

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

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: <u>nj.gov/taxation</u>. 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 834-64-0165 MAHA MAHAJAN HEMANI 532 E MAIN ST APT 340 BOUND BROOK NJ 08805

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:

269.00





2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1

834640165

040

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.) MAHAJAN HEMANI

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

Your Social Security Number (required)

County/Municipality Code (See Table page 50) 1804

Home A	ddres	s (Number ar	nd Stree	t, includin	g apartment number)	
532	Ε	MAIN	ST	APT	340	
ort		0.07				~
City To	wn P	ost Office				Stat

City, Town, P	ost Office
BOUND	BROOK

State	ZIP Code
NJ	08805

dd5.

Driver's License Number (Voluntary) (See instructions) M01603248257941

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.

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.			

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

dd5. Account number

Gubernatorial Elections Fund



2022 Page Part-	e 2 0 4 0 I year residents, provide months/days y	MP 0 2 2 2 0 You were a New Jersey	Name(s) as shown on MAHAJAN H Your Social Security 834640165 resident during 2022:	HEMANI Number S	r filers only:	1555 2 02 3
Fron	n: To:			Enter mor	nth of your year end	2023
	g Status a only one.					
1. 2. 3. 4. 5.	Single Married/CU Couple, filing j Married/CU Partner, filing s Head of Household Qualifying Widow(er)/Surv Indicate the year of your sport	separate return iving CU Partner	ath: 2020 24	Enter spouse's/CU partne	r's SSN	
	nptions n the ovals that apply. You must enter a tota	l in the boxes to the right	and complete the calculation.			
6.	Regular	× Self	Spouse/CU Partner	Domestic Partner	<u>1</u> x \$1,000 =	1000
7.	Senior 65+ (Born in 1957 or earlier)	Self	Spouse/CU Partner		x \$1,000 =	
8.	Blind/Disabled	Self	Spouse/CU Partner		x \$1,000 =	
9.	Veteran	Self	Spouse/CU Partner		x \$6,000 =	
10.	Qualified Dependent Children				x \$1,500 =	
11.	Other Dependents				x \$1,500 =	
12.	Dependents Attending Colleges (See				x \$1,000 =	1000 .
13.	Total Exemption Amount (Add total	Is from the lines at 6 th	rrough 12)		13.	1000 .
14.	Dependent Information. Provide the Last Name, First Name, Middle Init		n for each dependent.	Social Security Number	Birth Year	No Health Insurance
a.						
b.						
c.						
d.						



NJ-1040 2022 Page 3

Name(s) as shown on Form NJ-1040 MAHAJAN HEMANI

 $\begin{array}{l} \mbox{Your Social Security Number} \\ 834640165 \end{array}$

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	57785 .
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.	57785 .
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.	57785 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	
32.	Alimony and separate maintenance payments (See instructions)	32.	
33.	Qualified Conservation Contribution	33.	
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	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.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	56785 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	3888 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	3888 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	52897 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	1429 .
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.	1429 .
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.	1429 .
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 MAHAJAN HEMANI

Your Social Security Number 834640165

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54.	Total Tax Due (Add lines 50 through 53)		54.	1429 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	1160 .
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.	1160 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		67.	269 .
	If you owe tax, you can still make a donation on lines 70 through 77.			
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	the overpayment	68.	•
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.	269 .
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	•

Under penalties of perjury, I declare that I have examined this Inc the best of my knowledge and belief, it is true, correct, and compl based on all information of which the preparer has any knowledge	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation		
Your Signature Date	Spouse's/CU Pa	artner's Signature (required if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identification Number	Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GUPTA	A TALLAM	P02082703	Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds
GLOBAL TAXES LLC		prepared by a person other than the taxpayer, this declaration is Enclose payment along with the N voucher and tax return. Use the later of New Jersey Division of Taxation Spouse's/CU Partner's Signature (required if filing jointly) Date Federal Identification Number State of New Jersey Division of Taxation Federal Identification Number Revenue Processing Center PO Box 111 Include Social Security number and noney order payable to: State of New Jersey - TGI ALLLAM P02082703 Firm's Federal Employer Identification Number Refund or No Tax Du We the labels provided with the er New Jersey Division of Tax	

4_

5_

6_

7

3_

Division Use:

1 _____

2

Name(s) as shown on Form NJ-1040	Social Security Number
MAHAJAN HEMANI	834-64-0165

		edule NJ-BUS-1 (Form NJ-1040)		lew Jersey Business Ind					ule	2022	
Ρ	art I	Net Profits From Busines	s	Lis	st the net	: profit	t (lo	oss) from busi	ness(e	es). See Instructions	i.
		Business Name		Social Sec Fede	urity Nun eral EIN	nber/			Prof	it or (Loss)	
1.											
2.											<u> </u>
3.				<u> </u>			_				-
4.		it or (Loss). (Add lines 1, 2, and 3.) NJ-1040. If loss, make no entry on li				4					
Р	art II	Distributive Share of Part	ner	ship Incom	е					re of income (loss) ee instructions.	
		Partnership Name		Federal El	N	s		re of Partners come or (Loss		Share of Pass-Thro Business Alternat Income Tax	
1.											
2.						<u> </u>					ļ
3.						<u> </u>					
4.	(Add line	ive Share of Partnership Income or es 1, 2, and 3.) (Enter here and on li nake no entry on line 21.)			4.						
5.		are of Pass-Through Business Alter es 1, 2, and 3.)(Enter here and incluc)40.) 5.						
Ρ	art III	Net Pro Rata Share of S	Co	rporation In	come					of income (usable n(s). See instruction	IS.
		S Corporation Name		Federal EIN				S Corporation able Loss)		e of Pass-Through Busi Alternative Income Tax	
1.											
2.											
3.											
4.	(Add line	Rata Share of S Corporation Income or (l s 1, 2, and 3.) (Enter here and on line 22 ake no entry on line 22.)									
5.		re of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on I									
P	art IV	Net Gains or Income From Rents, Royalties, Patents, and Copyrights		form of rer of Propert	nts, royal y:	ties, p	oate	ents, and copy	/rights	derived from or in the See instructions. T nts 4 – Copyrights	
		of Income or Loss. If rental real estant nter physical address of property.	ate,	Social Secu Feder	rity Numl al EIN	ber/	n	ype – Enter umber from list above		Income or (Loss)	
1.	VEDANT	COMPLEX VARTAKNAGAR		83464016	5			1		-5,698.	
2.							-				
3. 4.	Net Inco	ome or (Loss). (Add lines 1, 2, and 3)								
+.		ere and on line 23, NJ-1040. If loss,	mal	ke no entry on				4.		-5,698.	

Name(s) as shown on Form NJ-1040	Social Security Number
MAHAJAN HEMANI	834-64-0165

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.	15		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		-5,698.				
5.	Loss Carryforward From Tax Year 2021			5b	. (·)			
6.	Totals	6a.	0.	6b		-5,698.				
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	5								
12.	Loss Carryforward to Tax Year 2023			12	. (5,698.)			

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.

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.
MAHAJAN HEMANI	834-64-0165

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.

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.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code		_		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		_		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

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