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

VARUN REDDY BANDA

Your name as shown on Form IL-1040

7 8 2 - 1 8 - 7 6 4 7
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	46-4224794 000	\$ 35,602.00	\$ 35,602.00	\$ 1,762.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,762.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: VARUN REDDY, BANDA, Social Security number 782-18-7647, Mailing address 1532 N AUSTIN BLVD 8, OAK PARK, IL 60302, Spouse's Social Security number (732) 351-6057, Daytime phone number.

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

Form fields for Step 2: 1 Net income 33,701.00, 2 Tax 1,668.00, 3 Illinois Income Tax withheld 1,762.00, 4 Overpayment 94.00, 5 Total amount due 0.00, 6 Filing status: [X] Single.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions.

Form fields for Step 3: 7 Routing no. (RN): 021200339, 8 Account no. (AN): 381057526230, 9 Type of account: [X] Checking, 10 Date: / /, 11 Electronic funds withdrawal amount: 0.00, 12 Name on account.

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature, Date 04/09/2023, Check if paid preparer: [X] (See instructions.), Firm's name GLOBAL TAXES LLC, Mailing address 245 ROONEY CT, E BRUNSWICK, NJ 08816, Your PTIN P02082703, Federal employer identification number (FEIN) 88-2145487, Daytime phone number (678) 965-9522.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





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.

Taxpayer's name VARUN REDDY BANDA	Spouse's name (jointly filed return only)
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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. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

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*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

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

1 Federal adjusted gross income (from applicable line)	1.	45410.
2 Refund	2.	34.
3 Amount you owe	3.	
4 Financial institution routing number	4.	021200339
5 Financial institution account number	5.	381057526230
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> 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. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

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. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	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. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

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. I have based this declaration on all information available to me.

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.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04092023



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 VARUN REDDY		Your last name (for a joint return, enter spouse's name on line below) BANDA		Your date of birth (mmddyyyy) 06301998	Your Social Security number 782187647
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box) 1532 N AUSTIN BLVD				Apartment number 8	New York State county of residence NR
City, village, or post office OAK PARK		State IL	ZIP code 60302	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)

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



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
782187647

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 32 45410.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	37410.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 New York taxable income (subtract line 35 from line 34)	37410.00

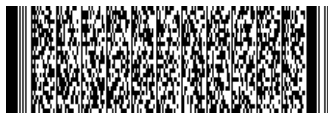
Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	37410.00
38 New York State tax on line 37 amount	1976.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	1976.00
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)	1976.00
43 New York State earned income credit	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	1976.00
45 Income percentage <input type="text"/> New York State amount from line 31 <input type="text"/> 14808.00 ÷ Federal amount from line 31 <input type="text"/> 45410.00 = Round result to 4 decimal places <input type="text"/> 0.3261	
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	644.00
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)	644.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	644.00

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 MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (Do not leave blank.)	56	0.00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	644.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
782187647

59 Enter amount from line 58 59 644 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] 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.

Table with 2 columns: Description and Amount. Rows include amount applied to 2023 tax, amount owed, and estimated tax penalty.

See instructions for the proper assembly of your return.

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: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021200339 73c Account number 381057526230

74 Electronic funds withdrawal Date Amount00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

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

782187647

Box b Employer identification number (EIN)

824714511

Box c Employer's information

Employer's name			
RK PHARMA INC			
Employer's address (number and street)			
401 N MIDDLETOWN RD BLDG 215A			
City	State	ZIP code	Country
PEARL RIVER	NY	10965-1298	

Box 1 Wages, tips, other compensation

14808.00

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

Code

Code

Code

Code

Box 14a Amount

76.00

Box 14b Amount

9.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

NY PFL

Description

VPDI

Description

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.

14808.00

Box 17a NYS income tax withheld

678.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

14808.00

Box 17b Other state income tax withheld

.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

782187647

Box b Employer identification number (EIN)

464224794

Box c Employer's information

Employer's name			
ND GLOBAL CONSULTING SERVICES INC			
Employer's address (number and street)			
539 W COMMERCE ST			
City	State	ZIP code	Country
DALLAS	TX	75208	

Box 1 Wages, tips, other compensation

35602.00

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

Code

Code

Code

Code

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

Description

Description

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

I | L

Box 16b Other state wages, tips, etc.

