2022 KANSAS INDIVIDUAL INCOME TAX

305

122822

6602388269 162518481 **UMA** JANGAM **JANG**

37 BLEECKER STREET APT 2

NJ 07307 JERSEY CITY

> Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2022

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Head of Household (Do not check if filing joint return) Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate X

Residency Status: Resident NonResident (Complete Sch S, Part B) NJState of Legal Residence X

Part-Year Resident (Complete Sch S, Part B) From

Enter the total exemptions for you, your spouse (if applicable), If filing status above is Head of 1 Total Kansas exemptions Exemptions: and each person you claim as a dependent. Household, add one exemption.

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

0

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY SSN Relationship

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2022. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2022?

B. Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2022, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do

not qualify for this credit.

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.

If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.

E. Number of exemptions claimed

То

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2005)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

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For Office Use Only

Page 1 of 2

2022 KANSAS INDIVIDUAL INCOME TAX

305

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UMA	JANGAM	JANG 16	2518481
1. Federal adjusted gross income	21582	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	21582	25. Payments remitted with original return	0
Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	455
7. Taxable income	15832	29. Underpayment	0
8. Tax	508	30. Interest	0
9. Nonresident percentage	41.4327	31. Penalty	0
10. Nonresident tax	210	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	0
12. TOTAL INCOME TAX	210	34. Overpayment	245
Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	210	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	210	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	455	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	245
22. Amount paid with Kansas extension	0		
	exation or the Director's designee to discuss my	K-40 and any enclosures with my preparer. I belief this is a true, correct, and complete return.	
Taxpayer Signature	Date	Spouse Signature	Date
(Required) Preparer Signature (Required) SYAM PRIYA RA	Preparer	(Required) Preparer PTIN,	

SUPPLEMENTAL SCHEDULE

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JANG 162518481 **UMA JANGAM**

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70)

A8. Total additions to FAGI (add lines A1 - A7)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLE savings

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition

A23. Other subtractions from FAGI

A16. Armed forces recruitment, sign-up,

(enclose list)

or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

NET MODIFICATIONS:

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

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41.4327

UMA JANGAM JANG 162518481

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION INCOME: **Total From Federal Return: Amount From Kansas Sources:** 21582 8942 B1. Wages, salaries, tips, etc B2. Interest and dividend income B3. Pensions, IRA distributions and annuities Additional Income: (Lines B4 - B12) B4. Refunds of state and local income taxes B5. Alimony received B6. Business income or loss B7. Capital gain or loss B8. Other gains or losses B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc B10. Farm income or loss B11. Unemployment compensation, taxable social security benefits and other income 8942 B12. Total income from Kansas sources (Add lines B1 - B11) ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return: **Amount From Kansas Sources: B13. IRA Retirement Deductions** B14. Penalty on early withdrawal of savings B15. Alimony paid B16. Moving expenses for members of the armed forces B17. Other federal adjustments B18. Total federal adjustments to Kansas source income (Add lines B13 through B17) B19. Kansas source income after federal adjustments (Subtract line B18 from line B12) 8942 B20. Net modifications from Part A that are applicable to Kansas source income B21. Modified Kansas source income (Line B19 plus or minus line B20) 8942 B22. Kansas adjusted gross income (From line 3, Form K-40) 21582 B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not

to exceed 100.0000). Enter result here and on line 9 of Form K-40.



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ 162518481 \end{array}$

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.)

