Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
VENK	KATA NARAYANA KOVVURI	147-91	-733	8	
Spouse's		Spouse's soo			•
Dort	Toy Deturn Information Toy Year Ending December 21 2000 (Enter	NOOK NOUL O	ro 011	thorizing	<u> </u>
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enterwhole dollars only on lines 1 through 5.	year you a	ire au	monzing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	1 20	,095.
	Total tax		2		, 730.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,138.
	Amount you want refunded to you		4		, 408.
	Amount you owe		5		, 100.
Part		сеер а сор	y of y	our retu	rn)
my knoreturn (ato send for any Agent to paymer authoriz paymer business taxes to personal Electror	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U contains an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the path identification number (PIN) below is my signature for the income tax return (original or amended) I and ic Funds Withdrawal Consent. I service of perjudy the amount of the payment (provided in the payment) below is my signature for the income tax return (original or amended) I and ic Funds Withdrawal Consent.	e are the amitter, or electrication of the tile. Treasury a cated in the tile the authorizates must be processing of ayment. I furn now author	ounts for our counts	from the incurrence from t	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the
X	•	my DINI 1	7 3	3 3 8	as my
	ERO firm name	ř En		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your si	gnature ▶ Date ▶				
Spous	e's PIN: check one box only				
	I authorize to enter or generate	my PINI			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9 8	9
		Don't ent	er all ze	eros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this reti	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	o So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (HO	H) [ifying sun	viving	
Check only one box.	•	u checked the MFS box, enter the nation is a child but not your dependent	,	our spouse. If you cl	necke	ed the HOH or	QSS box, ento	er the	•	se (QSS) name if th	ne qualifying	
Your first name	and mi	ddle initial	Last nar	me				١	our so	cial securit	ty number	
VENKATA	NARA	AYANA	KOVV	URI					L47-9	1-733	8	
		first name and middle initial	Last nar	me				5	Spouse's	s social sec	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	F	resider	ntial Election	on Campaign	
210 ELMV	NOOD	DR							Check here if you, or you			
		ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	е	ZIP code				itly, want \$3	
PARSIPP <i>A</i>	ANY				NJ		07054300	~ I	0	tnis tuna. w will not	Checking a change	
Foreign country	/ name		F	Foreign province/state/o	county	/	Foreign postal c	_		or refund.	0	
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) reco	,		. ,				,	Yes	⊠ No	
Assets				<u>_</u>			asset)! (See II	Struc	.10115.)	163		
Standard Deduction	_	eone can claim:		•		а аерепаетт						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua			☐ Is bl		
Dependents				(2) Social security	.	(3) Relationsh	ib I.,			•	instructions):	
If more	(1) Fi	(1) First name Last name		number		to you	to you Child tax of		dit	Credit for other dependent		
than four dependents,								<u> </u>		<u> </u>		
see instructions	s ——							<u> </u>		<u> </u>		
and check	, —							<u> </u>				
here												
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	- 2	29 , 095.	
Attack Farms(a)	b	Household employee wages not re	•	, ,					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							1c			
attach Forms	d	Medicaid waiver payments not rep		()	nstru	ctions)			1d 1e			
W-2G and 1099-R if tax	е	,										
was withheld.	f	F Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>						
	Z	Add lines 1a through 1h							1z	- 2	29 , 095.	
Attach Sch. B	2a	'	2a			xable interest			2b			
if required.	<u>3a</u>	Qualified dividends	3a			dinary divider			3b			
	4a		4a			xable amoun			4b	1		
Standard Deduction for—	5a		5a			axable amoun			5b			
Single or	6a	,	6a			xable amoun	t		6b	-		
Married filing separately,	С	If you elect to use the lump-sum e		,	`	,		. 📙				
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7			
Married filing jointly or	8	Other income from Schedule 1, lin							8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	1 2	29 , 095.	
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26							10	1				
Head of household,	11	Subtract line 10 from line 9. This is	-						11	29,095.		
\$19,400	12	Standard deduction or itemized		,	,				12	1	12 , 950.	
If you checked any box under	13	Qualified business income deduct							13			
Standard Deduction,	14								14		12 , 950.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	e		15		16,145.	

