E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** RAVEENA PINTO 861 | 01 | 3485 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). NUNES 52 1 0789 ALERON PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 96,216 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2,086 00 2 Balance Of Tax ROUTING NUMBER 1,924 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 162 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

RETURN.			Arizona Form 140NR	Nonreside	nt Personal In	come Ta	ax l	Return		calendar 202	_
REI	82F		Check box 82F f filing under extension	n OR FISCAL YEAR BEG	GINNING L L L	12,0,2	3 4	AND ENDING	1 .	1	66F
	,		First Name and Middle Initia		Last Name						rity Numbe
TO THE	1	RAV	EENA		PINTO			Enter	861	01	3485
		Spou	se's First Name and Middle	Initial (if box 4 or 6 checked)) Last Name			your	Spouse'	s Social S	Security No
ANY ITEMS			RON		NUNES			SSN(s).	729		0789
Ξ,		Curre	nt Home Address - number	r and street, rural route		Apt. No.		Daytime Pl	•		ode)
اِحِ			TRICITY ROAD							-3652	
	$\overline{}$		Town or Post Office	State	ZIP Code		La	ast Names Used in Las	t Four P	rior Year(s)	``
וַש	一	SOM	ERSWORTH	NH	03878						97
DO NOT STAPLE	STATUS	4 5	✓ Married filing joint ret✓ Head of household:	turn 4a Injured Spouse Enter name of qualifying child or		verpayment	88	EVENUE USE ONLY. I	DO NOT	MARK IN	THIS AREA.
O											
Z	FILING	6		te return: Enter spouse's name	and Social Security Numl	ber above.					
<u>ŏ</u>		7	Single	lainead Banadanada albad			┛				
	EXEMPTIONS			laimed. Do not put a check	mark. lines 8 and 9, also com	nloto linos 47		PM	I.	OR RCVD	
	PT	8	Age 65 or over (you a	and 48 For I	ines 6 and 9, also comp ines 10a and 10b, comp		81	<u>P</u>	Ľ	0R . (0 . 2	
		9	Blind (you and/or spo	′ —	on and anta, Aga 17 and	d avar	7				
		10a	Dependents: Under a		ependents: Age 17 and		_	-			
		11-13		k one): 11⊠ Nonresident ′				·	•		- page 29)
				pendent Information. See ins			the			je 4.	
				(a) D LAST NAME	(b) SOCIAL SECURITY	(c) RELATIONSI	НР	(d) NO. OF MONTHS ✓ Dep	(e) endent Ag	e ✓ _{if vo}	(f) ou did not claim
	ts			urself or spouse.)	NUMBER	TREE/THORIES		LIVED IN YOUR	luded in:	this pe	ou did not claim erson on your I return due to
	Dependents							HOME IN 2023 (Box 10	(Box 1		tional credits
	ebei	10 c						<u> </u>	<u> </u>	<u> </u>	ᆜ
	Ŏ	10 d							-	<u> </u>	<u> </u>
쯪		10e							┵╞	╣	井
nts after Form 140NR		10f	0, 1, 44, 6			<u> </u>			<u> </u>		<u> </u>
1		14		nd you are the spouse of an a ler the Military Spouses Resi			Am	2023 FEDERAL ount from Federal Ret	urn	2023 AF Source Am	
		15		the ivilitary Spouses Resi			15	207,218	00	96	,216 00
Ľ.							16	391			0 00
£							17	1,308	-		0 00
Sa	e			S			18		00		00
	20	19	Business income or (loss)	from federal Schedule C			19		00		00
Ĕ	ona Inc	20	Gains or (losses) from fede	eral Schedule D. See instruction	ons for ARIZONA column		20		00		00
ಣ	izor	21	Rents, royalties, partnerships,	estates, trusts, small business co	orporations from federal S	Schedule E	21	0	00		0 00
r d	₹	22	Other income reported on	your federal return. Include	your own schedule		22		00		0 00
ihe				through 22			23	208,917		96	,216 00
or other docume				: Include your own schedule			24		00		0 00
			, ,	come: Subtract line 24 from line			25	208,917		0.6	216 00
E E			ŭ	btract line 24 from line 23 in the A					26		,216 00
ed				vide line 26 by line 25, and enter check the box if you are filing Fe	•	•				IU	.461
Sch				ome. Subtract line 28 from 2						96	,216 00
AZ schedules	Suc			I in Arizona gross income							00
δ	Addition			ment. See instructions							00
an	A			Complete Other Additions to							00
<u>a</u>				0, 31 and 32. Enter the total.					33	96	,216 00
ge	le 2	34	Total Arizona sourced net	capital gain or (loss). See insti	ructions		34		00		
<u>f</u>	pag	3	Total net short-term capital	l gain or (loss) included on lir	ne 20, ARIZONA colun	nn	35		00		
lace any required federal and	9	36	Total net long-term capital	gain or (loss) included on line	e 20, ARIZONA column		36		00		
qui	cont			from assets acquired after D			37		00		
ē	S – C			25) and enter the result							00
an y	ctions			om investment in qualified sm							00
ě	ā		•	reciation							00
<u>ac</u>	Subt	41	•	ment. See instructions					41	0.6	216 00

ADOR 10177 (23)

ADOR 10177 (23)

AZ Form 140NR (2023) 96,216|00 Page 1 of 6 AZ Form 140NR (2023) 1555 REV 01/13/24 PRO

[Your	Name (as shown on page 1) Your Social Security No	umber		
	RA	VEENA PINTO & ALERON NUNES 861-01-3485	5		
-		Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00
ons	43	,	43		00
tracti	44	Agricultural crops contributed to Arizona charitable organizations Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6			00
Subtractions cont. from page	45		45	96,216	
8	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference	46	90,210	00
S	47	Age 65 or over: Multiply the number in box 8 by \$2,100			
Exemptions	48	Blind: Multiply the number in box 9 by \$1,500	00		
m	49	Other Exemptions: See instructions49 Multiply the number in box 49E by \$2,300 49	00		
Exe	50	Add lines 47, 48, and 49. Enter the total	00		
	51	Multiply line 50 by the Arizona ratio on line 27	51	96,216	00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"	52	12,770	_
	53		1		
J	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instructions		83,446	00
of Tax	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	i	2,086	
e of	56	Tax: Mulitply line 55 by 2.5% (.025). Enter the result	56 57		00
Balance	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	i	2,086	
Bal	5	Subtotal of tax: Add lines 56 and 57. Enter the total	i		
	59	Dependent Tax Credit. See instructions	1		00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62	1	2,086	00
75 V	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"		1,924	
s an	62	2023 AZ income tax withheld	62		
Total Payments and Refundable Credits	63		- 1		00
Payn dab	64	2023 AZ extension payment (Form 204) Other refundable credits: Check the box(es) and enter the total amount	64 65		<u>00</u>
otal F efun	65		- 1	1,924	
<u>~</u> ~	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total		162	
±	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70	67 68		
or nent		OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment			
e o	68		1		00
c Due o rpayme	69	Amount of line 68 to be applied to 2024 estimated tax	69		00
Tax Due or Overpayment	69 70	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference	69 70		
	69 70	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference - 81 Voluntary Gifts to: Assigned to Schools	69 70		00
	69 70	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference - 81 Voluntary Gifts to: Solutions Teams Assigned to Schools	69 70		00
	69 70	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference	69 70		00
	69 70 71	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference -81 Voluntary Gifts to: Child Abuse Prevention	69 70		00
Voluntary Gifts Overpayme	69 70 71 82	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference -81 Voluntary Gifts to: Child Abuse Prevention	69 70		00
Voluntary Gifts	69 70 71 82 83	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference -81 Voluntary Gifts to: Solutions Teams Assigned to Schools	69 70		00
ty Voluntary Gifts	69 70 71 82 83 84	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference -81 Voluntary Gifts to: Solutions Teams Assigned to Schools	69 70 83		00
Voluntary Gifts	69 70 71 82 83 84 85	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference -81 Voluntary Gifts to: Solutions Teams Assigned to Schools	69 70 83 85		00
Penalty Voluntary Gifts	69 70 71 82 83 84 85	Amount of line 68 to be applied to 2024 estimated tax. Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	69 70 83		00
Penalty Voluntary Gifts	69 70 71 82 83 84 85	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference	69 70 83 85		00
Penalty Voluntary Gifts	69 70 71 82 83 84 85	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference	69 70 83 85		00
Penalty Voluntary Gifts	69 70 71 82 83 84 85	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference	83 85 86		00 00 00 00 00 00
ty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax Balance of overpayment: Subtract line 69 from line 68. Enter the difference	69 70 83 85		00 00 00 00 00 00
Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax. Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86	162	00 00 00 00 00 00
Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax. Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86	162	00 00 00 00 00 00
Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax. Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86	162	00 00 00 00 00 00
Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax. Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86 87	162	00 00 00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax. Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86 87	162 dge and belief, they s any knowledge.	00 00 00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax	83 85 86 87 nowled rer has	162 dge and belief, they sany knowledge.	00 00 00 00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax	83 85 86 87 nowledgrer has	162 dge and belief, they sany knowledge.	00 00 00 00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax	83 85 86 87 nowledgrer has	162 dge and belief, they sany knowledge.	00 00 00 00 00 00 00
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Refund or Amount Owed Penalty Voluntary Gifts	82 83 84 85 86	Amount of line 68 to be applied to 2024 estimated tax	83 85 86 87 nowled rer has NICA ALYS' N	162 (dige and belief, they is any knowledge. L ANALYST	00 00 00 00 00 00 00

