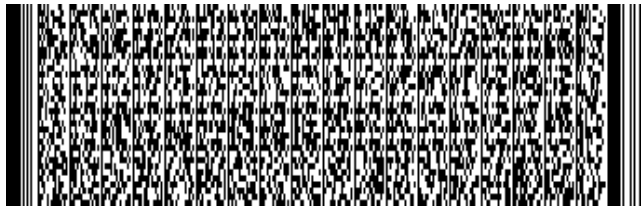


2300411514



Georgia Form **500** (Rev. 06/22/22)

Individual Income Tax Return

Georgia Department of Revenue

2022 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

YOUR FIRST NAME

MI

YOUR SOCIAL SECURITY NUMBER

1. INDRANI

734-17-5859

LAST NAME (For Name Change See IT-511 Tax Booklet)

SUFFIX

GAZULA

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 127 JEFFERSON AVE BSMT

CITY (Please insert a space if the city has multiple names)

STATE

ZIP CODE

3. JERSEY CITY

NJ

07306

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

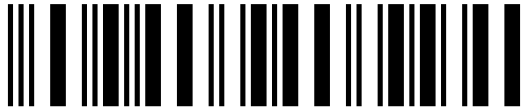
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

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REV 01/03/23 PRO



2300411524

YOUR SOCIAL SECURITY NUMBER
 734-17-5859

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

| | |
|-------------------------------|----------------------------|
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 81001
 (Do not use **FEDERAL TAXABLE INCOME** if the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.

11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**)..... 11a.
 (See IT-511 Tax Booklet)

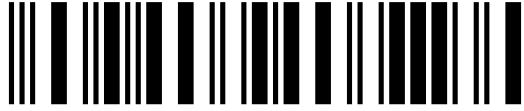
| | | | | |
|----------------------|--------|-------|----------|------|
| b. Self: 65 or over? | Blind? | Total | x 1,300= | 11b. |
| Spouse: 65 or over? | Blind? | | | |

c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use **EITHER** Line 11c **OR** Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**

| | |
|---|------|
| a. Federal Itemized Deductions (Schedule A- Form 1040)..... | 12a. |
| b. Less adjustments: (See IT-511 Tax Booklet) | 12b. |
| c. Georgia Total Itemized Deductions..... | 12c. |

13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2300411534

YOUR SOCIAL SECURITY NUMBER
 734-17-5859

| | | | |
|---|------|-------|------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | | |
| 14b. Enter the number from Line 7a. Multiply by \$3,000..... | 14b. | | |
| 14c. Add Lines 14a. and 14b. Enter total | 14c. | | |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).... | 15a. | 79229 | |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. | | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b)..... | 15c. | 79229 | |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) | 16. | 4383 | |
| 17. Low Income Credit | 17a. | 17b. | 17c. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | | 4383 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL** enter zero.

| (INCOME STATEMENT A) | | | | (INCOME STATEMENT B) | | | | (INCOME STATEMENT C) | | | |
|--|-------|-------|--|--|-------|-------|--|--|-------|-------|--|
| 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | |
| <input checked="" type="checkbox"/> W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | |
| 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | |
| 223301374 | | | | | | | | | | | |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | |
| 2077366KY | | | | | | | | | | | |
| 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | |
| 87329 | | | | | | | | | | | |
| 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | |
| 4538 | | | | | | | | | | | |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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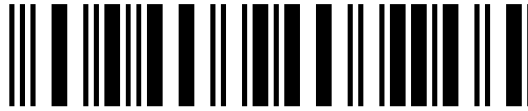


2300411544

YOUR SOCIAL SECURITY NUMBER
 734-17-5859

Page 4

| (INCOME STATEMENT D) | | | (INCOME STATEMENT E) | | | (INCOME STATEMENT F) | | |
|--|-------|-------|--|-------|-------|--|-------|-------|
| 1. WITHHOLDING TYPE: | | | 1. WITHHOLDING TYPE: | | | 1. WITHHOLDING TYPE: | | |
| W-2 | G2-A | G2-LP | W-2 | G2-A | G2-LP | W-2 | G2-A | G2-LP |
| 1099 | G2-FL | G2-RP | 1099 | G2-FL | G2-RP | 1099 | G2-FL | G2-RP |
| 2. EMPLOYER/PAYER FEDERAL | | | 2. EMPLOYER/PAYER FEDERAL | | | 2. EMPLOYER/PAYER FEDERAL | | |
| ID NUMBER (FEIN) | SSN | | ID NUMBER (FEIN) | SSN | | ID NUMBER (FEIN) | SSN | |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | |
| 4. GA WAGES / INCOME | | | 4. GA WAGES / INCOME | | | 4. GA WAGES / INCOME | | |
| 5. GA TAX WITHHELD | | | 5. GA TAX WITHHELD | | | 5. GA TAX WITHHELD | | |
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | | | | | | | 4538 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | | | | | | | |
| 24. Other Georgia Income Tax Withheld..... | 24. | | | | | | | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | | | | | | | |
| 25. Estimated Tax paid for 2022 and Form IT-560 | 25. | | | | | | | |
| 26. Schedule 2B Refundable Tax Credits..... | 26. | | | | | | | |
| (Cannot be claimed unless filed electronically) | | | | | | | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)..... | 27. | | | | | | | 4538 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter | | | | | | | | |
| balance due..... | 28. | | | | | | | |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter | | | | | | | | |
| overpayment | 29. | | | | | | | 155 |
| 30. Amount to be credited to 2023 ESTIMATED TAX | 30. | | | | | | | 0 |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... | 31. | | | | | | | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... | 32. | | | | | | | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | | | | | | | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00)..... | 34. | | | | | | | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | | | | | | | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) | 36. | | | | | | | |
| 37. Saving the Cure Fund (No gift of less than \$1.00)..... | 37. | | | | | | | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | | | | | | | |
| (No gift of less than \$1.00) | | | | | | | | |



