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

	1				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securit	ty numi	per	
SAL	ONI PATHANIA	828-91-	-738	0	
Spouse'	s name	Spouse's soc	ial secu	urity number	•
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	re au	thorizina)
	whole dollars only on lines 1 through 5.	or your you a			/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	54	,876.
2	Total tax		2		,841.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,222.
4	Amount you want refunded to you		4		,381.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	rn)
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendo by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formula of the financial institution account in the financial institution account in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ove are the amounter, or electro- ejection of the tr U.S. Treasury andicated in the tration to debit the atte the authorizate equests must be the processing of	ounts for the counts of the country settion. The country settion. The country settion is the country settion.	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		e my PIN	7 3	3 8 0	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but er all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your s	ignature ▶ Date ▶				
Spous	se's PIN: check one box only				
	I authorize to enter or generat	e my PIN			as my
	ERO firm name		ter five	digits, but	aomy
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	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 4 9 Don't ent	6 6	1 9 8	9
		Don't ent	or an 2t		
authori	with the above numeric entry is my PIN, which is my signature for the electronic individual income zed 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	mitting this retu	ırn 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	Do So			

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

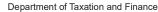
2022

OMB No. 1545-007

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

Filing Statu	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (H	OH)		lifying su		ıg
Check only one box.	•	u checked the MFS box, enter the n	,	our spouse. If you cl	necke	ed the HOH or	QSS box, er	nter th	•	use (QSS name if t	,	ualifying
		on is a child but not your dependent										
Your first name and middle initial Last name							Your social security number					
SALONI PATHANIA							†	91-738				
If joint return, s	pouse's	s first name and middle initial	Last nar	me					Spouse	s social se	ecurity	y number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.		Preside	ntial Elect	ion C	ampaign
180 HUT	TON S	STREET					2L		1	nere if you		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code			if filing joi this fund		
JERSEY (CITY				NJ		07307			ow will no		0
Foreign countr	y name		F	oreign province/state/o	county	y	Foreign postal	code	your tax	c or refund	J.	
										You		Spouse
Digital		ny time during 2022, did you: (a) rec	,		. ,		•	, .	. ,			P
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (See	instru	uctions.)	Yes		No
Standard	_	eone can claim: You as a de		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jan	uary :	2, 1958	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social security (3) Relationship			ip (4) Check	the b	ox if quali	fies for (se	e instr	ructions):
If more	(1) Fi	irst name Last name		number		to you	Child	tax c	redit	Credit for o	ther d	ependents
than four dependents,								$\underline{\sqcup}$			\sqsubseteq	
see instruction	s ——							ᆜ			ᆜ	
and check	, —							<u> </u>			ᆜ	
here								Ш				
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a		<u>54,</u>	876.
Attach Form(s)	b	Household employee wages not re	•	, ,					. 1b			
W-2 here. Also	C	Tip income not reported on line 1a							. 10			
attach Forms	d	Medicaid waiver payments not rep		()	nstru	ctions)			. 10			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•					. 1e			
was withheld.	f	Employer-provided adoption bene			٠				. 1f	_		
If you did not	g	Wages from Form 8919, line 6 .						•	. 19			
get a Form W-2, see	h	Other earned income (see instruct	,					٠	. 1h	1		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					г л	076
	<u>z</u>	Add lines 1a through 1h							. 1z		54,	876.
Attach Sch. B if required.	2a	· -	2a			axable interest		•	. 2b			
	3a		3a			rdinary divide		•	. 3b	_		
	4a		4a 5a			axable amoun axable amoun		•	. 4b			
Standard Deduction for—	5a		6a			axable amoun		•	. 6b			
Single or	6a c	Social security benefits Label If you elect to use the lump-sum e						. [. 60	<u>'</u>		
Married filing separately,	7	Capital gain or (loss). Attach Sche		,	`	,		. [7			
\$12,950 Married filing	8	Other income from Schedule 1, lin						٠. ١	. 8			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						•	. 9		54	876.
Qualifying surviving spouse,	10	Adjustments to income from Sche						•	. 10		<u> </u>	<u> </u>
\$25,900 Head of	11	Subtract line 10 from line 9. This is	-					•	. 11	_	54	876.
household,	12	Standard deduction or itemized							. 12			950.
\$19,400 If you checked	13	Qualified business income deduct		,	,				. 13		<u> </u>	<i></i>
any box under Standard	14								. 14		12	950.
Deduction,	15	Subtract line 14 from line 11. If zer							. 15			926.
see instructions.	J								-			