35602.00

Box 17b Other state income tax withheld

1762.00

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

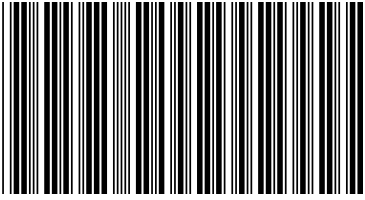
Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555





2022 NJ-1040-V PAYMENT VOUCHER

0130201010

Payment by Credit Card

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V

782-18-7647 BAND BANDA VARUN REDDY 1532 N AUSTIN BLVD APT 8 OAK PARK IL 60302

1555 2022

Make your check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:

491.00

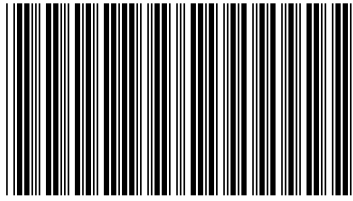


2022 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2022
Page 1



040MP01220

Your Social Security Number (required)
782187647

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.)
BANDA VARUN REDDY

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

County/Municipality Code (See Table page 50)
0101

Home Address (Number and Street, including apartment number)
1532 N AUSTIN BLVD APT 8

City, Town, Post Office
OAK PARK

State ZIP Code
IL 60302

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.

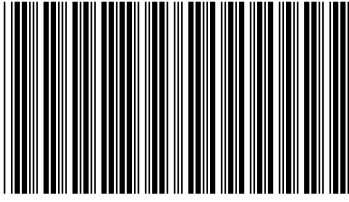
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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.	4
dd2. Account type (C for checking, S for savings)	dd2.	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	
dd5. Account number	dd5.	





Name(s) as shown on Form NJ-1040
BANDA VARUN REDDY

Your Social Security Number
782187647

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:
From: **010122** To: **051522**

Fiscal year filers only:
Enter month of your year end **2 0 2 3**

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2020 2021

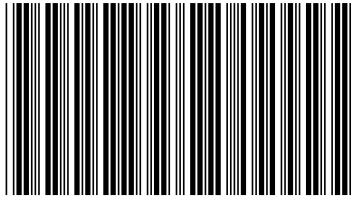
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	<u>1</u>	x \$1,000 = <u>1000</u>
7. Senior 65+ (Born in 1957 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 = _____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 = _____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 = _____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 = _____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 = _____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 = _____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13. <u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03220

Name(s) as shown on Form NJ-1040
BANDA VARUN REDDY

Your Social Security Number
782187647

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	14808 .	
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.	14808 .	
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.	14808 .	
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	417 .	
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.	417 .	
39. Taxable Income (Subtract line 38 from line 29)	39.	14391 .	
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.	14391 .	
43. Tax on amount on line 42 (Tax Table page 52)	43.	201 .	
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.	201 .	
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.	201 .	
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)	53.	290 .	
	REQUIRED Enclose Schedule HCC and fill in		

Name(s) as shown on Form NJ-1040 BANDA VARUN REDDY	Social Security Number 782-18-7647
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Schedule NJ-BUS-1
(Form NJ-1040)

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.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II 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 Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.	

Part III 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 22, NJ-1040. If loss, make no entry on line 22.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)		5.	

Part IV 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.	From federal Sch E	782187647	1	-1,849.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.	-1,849.

Keep a copy of this schedule for your records

Schedule NJ-BUS-2
(Form NJ-1040)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.	Distributive Share of Partnership Income	2a.	0.		2b.	0.	
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-1,849.	
5.	Loss Carryforward From Tax Year 2021				5b.	()	
6.	Totals	6a.	0.		6b.	-1,849.	
Part II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
Part III Loss Carryforward to Tax Year 2023							
12.	Loss Carryforward to Tax Year 2023				12.	(1,849.)	

Instructions

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

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

Name as Shown on Return BANDA VARUN REDDY	Social Security No. 782-18-7647
--	------------------------------------


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.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

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

QuickZoom to Shared Responsibility Payment Calculation Worksheet  _____

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
VARUN REDDY BANDA	782-18-7647	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>