2300411554

YOUR SOCIAL SECURITY NUMBER
734-17-5859

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
41. Penalty: Late Payment and/or Late Filing..... 41.
42. Interest 42.
43. (If you owe) Add Lines 28, 31 thru 42 43.
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399**
-
44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29
THIS IS YOUR REFUND..... 44. 155
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

44a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number 021202337 Account Number 775797779

Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased) Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death Spouse's Date of Death

Taxpayer's Signature Date Taxpayer's Phone Number 973-489-3285 Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

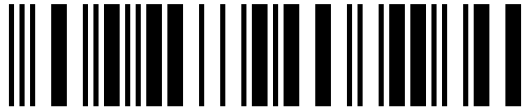
SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of Preparer
Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number
678-965-9522

Preparer's FEIN
84-3171965

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02082703



2307411514

YOUR SOCIAL SECURITY NUMBER

734-17-5859

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

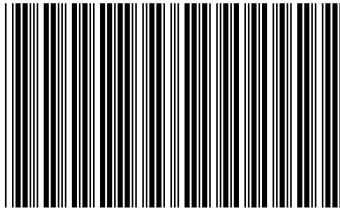
| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA (COLUMN B) | GEORGIA INCOME (COLUMN C) |
|---|--|--|
| 1. WAGES, SALARIES, TIPS, etc 87329 | 1. WAGES, SALARIES, TIPS, etc 0 | 1. WAGES, SALARIES, TIPS, etc 87329 |
| 2. INTEREST AND DIVIDENDS | 2. INTEREST AND DIVIDENDS | 2. INTEREST AND DIVIDENDS |
| 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) |
| 4. OTHER INCOME OR (LOSS) -6328 | 4. OTHER INCOME OR (LOSS) -6328 | 4. OTHER INCOME OR (LOSS) 0 |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 81001 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 -6328 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 87329 |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 |
| 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 |
| 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 81001 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 -6328 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 87329 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage..... | 9. 100.00 | % Not to exceed 100% |
| 10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet) | 10a. 5400 | |
| 10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300= | 10b. | |
| 11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet) | | |
| 11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C..... | 11a. 2700 | |
| 11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 .. | 11b. | |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b | 12. 8100 | |
| 13. *Multiply Line 12 by Ratio on Line 9 and enter result..... | 13. 8100 | |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... | 14. 79229 | |

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)
734175859

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.)
GAZULA INDRANI

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

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)

127 JEFFERSON AVE BSMT

City, Town, Post Office

JERSEY CITY

State ZIP Code

NJ 07306

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.

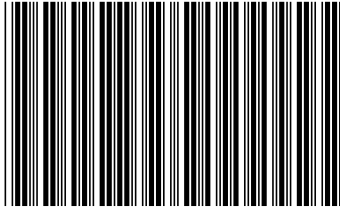
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| 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. | |





040MP02220

Name(s) as shown on Form NJ-1040
GAZULA INDRANI

Your Social Security Number
734175859

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:

From: To:

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

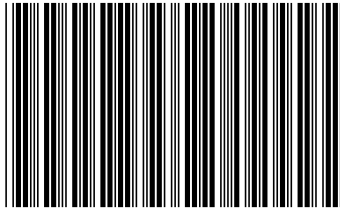
Exemptions

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 | 1 | 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
GAZULA INDRANI

Your Social Security Number
734175859

1555

| | | | |
|--|---|---------|------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 87329 . | |
| 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. | 87329 . | |
| 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. | 87329 . | |
| 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. | 86329 . | |
| 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. | 86329 . | |
| 43. Tax on amount on line 42 (Tax Table page 52) | 43. | 3373 . | |
| 44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 44. | 3373 . | |
| Enter Code | | 10 | |
| 45. Balance of Tax (Subtract line 44 from line 43) | 45. | 0 . | |
| 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. | . | |
| 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. | 0 . | |
| | REQUIRED Enclose Schedule HCC and fill in | X | |



Name(s) as shown on Form NJ-1040
GAZULA INDRANI

Your Social Security Number
734175859

1555

| | | |
|---|-----|-----|
| 54. Total Tax Due (Add lines 50 through 53) | 54. | 0 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions) | 55. | . |
| 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) 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 | 58. | . |
| 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) Fill in if you are a CU couple claiming the Child and Dependent Care Credit | 64. | . |
| 65. New Jersey Child Tax Credit (See instructions) Number of dependents under age 6 on 12/31/2022 | 65. | . |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65) | 66. | . |
| 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 If you owe tax, you can still make a donation on lines 70 through 77. | 67. | 0 . |
| 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. | . |
| 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 Income Tax return, including accompanying schedules and statements, and 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.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 84-3171965

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payments
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation
Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

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. | |
|---|---|---|------------------|
| 1. | 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. | |
|---|---|---|---------------------------------------|
| 1. | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
| 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. | |
|--|--|--|---|
| 1. | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 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 | |
|---|---|---|-------------------------------------|
| 1. | 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 |
| 1. | 70-5-34/1 VAIDYA NAGAR | 734175859 | 1 |
| 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. |

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2022**
(Form NJ-1040) Alternative Business Calculation Adjustment

| 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. | -6,328. |
| 5. | Loss Carryforward From Tax Year 2021 | | | 5b. | () |
| 6. | Totals | 6a. | 0. | 6b. | -6,328. |
| 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. | (6,328.) | | |

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 GAZULA INDRANI | Social Security No. 734-17-5859 |
|---|------------------------------------|


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 |
|--------------------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | <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"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |