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

For Privacy Act Notification, See Instructions

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040MP01220

Your Social Security Number (required) 207258996

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 LAKSHAY

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

 County/Municipality Code (See Table page 50)
 THORNE STREET APT 1

 0906
 City, Town, Post Office
 State

JERSEY CITY

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

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** 

Do you want to designate \$1 to the Gubernatorial Elections Fund? If joint return, does your spouse want to designate \$1?	You Spouse/CU Partner			Yes Yes	No 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.	С		
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.			829337382



NJ-1 2022 Page		IP02220	Name(s) as shown on SINGH LAK Your Social Security 1 207258996	SHAY		1555
Part-y From	year residents, provide months/days y		dent during 2022:	Fiscal year f Enter month	ilers only: 1 of your year end	2023
	g Status only one. X Single Married/CU Couple, filing jo Married/CU Partner, filing s Head of Household Qualifying Widow(er)/Survi Indicate the year of your spo	eparate return ving CU Partner	2020 20	Enter spouse's/CU partner's	s SSN	
	<b>the ovals that apply.</b> You must enter a total	in the boxes to the right and c	complete the calculation.			
<ol> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> </ol>	Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See Total Exemption Amount (Add total		Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =	
14. a. b. c. d.	Dependent Information. Provide the Last Name, First Name, Middle Initi	al		Social Security Number	Birth Year	No Health Insurance



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## Name(s) as shown on Form NJ-1040 SINGH LAKSHAY

Your Social Security Number 207258996

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15	We are relation time and other completion componentian (State waves from Day 16 of enclosed $W(2(s))$ (See instructions)	15.	9142 .
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)		9142 .
16a. 16b.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16a. 16b.	•
100.	Dividends	100.	•
	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	17.	•
18.		18. 19.	•
19. 20a	Net gains or income from disposition of property (Schedule NJ-DOP, line 4) Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	19. 20a.	•
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.	0140
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	9142 .
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.	9142 .
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	9142 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	•
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.	•
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.	•
39.	Taxable Income (Subtract line 38 from line 29)	39.	•
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.	•
43.	Tax on amount on line 42 (Tax Table page 52)	43.	•
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.	•
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) REQUIRED Enclose Schedule HCC and fill in	53.	0.

		Name(s) as shown on Form NJ-1040 SINGH LAKSHAY
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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.	48 .	
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.	224 .	
	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.	272 .	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you ow	ve	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 en	ter the overpayment	68.	272 .	
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.	272 .	

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.			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		
Your Signature I	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	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:	
SYAM PRIYA RAM SAGAR G	UPTA	TALLAM	P02082703	nj.gov/taxation 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	
GLOBAL TAXES LLC			84-3171965	Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555	

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