

0120101010

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 <u>nj.gov/taxation</u>.

Payment by E-Check

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If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make 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 222 Trenton, NJ 08646-0222 447-21-1960 KUMA 658-28-2374 KUMARASAMY ARULSELVAN & ARULSELVAN K 63 MORGAN WAY MONROE TOWNSHIP NJ 08831

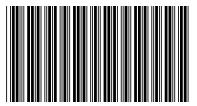
Calendar Year - Due Voucher April 18, 2023 **1**

Indicate the return for which payment is being made by checking the appropriate box:

NJ-1040-NR NJ-1041 R X NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:





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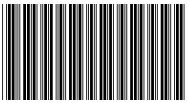
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 447-21-1960 KUMA 658-28-2374 KUMARASAMY ARULSELVAN & ARULSELVAN K 63 MORGAN WAY MONROE TOWNSHIP NJ 08831

Calendar Year - Due Voucher June 15, 2023 **2**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

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State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 447-21-1960 KUMA 658-28-2374 KUMARASAMY ARULSELVAN & ARULSELVAN K 63 MORGAN WAY MONROE TOWNSHIP NJ 08831

Calendar Year - Due Voucher September 15, 2023 **3**

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0120101010

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New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

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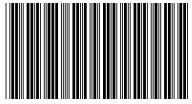
Calendar Year - Due Voucher January 16, 2024 **4**

Indicate the return for which payment is being made by checking the appropriate box:

NJ-1040-NR NJ-1041 R X NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:





0130201010

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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

1555 2022

447-21-1960 KUMA 658-28-2374 KUMARASAMY ARULSELVAN & ARULSELVAN KA 63 MORGAN WAY MONROE TOWNSHIP NJ 08831

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:



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

Your Social Security Number (required) 447211960

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.) KUMARASAMY ARULSELVAN & ARULSELVAN KAVITHA

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

658282374

County/Municipality Code (See Table page 50) 1212

Home Address (Number and Street, including apartment number)

63 MORGAN WAY

ZIP Code City, Town, Post Office State MONROE TOWNSHIP NJ 08831

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

K92370620005711

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.

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

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

KUMARASAMY ARULSELVAN & ARULSELVAN KAVIT

Your Social Security Number

447211960

1555

NJ-1040 2022 Page 2

Page	2	040	MP02									
Part-	year resi	idents, provide months/days	you were	a New Je	rsey resi	dent during 2022:		Fiscal year	r filers on	ly:		
Fron	om: To:						Enter mor	Enter month of your year end			023	
	g Status only one											
1.		Single										
2.	×	Married/CU Couple, filing	joint retu	rn								
3.		Married/CU Partner, filing	separate	return								
4.		Head of Household						Enter spouse's/CU partne	er's SSN			
5.		Qualifying Widow(er)/Surv	viving CU	J Partner								
		Indicate the year of your sp	ouse's/C	U partner	s death:	2020	2021					
	Regula Senior Blind/I Vetera Qualifi Other	s that apply. You must enter a tota ar : 65+ (Born in 1957 or earlier) Disabled	× ee instruc	Self Self Self Self	×	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		Domestic Partner	2		3000	
14.a.b.c.	Last N			KA	nation fo	r each dependent.		Social Security Number 202864225 657282315		Birth Year 2005 2008	N	o Health Insuranc

NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040

KUMARASAMY ARULSELVAN & ARULSELVAN KAVITH

1555

Your Social Security Number

447211960

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	204775 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	20 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	
17.	Dividends	17.	291 .
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.	5523 .
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.	010600
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	210609 .
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.	210609 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .
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.	5000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	205609 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	9073 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	9073 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	196536 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	8477 .
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.	8477 .
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.	8477 .
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

KUMARASAMY ARULSELVAN & ARULSELVAN KAVITH

Your Social Security Number

447211960

1555

Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	8477 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	6874 .
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.	6874 .	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you	67.	1603 .	
	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	l enter the overpayment	68.	
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.	1603 .
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail 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. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 include Social Security number and make check or money order payable to: State of New Jersey – TGI Federal Identification Number Paid Preparer's Signature You can also make a payment on our website: nj.gov/taxation P02470833 VENKATA SAI PAVAN KUMAR DUDIPALLI Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 88-2145487 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

Division Use:	1	2	3	4	5	6	7

Name(s) as shown on Form NJ-1040	Social Security Number
KUMARASAMY ARULSELVAN & ARULSELVAN KAVITHA	447-21-1960

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.											
	(a)	(b)	(c)	(d)	(e)	(f)						
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)						
	ROBINHOOD SECURITIES LLC	01/01/2022	12/31/2022	910.	909.	1.						
	ROBINHOOD CRYPTO LLC	01/01/2022	12/31/2022	12,171.	14,976.	-2,805.						
	ETRADE SECURITIES LLC	01/01/2022	12/31/2022	981.	1,537.	-556.						
	ETRADE SECURITIES LLC	01/01/2022	12/31/2022	6,296.	1,725.	4,571.						
	ETRADE SECURITIES LLC	01/01/2021	12/31/2022	11,288.	6,976.	4,312.						
2.	Capital Gains Distributions											
3.	Other Net Gains											
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)					5,523.						

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2022

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No	
	If "Yes," enter the name and Social Security number of the qualifying service member	er.		
	Last Name, First Name, Initial Social Security number			
	Enter your relationship to the qualifying service member.			
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.	
1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year?			
	Yes No			
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62. NJ-1040	5.		

Schedule **NJ-HCC**

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, (Form NJ-1040) do not complete this schedule.

Social Security No.									
447-21-1960									
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return. No. Continue to Part II.									
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
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	i — i	i i i	· · · ·		
Exemption Code	l	ļL	[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						Viadai i							
Exemption Code	l -		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion Code	-	_	Check							•	on nun	ibei .	
						Vidual			i i i i i	Ι	\Box		
Exemption Code	l 		Check	box if t	ı∟ his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
,		_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber	
	•		Check	box if t	his indi	vidual i	s unde	r 18 -			·		Ш
Exemption Code		_	Check								on nun	nber .	\vdash
			Check	box if t	his indi	vidual i	s unde	r 18 .			· · ·	· · · ·	