Form 1040 (2022	2)								Pag	је 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 3 4972	3 🗌		16	4,841	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17					🗔	18	4,841	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	4,841	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23) .
	24	Add lines 22 and 23. This is	your total tax					24	4,841	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 9,	,222.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	<i>.</i>				2	5d	9,222	
.,	26	2022 estimated tax paymen					2	26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro			_	28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31				ndable credits	;	32		
	33	Add lines 25d, 26, and 32. T					;	33	9,222	
Refund	34	If line 33 is more than line 24	•					34	4,381	
neiulia	35a	Amount of line 34 you want				•	. 🗌 🖪	5a	4,381	
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 8 1	0 5 9 6	5 1 4 6	6 2	_				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	_	-				37		
	38	Estimated tax penalty (see i				38				
Third Party		you want to allow another			rn with the IRS?		mplete belo	214/	X No	
Designee		signee's		Phone			nal identificat		∠ NO	
		ne		no.			er (PIN)			
Sign		der penalties of perjury, I declare								
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all information	n of which pre	eparer	has any knowledo	ge.
11010	Yo								you an Identity	
laint vatuus 0					 SOFTWARE E	MCTMEED	(see inst		, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	both must sign	Date	Spouse's occupati		If the IRS	S sent	your spouse an	ш
Keep a copy for	Op	ouco o cignataror ir a joint rotari,	2011 aot e.g		opouco o occupa	···	Identity I	Protect	tion PIN, enter it h	nere
your records.							(see inst	.)		
	Ph	one no. (201) 595-967	5	Email address	PATHANIASALO	NI3@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/05/2023	P020827)3 L	Self-employed	d
Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone n	o. (6	78)965-952	22
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-317196	55_
Go to www.irs.go	ov/Form	n1040 for instructions and the late	est information.		BAA	REV 02/24/23 PRO			Form 1040 (2	2022)





New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
SALONI PATHANIA	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return. IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

I	Part	Δ	_	Tav	raturn	info	mation
1	raıı.	~	_	Iax	return	IIIIUI	IIIauoii

1	Federal adjusted gross income (from applicable line)	1.	54876.
2	Refund	2.	274.
	Amount you owe	3.	
	Financial institution routing number	4.	021200339
5	Financial institution account number	5.	381059651462
			•

6 Account type: ☒ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	ate
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print ame GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03052023

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yo

New York State • New York City • Yonkers • MCTMT

2022	For the ye	ear Jai	nuary 1, 2022, throug	gh Decembe	er 31,	, 2022, or fiscal yea	r beginnin	g	2
For help completing your re	eturn see the in	struc	tions Form IT-20)3-I			and endin	gL	
Your first name and middle initial	1		turn, enter spouse's name		Your	r date of birth (mmddyyyy) Your S	Social Securit	ty number
SALONI	PATHANIA	-	•	,		04031992		82891	17380
Spouse's first name and middle initial Spouse's last name					Spot	use's date of birth (mmddy	yyy) Spous		ecurity number
Mailing address (see instructions) (n	umber and street or PC	D Box)				Apartment number	New \	York State co	unty of residence
180 HUTTON STREET	I		T			2L	NR		
City, village, or post office		State	ZIP code	Country		_		ol district nam	ie
JERSEY CITY		NJ	07307	UNITED	ST	ATES City, village, or post o	NR MR		
Taxpayer's permanent home addre	ess (see instructions) (n	io. ana si	reet or rural route) F	Apartment no.		City, village, or post of	ilice	School dis	I
State ZIP code (Country					Taxr	aver's date	code nun	nber ouse's date of dea
2 5545						Decedent information	- ayor o dato	or dodding op	
					, .				
A Filing ① X Single						ers part-year resi			
status				(. ,	id you receive a ho redit? (see instruction			s No L
(mark an ② Married	d filing joint return <i>oth spouses' Social Se</i>	curity n	umbers above)		O.	realt: (See mondenor	10)		
X in one	d filing concrete retur	rn		((2) E	nter the amount		L	.(
box):	d filing separate retur oth spouses' Social Sec	curity nu	ımbers above)	E	New	York City part-yea	ar residen	ts only	
	of bounded (with a				(1) N	umber of months y	ou lived in	NY City in	2022
④ L Head	of household (with q	qualityir	ig person)			umber of months y		-	
(5) Qualify	ing surviving spou	se		,		NY City in 2022			
				F	Ente	r your 2-character	special co	ondition _[———
B Did you itemize your deduction federal income tax return? .			Yes No X	_		e(s) if applicable			
C Can you be claimed as a d					New	York State part-ye	ear reside	nts	
taxpayer's federal return?			Yes No X	' I		r the date you move it of NYS <i>(mmddyyy</i>			
Did you have a financial acc foreign country?			Yes No X	`		ne last day of the taived in NYS	-		
				:	,	ived outside NYS; i YS sources during			
				;	,	ived outside NYS; ı YS sources during			
IIII DARI KANNAS IVIS DEMINISE FILMONISI KAN STILI SARTI				1	iving	you or your spouse g quarters in NYS ir s, complete Form IT-2	n 2022?	Ye:	s No
Dependent information					1	0 110		—	
First name and middle initial	Last nar	ne	Relation	nship		Social Security r	number	Date o	f birth (mmddyyyy)
					-				
f more than 6 dependents, mark	on Vin the hav	_							
more man b dependents, mark	an x in the nov	1							

203001223555

12 Rental real estate included

16 Other income | Identify:

New York additions

Identify:

in line 11 (federal amount) 12.

Total federal adjustments to income

6

Federal income and adjustments

1 Wages, salaries, tips, etc. 2 Taxable interest income

3 Ordinary dividends Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) 5 Alimony received

Business income or loss (submit a copy of federal Sch. C, Form 1040)

7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)

9 Taxable amount of IRA distributions. Beneficiaries: mark X in box

11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)

13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)

14 Unemployment compensation.....

15 Taxable amount of Social Security benefits (also enter on line 26)

17 Add lines 1 through 11 and 13 through 16

19 Federal adjusted gross income (subtract line 18 from line 17) ... 19a Recomputed federal adjusted gross income (see Line 19a worksheets) | 19a

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)

21 Public employee 414(h) retirement contributions

22 Other (Form IT-225, line 9)

10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box

Other gains or losses (submit a copy of federal Form 4797)

REV 01

2 3

5

6

7

8

9

10

11

13

14

15

16

17

18 19

20

21

22

828917380

1/27/23 PRO		
Federal amount		New York State amount
Whole dollars only		Whole dollars only
54876.00	1	19524.00
.00	2	.00
.00	3	.00
.00	4	.00
.00	5	00
.00	6	.00
.00	7	.00
.00	8	.00
.00	9	.00
.00	10	.00
.00	11	.00
.00	13	.00
.00	14	.00
.00	15	.00
.00	16	.00
54876 .00	17	19524.00
.00	18	.00
54876.00	19	19524.00
54876.00	19a	19524.00
. 00	20	.00
.00	21	.00
.00	22	.00
54876.00	23	19524.00
		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
. 00	24	.00

New York subtractions

24 Taxable refunds, o	redits, or offsets of state and				
local income tax	es (from line 4)	24	.00	24	.00
25 Pensions of NYS	and local governments and the				
federal governm	ent	25	.00	25	.00
26 Taxable amount of	Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income or	U.S. government bonds	27	.00	27	.00
	ity income exclusion	28	.00	28	.00
29 Other (Form IT-225,	line 18)	29	.00	29	.00
	gh 29		.00	30	.00
	gross income (subtract line 30 from line 23)		54876.00	31	19524.00