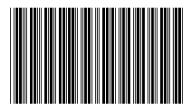
Form 1040 (2022	2)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972	3 🗌		16	1,730.
Credits	17	Amount from Schedule 2, line 3			17	
	18	Add lines 16 and 17			18	1,730.
	19	Child tax credit or credit for other dependents from Schedule 8812			19	
	20	Amount from Schedule 3, line 8			20	
	21	Add lines 19 and 20			21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			22	1,730.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax			24	1,730.
Payments	25	Federal income tax withheld from:				
-	а	Form(s) W-2	25a 5	,138.		
	b	Form(s) 1099	25b			
	С	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	5,138.
	26	2022 estimated tax payments and amount applied from 2021 return			26	
If you have a \tag{qualifying child,}	27	Earned income credit (EIC)	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3, line 15	31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your total payments			33	5,138.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amou	nt you overpaid		34	3,408.
riciana	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, che	ck here	. 🗆	35a	3,408.
Direct deposit?	b	Routing number 0 3 1 2 0 1 3 6 0 c Type: X	Checking S	Savings		
See instructions.	d	Account number 4 4 1 6 8 3 1 1 4 0				
	36	Amount of line 34 you want applied to your 2023 estimated tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions			37	
	38	Estimated tax penalty (see instructions)	38			
Third Party		you want to allow another person to discuss this return with the IRS?				_
Designee	ins	structions		•		X No
	Des nar	signee's Phone ne no.	nal identif er (PIN)	ication		
0:		der penalties of perjury, I declare that I have examined this return and accompanying sch		. ,	the bee	t of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is ba				
Here	You	ur signature Date Your occupation		If the	IRS ser	nt you an Identity
				Prote	ction Pl	N, enter it here
Joint return?		SOFTWARE I		(see i		
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.				(see i	, ,	CHOILE IN, enter it here
	———Phr	one no. (347) 431-8116 Email address VNRKOVVURI2	019@GMAIL.CO		·	
		eparer's name Preparer's signature	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM		P02082	2703	Self-employed
Preparer		m's name GLOBAL TAXES LLC	02/10/2020			678) 965-9522
Use Only		n's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm'		84-3171965
				1		<u> </u>

Go to www.irs.gov/Form1040 for instructions and the latest information.

REV 02/05/23 PRO

BAA

Form **1040** (2022)



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1

040MP01220

Your Social Security Number (required) 147917338

 $Last\ Name, First\ Name, Initial\ (\textit{Joint Filers enter first name and middle initial of each.}\ Enter\ spouse's / CU\ partner's\ last\ name\ ONLY\ if\ different.)$

KOVVURI VENKATA NARAYANA

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

County/Municipality Code (See Table page 50)

Home Address (Number and Street, including apartment number)

210 ELMWOOD DR

1429 City, Town, Post Office

State ZIP Code

PARSIPPANY

NJ 070543008

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.	T	
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.		031201360
dd5.	Account number	dd5.		4416831140



