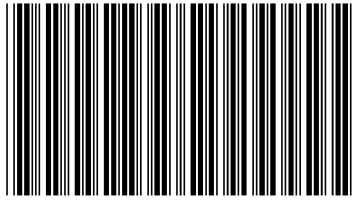


2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
839948025

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.)  
KSHATRIYA SHREY HITESH

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

County/Municipality Code (See Table page 50)  
0910

Home Address (Number and Street, including apartment number)  
3685 JOHN F KENNEDY BLVD

City, Town, Post Office  
UNION CITY

State ZIP Code  
NJ 07087

Driver's License Number (Voluntary) (See instructions)  
K80197090002982

- 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.

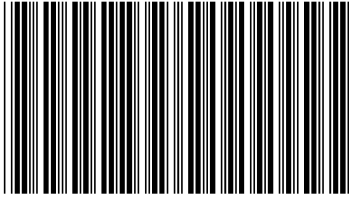
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		021202337
dd5. Account number	dd5.		523398995





Name(s) as shown on Form NJ-1040  
KSHATRIYA SHREY HITESH

Your Social Security Number  
839948025

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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

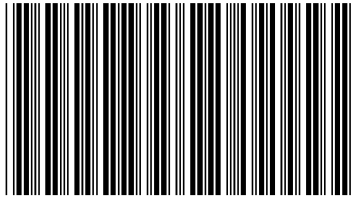
**Exemptions**

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.	1000 .

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.	_____			



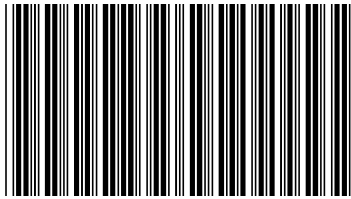
040MP03220

Name(s) as shown on Form NJ-1040  
KSHATRIYA SHREY HITESH

Your Social Security Number  
839948025

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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.	120640 .
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.	120640 .
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.	120640 .
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.	119640 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1008 .
40b.	Indicate your residency status during 2022 (fill in only one)		
	Homeowner	Tenant	Both
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1008 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	118632 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	5431 .
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.	5431 .
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.	5431 .
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 .
	<b>REQUIRED</b> Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>		



040MP04220

Name(s) as shown on Form NJ-1040  
KSHATRIYA SHREY HITESH

Your Social Security Number  
839948025

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54. Total Tax Due (Add lines 50 through 53)	54.	5431 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	6124 .
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.	169 .
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.	6293 .
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.	. .
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.	862 .
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)	75.	. .
		Enter Code
76. Other Designated Contribution (See instructions)	76.	. .
		Enter Code
77. Other Designated Contribution (See instructions)	77.	. .
		Enter Code
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.	862 .

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

Name(s) as shown on Form NJ-1040	Social Security Number
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**Employee's Claim for Credit For Excess UI/WF/SWF,  
Disability Insurance, and/or Family Leave  
Insurance Contributions for Calendar Year 2022**

Form NJ-2450 2022

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

**Note on Joint NJ-1040 return:** Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: KSHATRIYA SHREY HITESH Claimant SSN: 839-94-8025  
 Address: 3685 JOHN F KENNEDY BLVD  
 City: UNION CITY State: NJ ZIP Code: 07087

<b>Take All Information From Your W-2 Forms.</b> If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or family leave insurance, enter the maximum in the appropriate column(s) and contact that employer for a refund of the balance of the deduction.		Column A <b>UI/WF/SWF Deducted</b>	Column B <b>Disability Insurance Deducted</b>	Column C <b>Family Leave Insurance Deducted</b>
1A.	Employer's Name: <u>KFORCE INC &amp; SUBSIDIARIES</u> Fed. Emp. I.D.#: <u>59-3264661</u> Private Plan#: _____ Wages: <u>67,744.</u>	169.00	95.00	95.00
B.	Employer's Name: <u>PRO UNLIMITED INC</u> Fed. Emp. I.D.#: <u>11-3119651</u> Private Plan#: _____ Wages: <u>52,896.</u>	169.00	74.00	
C.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
D.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
E.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
F.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted. Add lines 1A through 1F. Enter here.	338.00	169.00	95.00
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	169.15	212.66	212.66
4.	Subtract line 3 column A from line 2 column A. Enter on line 59 of the NJ-1040.	169.		
5.	Subtract line 3 column B from line 2 column B. Enter on line 60 of the NJ-1040.			
6.	Subtract line 3 column C from line 2 column C. Enter on line 61 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$169.15 for NJ UI/WF/SWF and/or in excess of \$212.66 for NJ Disability Insurance and/or in excess of \$212.66 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name as Shown on Return KSHATRIYA SHREY HITESH	Social Security No. 839-94-8025
---	------------------------------------


**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 . . . . .											
		<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"/>