54876.00

.00

0.00

.00

900.00

Nam	e(s) as shown on page 1	Enter your Social Security number		IT-203 (2022) Page 3 of 4
	LONI PATHANIA	828917380		REV 01/27/23 PRO
SA.	LONI FAIRANIA	020917300		REV 01/2//23 PRO
Sta	andard deduction or itemized deduction			
33	Enter your standard deduction or your itemized deduction	(from Form IT-196).		
	Mark an X in the appropriate box: 🔀	Standard – or – Itemized	33	00.000
	Subtract line 33 from line 32 (if line 33 is more than line 32, leave	,	34	46876.00
	Dependent exemptions (enter the number of dependents listed in		35	000.00
36	New York taxable income (subtract line 35 from line 34)		36	46876.00
Tax	computation, credits, and other taxes			
37	New York taxable income (from line 36)		37	46876.00
	New York State tax on line 37 amount		38	2529.00
	New York State household credit		39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, leave		40	2529.00
41	New York State child and dependent care credit		41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave	blank)	42	2529 .00
43	New York State earned income credit		43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42,	, leave blank)	44	2529 .00
	ncome New York State amount from line 31	Federal amount from line 31		Round result to 4 decimal places
- 1	percentage 19524.00 ÷	54876.00	45	0.3558
				200
	Allocated New York State tax (multiply line 44 by the decimal on line 44 by the 45 by the decimal on line 44 by the decimal on line 44 by the 45 by the		46	900.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)		47	.00.
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave	•	48	900.00
	Net other New York State taxes (Form IT-203-ATT, line 33)		49	.00.
ου	Total New York State taxes (add lines 48 and 49)		50	900.00
Ne	w York City and Yonkers taxes, credits, and surcharges, ar	nd MCTMT		
51	Part-year New York City resident tax (Form IT-360.1)	.00]	See instructions to compute
52	Part-year resident nonrefundable New York City			New York City and Yonkers
	child and dependent care credit	.00		taxes, credits, and
52a	Subtract line 52 from 51	. 00		surcharges, and MCTMT.
52b	MCTMT net			
	earnings base 52b .00		1	
		2c .00		
	ŭ , , ,	.00		
54	Part-year Yonkers resident income tax surcharge	T	1	
	(Form IT 260.4)	54	1	





55

56

55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)

Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

Sales or use tax (Do not leave blank.)

ete r IT-1099-R	
th your	Z
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ır return.	A
1174.00	NDWF
274 . 00 274 . 00	RITIE
.00 274.00	NEN
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dentification	RE,
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59 E	Enter amount from line 58					59		900.00
	yments and refundable credits						If applicab	le, complete
	Part-year NYC school tax credit (fixed amount) (also complete E on				.00			ге, сопірієте Г-2 and/or IT-1099-R
	NYC school tax credit (rate reduction amount)				.00			it them with your
61	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				.00		return.	
62					954.00			nd federal
63	•				220.00		Form W-2	with your return.
64					.00			
65	1 7				.00			4474
_	Total payments and refundable credits (add lines 60	_				66		1174.00
$\overline{}$	ur refund, amount you owe, and account information				ſ			
	Amount overpaid (if line 66 is more than line 59, subtraction					67		274.00
68	Amount of line 67 available for refund (subtract line 6					68		274.00
	TIP: Use this amount to check your refund status onli				Ī			
	Amount of line 68 that you want to deposit into a NYS 529 acc		, ,		′			.00
68b	Total refund after NYS 529 account deposit (subtract li	ine 68a from line 68)				68b		274.00
	direct depo	sit to checking or	- 01	r. 🗆	paper		Refund?	Direct deposit is the
	Mark one refund choice: X savings acco	ount (fill in line 73)	0.	' Ш	check		easiest, fa	stest way to get your
69	Amount of line 67 that you want applied to your 2023	00			0.0		refund.	
70	estimated tax (see instructions)				.00		See instru	ictions for payment
70	Amount you owe (if line 66 is less than line 59, subtract l.						options.	
	funds withdrawal, mark an X in the box and fi				, ,			•
	or money order you must complete Form IT-201-V	and mail it with yo	ur ı	return		70		.00
71	Estimated tax penalty (include this amount on line 70,						See instri	ictions for the
	or reduce the overpayment on line 67)				.00			sembly of your
	Other penalties and interest				.00		return.	, ,
73	Account information for direct deposit or electronic ful							\Box
	If the funds for your payment (or refund) would come fr	om (or go to) an ad	COL	unt outsi	de the U.S.,	mark	an X in th	is box
	73a Account type: X Personal checking - or -	Personal savings	- 01	r -	Business ch	eckir	ng - or -	Business savings
	73b Routing number 021200339	73c Account num	ber		3	810	5965146	2
74	Electronic funds withdrawal	Dete			A m. a. i. m			00
74	Electionic idias witidiawai	Date	-		Amoun			.00
	Third-party Print designee's name)esiç	gnee's pho	ne number			Personal identification
des	signee? (see instr.)	()				number (PIN)
Yes								
	Paid preparer must complete ▼ Preparer's NYTPRIN (see instructions)	NYTPRIN excl. code 0 9	,		▼ Taxpa	yer(s	s) must si	gn here ▼
	parer's signature Preparer's printed name			Your sigr	ature			
	AM PRIYA RAM SAGAR GUP SYAM PRIYA R 's name (or yours, if self-employed)	AM SAGAR GUP r's PTIN or SSN	\dashv	Your occ	unation			
		P02082703			VARE ENG	INE:	ER	
Addı		er identification number	ヿ	Spouse's	signature and	occup	ation (if joint	return)
1 24	E DOOMEY OF	843171965		1				

