### 2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1

Your Social Security Number (required) 692268231

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.)

SINGH SHREE NARAYAN & ANURADHA

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

730819567

Home Address (Number and Street, including apartment number)

216 HOPKINS AVE

County/Municipality Code (See Table page 50) 0101

> ZIP Code City, Town, Post Office State 07306 JERSEY CITY NJ

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

S44907097507871

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

### SINGH SHREE NARAYAN & ANURADHA

Your Social Security Number

692268231

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2022	
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Page		0 4 0	MP022										
Part-	-year resid	lents, provide months/days y	ou were	a New Je	rsey resi	dent during 2022:		Fiscal year	ar filers on	ly:			
Fron	n:	To:						Enter mo	Enter month of your year end				
	ng Status n only one.												
1.		Single											
2.	×	Married/CU Couple, filing	joint retu	m									
3.		Married/CU Partner, filing	separate r	eturn									
4.		Head of Household						Enter spouse's/CU partne	er's SSN				
5.		Qualifying Widow(er)/Surv	iving CU	Partner									
		Indicate the year of your spo	ouse's/CU	J partner	s death:	2020	2021						
	Regular Senior 6 Blind/D Veteran	55+ (Born in 1957 or earlier) risabled	al in the bo	Self Self Self Self Self	ight and c	omplete the calculation.  Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		Domestic Partner	2	x \$1,000 = x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 =			
11.		Dependents							_	x \$1,500 =			
12.		ents Attending Colleges (Se	e instruct	ions)						x \$1,000 =			
13.	•	xemption Amount (Add tota			6 throug	gh 12)				13.	3500		
14. a. b.	Last Na	ent Information. Provide th me, First Name, Middle Init GH, SHREENI	ial KA			· 		Social Security Number 888092960		Birth Year 2020	No	) Health Insurance	
c.													
d.													

# NJ-1040

Name(s) as shown on Form NJ-1040

### SINGH SHREE NARAYAN & ANURADHA

Your Social Security Number

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1.5	W. Lind and J. Company of the Compan	1.5	310941 .
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	689
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	009 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	95 ·
17.	Dividends	17.	95 .
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	2600
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	3689 .
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.	215414
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	315414 .
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.	215414
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	315414 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	3500 .
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.	3500 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	311914 .
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.	311914 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	15826 .
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.	15826 .
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.	15826 .
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 X	53.	0 .

# NJ-1040 2022

Name(s) as shown on Form NJ-1040

### SINGH SHREE NARAYAN & ANURADHA

Your Social Security Number

692268231

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Tax Due Address

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54.	Total Tax Due (Add lines 50 through 53)		54.	15826 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	12780 .
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.	12780 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amour	nt you owe	67.	3046 .
	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 6	66 and 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.	3046 .
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 P02082703 SYAM PRIYA SAGAR GUPTA TALLAM RAMRefund 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 84-3171965 Trenton, NJ 08647-0555 GLOBAL TAXES LLC

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
SINGH SHREE NARAYAN & ANURADHA	692-26-8231

### **Schedule NJ-DOP**

Net Gains or Income From Disposition of Property

2022

	st the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or ersonal 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)					
	TD Ameritrade Clearing, Inc.	01/01/2022	12/31/2022	1,800.	1,201.	599.					
	TD Ameritrade Clearing, Inc.	01/01/2022	12/31/2022	11,230.	8,140.	3,090.					
2.	Capital Gains Distributions										
3.	Other Net Gains										
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)					3,689.					

### 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 " <b>Yes</b> " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " <b>No</b> " 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-BUS-1

New Jersey Gross Income Tax Business Income Summary Schedule

2022

	(1 01111110 10-10)		0111000	1110			<u> </u>								
P	art I Net Profits From Business			Lis	t the	net	pro	ofit (le	oss) t	from	busir	ness(e	s). See In	structions	S.
	Business Name		Social S F		ırity ral E		be	r/				Profi	t or (Loss)		
1.	SINGH SOFTWARE SERVICES		730819567			-66,054				6,054.	$oxed{oxed}$				
2.															
3.															
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Eline 18, NJ-1040. If loss, make no entry on line					4.	-66,054.								
Р	art II Distributive Share of Partn	ers	hip Inco	me	е		,						re of incon e instruction		
	Partnership Name						Share of Partnership Income or (Loss)				Share of Pass-Throu Business Alternative Income Tax		_		
1.															
2.															
3.															
4.	Distributive Share of Partnership Income or (L (Add lines 1, 2, and 3.) (Enter here and on line If loss, make no entry on line 21.)					4.									
5.	Total Share of Pass-Through Business Alterna (Add lines 1, 2, and 3.)(Enter here and include				40.)	5.									
P	art III Net Pro Rata Share of S C	orp	oration	Ind	con	ne							of income ( n(s). See ii		ıs.
	S Corporation Name		Federal EIN Pro Rata Share of S Corporation Income or (Usable Loss) Share of Pass-Through Alternative Income												
1.															
2.															
3.															
4.	Net Pro Rata Share of S Corporation Income or (Us (Add lines 1, 2, and 3.) (Enter here and on line 22, Notes If loss, make no entry on line 22.)			4.											
5.	Total Share of Pass-Through Business Alternative In (Add lines 1, 2, and 3.)(Enter here and include on line			5.											
P	Net Gains or Income  art IV From Rents, Royalties, Patents, and Copyrights		form of of Prop	ren erty	ts, ro ′:	oyalt	ies	, pat	ents,	and	сору	rights	derived from See instrunts 4 – Co	uctions. 7	
	Source of Income or Loss. If rental real estate, enter physical address of property.							Type – Enter number from list above							
1.		T									T				
2.															
3.								T			$\top$				
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.															

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A		Column B						
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)						
1.	Net Profits From Business	1a.	0.	1	b.	-66,054.					
2.	Distributive Share of Partnership Income	2a.	0.	2	b.	0.					
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3	b.	0.					
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4	b.	0.					
5.	Loss Carryforward From Tax Year 2021			5	b.	(	)				
6.	Totals	6a.	0.	6	b.	-66,054.					
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	0.50							
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.								
Part	III Loss Carryforward to Tax Year 2023	3									
12.	Loss Carryforward to Tax Year 2023			1	2.	( 66,054.	)				

### 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.

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

# New Jersey Health Care Coverage

2022

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.							
SINGH SHREE NARAYAN & ANURADHA	692-26-8231							
Part I								
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.  X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.  No. Continue to Part II.  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								
Part II								
every month each person had minimum essential health coverage or qualified (part-year residents include only months as a New Jersey resident). If an indiv exemption, enter the exemption number. (See instructions for line 53, NJ-1040)	for an exemption idual qualified for an ).) If an individual has							
QuickZoom to Shared Responsibility Payment Calculation Worksheet	→							

Name	SSN	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code			Check	box if t	his indi	vidual	has mo	re than	n one e	exempti	on nun	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code	 	_	Check Check								on nun	nber	
Exemption Code		_	Check							exempti	on nun	nber	
Exemption Code		_	Check							•	on nun	nber .	
Exemption Code		_	Check Check								on nun	nber .	
Exemption Code		_	Check						n one e	exempti	on nun	nber .	
Exemption Code	<u> </u>		Check Check						one e	xempti	on nun	nber	
			Check										
Exemption Code		_	Check Check						one e	xempti	on nun	nber .	
Exemption Code		_	Check							exempti	on nun	nber	
Exemption Code		_	Check Check									nber .	