Name(s) as shown on Form NJ-1040 KOVVURI VENKATA NARAYANA

Your Social Security Number 147917338

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NJ-1040 2022 Page 2

ear res	sidents, provide months/days y	ou were	a New Jersey resid	ent during 2022:		Fiscal yea	ır filers on	ly:		
om: To:						Enter mo	r year end	2 0 2 3		
×	Single									
	Married/CU Couple, filing j	joint retu	rn							
	Married/CU Partner, filing	separate 1	eturn							
	Head of Household					Enter spouse's/CU partne	er's SSN			
	Qualifying Widow(er)/Surv	viving CU	Partner							
	Indicate the year of your spe	ouse's/Cl	U partner's death:	2020	2021					
ptions he oval		al in the bo	xes to the right and co	mplete the calculation.						
Regul	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
Senio	r 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =		
Blind/	Disabled		Self	Spouse/CU Partner				x \$1,000 =		
Vetera	an		Self	Spouse/CU Partner				x \$6,000 =		
Qualif	fied Dependent Children							x \$1,500 =		
Other	Dependents							x \$1,500 =		
Depen	ndents Attending Colleges (Se	e instruct	ions)					x \$1,000 =		
Total 1	Exemption Amount (Add tota	ls from tl	ne lines at 6 through	h 12)				13.	1000	•
Deper	ndent Information. Provide th	e followi	ng information for	each dependent.						
Last N	Name, First Name, Middle Init	tial				Social Security Number		Birth Year	No	Health Insurance
	Senioral Senioral Control of the Con	Status nly one. X Single Married/CU Couple, filing of Married/CU Partner, filing of Head of Household Qualifying Widow(er)/Survanticate the year of your spotions ne ovals that apply. You must enter a total 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 Dependent Information. Provide the Last Name, First Name, Middle Initial Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initial Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initial Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initial Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initial Colleges (See Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Initial Colleges (See Total Exemption Amount (Add total Dependent Information. 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X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate of Head of Household Qualifying Widow(er)/Surviving CU Indicate the year of your spouse's/CU Indicate the year of you	Status nly one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: otions ne ovals that apply. You must enter a total in the boxes to the right and co Regular X Self Senior 65+ (Bom in 1957 or earlier) Self Blind/Disabled Self Veteran Other Dependent Children Other Dependents Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through Dependent Information. Provide the following information for Last Name, First Name, Middle Initial	Status nly one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 ortions ne ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Self Spouse/CU Partner Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent.	Status nly one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Stions The evals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Selind/Disabled Self Spouse/CU Partner Weteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial	Status nly one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Stions ne ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions) Fotal Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number	Status nly one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 stions ne ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner Qualified Dependent Children Other Dependents Other Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number	Status nly one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 stions ne ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner Veteran Self Spouse/CU Partner Self Spouse/CU Partner x \$1,000 = Self Spouse/CU Partner x \$1,000 = Veteran Self Spouse/CU Partner x \$6,000 = Qualified Dependent Children Other Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year	Status aly one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Stions ne ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Weteran Self Spouse/CU Partner X \$1,000 =

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Name(s) as shown on Form NJ-1040
KOVVURI VENKATA NARAYANA

Your Social Security Number

147917338

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NJ-1040
2022
Page 3

040MP03220

	0.101.100.220			
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	28055 .	
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.	28055 .	
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.	28055 .	
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.	27055 .	
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.	27055 .	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	404 .	
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.	404 .	
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.	404 .	
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 KOVVURI VENKATA NARAYANA

Your Social Security Number 147917338

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Tax Due Address

2022 Page 4

NJ-1040

54.	Total Tax Due (Add lines 50 through 53)		54.	404	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	1481	
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.	1481	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount yo	u 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 an	d enter the overpayment	68.	1077	
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.	1077	

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 Paid Preparer's Signature Federal Identification Number You can also make a payment on our website: nj.gov/taxation SYAM P02082703 PRIYA RAM SAGAR GUPTA TALLAM Refund 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 GLOBAL TAXES LLC 84-3171965 Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Division Use:

Schedule **NJ-HCC**

2022

(Form NJ-1040)

New Jersey **Health Care Coverage**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.								
KOVVURI VENKATA NARAYANA	147-91-7338								
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 every month each person had minimum essential health coverag (part-year residents include only months as a New Jersey resider exemption, enter the exemption number. (See instructions for line more than one exemption number, check the box. If you need more any additional individuals.	e or qualified for an exemption nt). If an individual qualified for an e 53, NJ-1040.) If an individual has ore space, enclose a statement listing								
QuickZoom to Shared Responsibility Payment Calculation Worksheet									

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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		_	Check	box if t	his indi	vidual i	s unde	r 18 .					