See instructions for where to mail your return.

Email: PATHANIASALONI3@GMAIL.COM

Daytime phone number (201)595 9675



E BRUNSWICK NJ 08816 Email: SYAM@GTAXFILE.COM

245 ROONEY CT



Date

Date 03052023



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back

W-2 Record 1		Employer's information									
		,									
Box a Employee's Social Security number for this W-2 Record		INFOSYS LIMITED Employer's address (number and street)									
		· · · · · · · · · · · · · · · · · · ·	,	^							
828917380 Box b Employer identification number (EIN)	City	0 N GLENVILLE	DR CIS	State	ZIP code	Country					
		III A D D C O NI									
581760235		CHARDSON									
Box 1 Wages, tips, other compensation	Box 12a /	ox 12a Amount Code Box 14a Amount					Description				
19524.00		6.00				10.00	SDI				
3ox 8 Allocated tips	Box 12b		Code	Box	c 14b Amount		Description				
.00		908.00	DD			102.00	PFL				
3ox 10 Dependent care benefits	Box 12c /	Amount	Code	Box	(14c Amount		Description				
.00		.00.				.00					
Box 11 Nonqualified plans	Box 12d		Code	Box	c 14d Amount		Description				
.00		.00				.00					
Box 13 Statutory employee Retire	ment plan	Third-party sick pa	· Ш	Pay 6	IZA NIVO in come toy with	المراط	Corrected (W-2c)				
NY State information: Box 15a	NIV	Box 16a NYS wages, tips	,	1	17a NYS income tax with						
NY State	NIY		9524.00			54.00					
Other state information: Box 15b	NT -	Box 16b Other state wag			17b Other state income ta						
other state	NJ		3291.00			.00					
	18 Local w	rages, tips, etc.	Во	x 19 Loca	I income tax withheld		Box 20 Locality name				
nformation (see instr.):		6495.00	ocality a		220.00	Locality a	NYC				
Locality b			ocality b		.00.						
,			,		-	,					
Do not detach.		Employer's information									
W-2 Record 2	TD	yer's name MORGAN CHASE B	ANK NA	TTONA	L ASSOCIATION						
Box a Employee's Social Security number for this W-2 Record		yer's address (number and s			_ 11000011111101						
828917380	111	1 POLARIS PARK	MZV								
Box b Employer identification number (EIN)	l	I IOMINIO IIINN	AA171	State	ZIP code	Country					
134994650		JUMBUS		ОН	43240						
Box 1 Wages, tips, other compensation	Box 12a		Code								
	BOX 12a /	Amount	Code				Description				
30302.00 Box 8 Allocated tips	35352.00 6.00 C				c 14a Amount	157 00	Description				
	Boy 12h					157.00	UI/WF/SWF				
	Box 12b	Amount	Code				UI/WF/SWF Description				
.00		Amount 820 . 00	Code	Воз	c 14b Amount	157 .00 52 .00	UI/WF/SWF Description FLI				
Box 10 Dependent care benefits	Box 12b /	Amount 820.00 Amount	Code D Code	Воз		52.00	UI/WF/SWF Description				
3ox 10 Dependent care benefits .00	Box 12c /	Amount 820.00 Amount 1535.00	Code D Code D D	Box	c 14b Amount		UI/WF/SWF Description FLI Description				
30x 10 Dependent care benefits .00 30x 11 Nonqualified plans		Amount 820.00 Amount 1535.00 Amount	Code D Code D D Code	Box	c 14b Amount	52.00	UI/WF/SWF Description FLI				