JANGAM UMA

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

County/Municipality Code (See Table page 50) 37 BLEE 1212

 $\begin{array}{lll} {\rm Home\ Address\ (Number\ and\ Street,\ including\ apartment\ number)} \\ {\rm 37\ BLEECKER\ STREET\ APT\ 2} \end{array}$

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

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. Dire	ect deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	
dd2. Acco	ount type (C for checking, S for savings)	dd2.	S
dd3. Fill i	in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Rout	tting number	dd4.	101100045
dd5. Acco	ount number	dd5.	518010351040



NJ-1040 2022

$$\label{eq:Name} \begin{split} &\text{Name}(s) \text{ as shown on Form NJ-1040} \\ &\text{JANGAM} \quad \text{UMA} \end{split}$$

0111101111 01111

Your Social Security Number 162518481

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NJ-1040	Į
2022	
Page 2	

040MP02220

Part-year residents, provide months/days you were a New Jersey resident during 2022:							Fiscal year					
From: To:						Enter mo	Enter month of your year end			2 02 3		
	g Statu only one											
1.	×	Single										
2.		Married/CU Couple, filing	joint retu	rn								
3.		Married/CU Partner, filing	separate	return								
4.		Head of Household					Enter spouse's/CU partne	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	s that apply. You must enter a tot	al in the bo	oxes to the right and co	emplete the calculation.							
6.	Regul	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000		
7.	Senio	65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =			
8.	Blind	Disabled		Self	Spouse/CU Partner				x \$1,000 =			
9.	Vetera	nn		Self	Spouse/CU Partner				x \$6,000 =			
10.	Qualit	ied Dependent Children							x \$1,500 =			
11.	Other	Dependents							x \$1,500 =			
12.	Deper	dents Attending Colleges (Se	ee instruc	tions)					x \$1,000 =			
13.	Total	Exemption Amount (Add total	als from t	he lines at 6 throug	h 12)				13.	1000	•	
14.	•	dent Information. Provide the		ng information for	each dependent.		Social Security Number		Birth Year	No	Health Insurance	
0	Last						Social Security Number		Birtii Tear	110	Treattii ilisuranee	
a. b.												
с.												
d.												



Name(s) as shown on Form NJ-1040

JANGAM UMA

Your Social Security Number

162518481

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				01500	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.		21582	•
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.		21582	
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.		21582	
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.		20582	
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.		20582	
43.	Tax on amount on line 42 (Tax Table page 52)	43.		290	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		120	
	Enter Code		16		
45.	Balance of Tax (Subtract line 44 from line 43)	45.		170	
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.		170	
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.		J	
	Fill in if Form NJ-2210 is enclosed				
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.		0	
				•	

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Name(s) as shown on Form NJ-1040

JANGAM UMA

Your Social Security Number

162518481

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Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	170 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	595 .
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.	595 .
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	e	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	er the overpayment	68.	425 .
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.	425 .

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 Federal Identification Number Paid Preparer's Signature You can also make a payment on our website: nj.gov/taxation SYAM PRIYA P02082703 RAMSAGAR 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**

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, (Form NJ-1040) do not complete this schedule.

Name as Shown on Return JANGAM UMA	Social Security No. 162-51-8481
Part I	102 31 0101
Did you and, if applicable, all members of your tax household, I	have minimum essential health
coverage for every month in 2022 (See instructions for line 53, include only months as a New Jersey resident.	
X Yes. You do not owe a shared responsibility payment. Fil enclose this schedule with your return.No. Continue to Part II.	ll in the oval at line 53, NJ-1040, and
Part II	
Enter the name and Social Security number for each member of every month each person had minimum essential health covera (part-year residents include only months as a New Jersey residence exemption, enter the exemption number. (See instructions for limore than one exemption number, check the box. If you need rany additional individuals.	age or qualified for an exemption lent). If an individual qualified for an ine 53, NJ-1040.) If an individual has
QuickZoom to Shared Responsibility Payment Calculation Workshee	et

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 .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	i — i	i i i	· · · ·		
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Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
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Exemption Code		_	Check						n one e	xempti	on nun	nber .	
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Exemption Code	l 		Check	box if t	ı∟ his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
,		_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber	
	•		Check	box if t	his indi	vidual i	s unde	r 18 -			·		Ш
Exemption Code		_	Check								on nun	nber .	\vdash
			Check	box if t	his indi	vidual i	s unde	r 18 .			· · ·	· · · ·	