Box 10 Dependent care benefits	Box 12c /	Amount 820.00 Amount 1535.00	Code D Code D D Code	Box	c 14b Amount	52.00	UI/WF/SWF Description FLI Description				
30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00	Box 12c /	Amount 820.00 Amount 1535.00 Amount .00 X Third-party sick pa	Code D Code D D Code	Box	c 14b Amount c 14c Amount c 14d Amount	.00	UI/WF/SWF Description FLI Description				
30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00	Box 12c /	Amount 820.00 Amount 1535.00 Amount .00	Code D Code D D Code	Box '	c 14b Amount	.00	UI/WF/SWF Description FLI Description Description				
30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire NY State information: Box 15a NY State	Box 12c /	Amount 820.00 Amount 1535.00 Amount .00 X Third-party sick pa	Code DDD Code DDD Code DDD Code DDD Code	Box *	c 14b Amount c 14c Amount c 14d Amount	.00 .00 .00	UI/WF/SWF Description FLI Description Description				
30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire NY State information: Box 15a NY State	Box 12c /	Amount 820.00 Amount 1535.00 Amount .00 X Third-party sick pa Box 16a NYS wages, tips Box 16b Other state wag	Code DDD Code DDD Code DDD Code DDD Code	Box '	c 14b Amount c 14c Amount c 14d Amount l 7a NYS income tax witl	.00 .00 .00	UI/WF/SWF Description FLI Description Description				
.00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Box 12d /	Amount 820.00 Amount 1535.00 Amount .00 X Third-party sick pa Box 16a NYS wages, tips Box 16b Other state wag	Code DDD Cod	Box 1	c 14b Amount c 14c Amount c 14d Amount l7a NYS income tax with	.00 .00 .00 .00 .00 x withheld	UI/WF/SWF Description FLI Description Corrected (W-2c)				
30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers Box	Box 12d /	Amount 820.00 Amount 1535.00 Amount .00 X Third-party sick pa Box 16a NYS wages, tips Box 16b Other state wag	Code DDD Cod	Box 1	c 14b Amount c 14c Amount c 14d Amount l 7a NYS income tax with	.00 .00 .00 .00 .00 .00 .00 .00 .00	UI/WF/SWF Description FLI Description Description				
.00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Box 12d /	Amount 820.00 Amount 1535.00 Amount .00 X Third-party sick pa Box 16a NYS wages, tips Box 16b Other state wag ages, tips, etc.	Code DDD Cod	Box 1	c 14b Amount c 14c Amount c 14d Amount l7a NYS income tax with	.00 .00 .00 .00 .00 .00 .00 .00 .00	UI / WF / SWF Description FLI Description Corrected (W-2c) Box 20 Locality name				







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) 828917380

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.)

PATHANIA SALONI

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

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ {\rm O\ 9\ 0\ 6} \end{array}$

 ${\small Home\ Address\ (Number\ and\ Street,\ including\ apartment\ number)} \\ {\small 180\ \ HUTTON\ \ STREET\ \ APT\ \ 2L}$

City, Town, Post Office State ZIP Code JERSEY CITY NJ 07307

Driver's License Number (Voluntary) (See instructions) $P0\,8\,0\,7\,6\,8\,5\,0\,0\,5\,4\,9\,2\,2$

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. 021200339

 dd5. Account number
 dd5. 381059651462



NJ-1040 2022

Name(s) as shown on Form NJ-1040
PATHANIA SALONI

Your Social Security Number 828917380

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040MP02220

		0 7 0.	1-11 02	220									
Part-year residents, provide months/days you were a New Jersey resident during 2022:							Fiscal year	Fiscal year filers only:					
From	:	To: Enter month of y							r year end	2	2023		
	g Statu only on												
1.	X	Single											
2.		Married/CU Couple, filing	joint retu	rn									
3.		Married/CU Partner, filing	separate	return									
4.		Head of Household					Enter spouse's/CU partn	er's SSN					
5.		Qualifying Widow(er)/Surv	viving CU	J Partner									
		Indicate the year of your sp	ouse's/C	U partner's death:	2020	2021							
	nptions the oval	s Is that apply. You must enter a tota	al in the bo	oxes to the right and co	emplete the calculation.								
6.	Regul	ar	×	Self	Spouse/CU Partner	r	Domestic Partner	1	x \$1,000 =	1000			
7.	Senio	r 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner	r			x \$1,000 =				
8.	Blind	Disabled		Self	Spouse/CU Partner	r			x \$1,000 =				
9.	Vetera	an		Self	Spouse/CU Partner	r			x \$6,000 =				
10.	Qualit	fied Dependent Children							x \$1,500 =				
11.	Other	Dependents							x \$1,500 =				
12.	Deper	ndents Attending Colleges (Se	ee instruc	tions)					x \$1,000 =				
13.	Total	Exemption Amount (Add total	als from t	he lines at 6 through	h 12)				13.	1000	•		
14.	Deper	ndent Information. Provide th	ne followi	ng information for	each dependent.								
	Last N	Name, First Name, Middle Ini	tial				Social Security Number		Birth Year	N	o Health Insurance		
a.													
b.													
c.													
d.													



Name(s) as shown on Form NJ-1040 PATHANIA SALONI

Your Social Security Number 828917380

1555

NJ-1040 2022 Page 3

040MP03220

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	49389 .
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.	49389 .
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.	49389 .
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.		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.	48389 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1242 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	1212
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	48389 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	1180 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	466 .
	Enter Code		32
45.	Balance of Tax (Subtract line 44 from line 43)	45.	714 .
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.	714 .
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.	•
J2.	Fill in if Form NJ-2210 is enclosed	52.	•
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .
55.	REQUIRED Enclose Selection fleet and till ill ill	55.	0 •

Name(s) as shown on Form NJ-1040 $\begin{tabular}{ll} PATHANIA & SALONI \\ \end{tabular}$

Your Social Security Number 828917380

1555

Tax Due Address

NJ-1040 2022 Page 4

040MP04220

54.	Total Tax Due (Add lines 50 through 53)		54.	714	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	1870	
56.	Property Tax Credit (See instructions page 24)		56.	50	
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.	1920	
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.	1206	
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.	1206	

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: 1______ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____

Schedule **NJ-HCC** (Form NJ-1040)

2022

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.
PATHANIA SALONI	828-91-7380
Part I	
Did you and, if applicable, all members of your tax household, ha coverage for every month in 2022 (See instructions for line 53, Ninclude only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in enclose this schedule with your return. No. Continue to Part II.	J-1040.) Part-year residents
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 residence 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
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
,		. —	Check	box if t	his indi	vidual i	s unde	r 18 .	·				
Exemption Code		_	Check							•	on nun	nber	
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · ·		· · · ·	i	
Everntian Code			[]	L	 -::								
Exemption Code		_	Check Check								on nun	nber .	
ĺ						Viduai i	Sunde	10.	i i i i i i			i i i i i i	
Exemption Code		ı	l∟l Check l	hox if t	l∟ his indi	l∟	has mo	re than	l∟ n one e	ı∟ xemnti	on nur	nber .	
Exemplion Godo		_	Check										
Exemption Code			Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
			Check	box if t	<u>his ind</u> i	vidual i	s unde	r 18 .	<u></u> .	<u></u>	<u></u>		
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
,		.—	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
<u> </u>													
Exemption Code		_	Check								on nun	nber	
ĺ			Check	box if t	his indi	vidual i	s unde	r 18	 i			i —	
Exemption Code			l∟l Check∃	boy if t	 hio indi	الـــــا		ro than				lL	
Exemption Code		_	Check								OII Hull	inei	
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SALONI PATHANIA 828-91-7380 1

Additional Information From 2022 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return Rent Paid

Itemization Statement

Description	Amount
RENT(\$1150*6M)	6,900
Total	6,900