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140NR. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10177 (23)

AZ Form 140NR (2023)

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Arizona Form AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

EPV **2023**

Your First Name and Middle Initial		Last Name			Your Social Sec	curity Number
1 RAVEENA		PINTO		Enter	861 01	ı 3485
Spouse's First Name and Middle Ini	tial	Last Name		your	Spouse's Socia	al Security No.
1 ALERON		NUNES		SSN(s).	729 52	ı 0789
Current Home Address - number an	d street, rural route		Apt. No.	Daytime	e Phone (with area	a code)
2 719 TRICITY ROAD				94 (6	46) 912-3652	2
City, Town or Post Office	State	ZIP Code			NLY. DO NOT MARK	IN THIS AREA.
3 SOMERSWORTH	NH	03878		88		
Please indicate the filing state ☐ Married filing joint return ☐ Head of household: Enter na ☐ Married filing separate retur	ame of qualifying child or o		nber above.			
Single	,	,		81 PM	80 RC	·VD
Enter the amount of paymen	t enclosed				\$	162 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (23) 1555 REV 01/13/24 PRO

2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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Your Social Security Number (required) 861013485

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.)

PINTO RAVEENA & NUNES ALERON

Spouse's/CU Partner's SSN (if filing jointly) 729520789

County/Municipality Code (See Table page 50)

Home Address (Number and Street, including apartment number)

719 TRICITY ROAD

ZIP Code City, Town, Post Office State 03878 SOMERSWORTH NH

Driver's License Number (Voluntary) (See instructions) P45276420054961

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 bal	ance due.				
Do you want to designate \$1 to the	You			Yes	No	
If joint return, does your spouse wa	ant to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information						
dd1. Direct deposit indicator (1 fo	or direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking	g, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the dir	rect deposit is going to an account outside the United States		dd3.			
dd4. Routing number			dd4.			043000096
dd5. Account number			dd5.			1065003661



NJ-1040 2023

Name(s) as shown on Form NJ-1040

PINTO RAVEENA & NUNES ALERON

Your Social Security Number 861013485

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No Health Insurance

Page 2

Part-year re	esidents, provide mo	nths/days y	ou were a New Jersey resident during 2023:	Fiscal year filers only:	
From:	010123	To:	073123	Enter month of your year end	2024

Filing Status

Fill	in	on	lv	one.

1.	Single

× 2. Married/CU Couple, filing joint return

Married/CU Partner, filing separate return 3.

4. Head of Household Enter spouse's/CU partner's SSN

Qualifying Widow(er)/Surviving CU Partner 5.

> Indicate the year of your spouse's/CU partner's death: 2021 2022

ExemptionsFill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	×	Self	×	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	2000	
7.	Senior 65+ (Born in 1958 or earlier)		Self		Spouse/CU Partner			x \$1,000 =		
8.	Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =		
9.	Veteran		Self		Spouse/CU Partner			x \$6,000 =		
10.	Qualified Dependent Children							x \$1,500 =		
11.	Other Dependents							x \$1,500 =		
12.	Dependents Attending Colleges (See	instructi	ons)					x \$1,000 =		
13.	Total Exemption Amount (Add totals	s from th	e lines at	6 throug	h 12)			13.	2000	

14.	Dependent Information. Provide the following information for each dependent.		
	Last Name, First Name, Middle Initial	Social Security Number	Birth Year
a.			
b.			
c.			
.1			

NJ-1040

Name(s) as shown on Form NJ-1040

PINTO RAVEENA & NUNES ALERON

Your Social Security Number 861013485

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NJ-1040 2023 Page 3

040MP03230

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	66908	•
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.	66908	•
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.	66908	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1167	•
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.	1167	
39.	Taxable Income (Subtract line 38 from line 29)	39.	65741	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1260	
40b.	Indicate your residency status during 2023 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1260	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	64481	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	1160	
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.	1160	
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.	1160	
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			
53a.	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.		

NJ-1040 2023



Name(s) as shown on Form NJ-1040

PINTO RAVEENA & NUNES ALERON

Your Social Security Number 861013485

1555

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the

2023	
Page 4	1188

53b	If you indicated at line 53a that someone in your tax household does not h	nave health insurance fill in to allow	53b.	
220.	Get Covered New Jersey to assist with obtaining coverage (See instruction			
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC and fill in	53c.	811 .
54.	Total Tax Due (Add lines 50 through 53c)		54.	1971 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year	residents, see instructions)	55.	3176 .
56.	Property Tax Credit (See instructions page 24)	,	56.	
57.	New Jersey Estimated Tax Payments/Credit from 2022 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	0) (See instructions)	60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2	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 Cre	dit		
65.	New Jersey Child Tax Credit (See instructions)		65.	
	Number of dependents age 5 or younger on 12/31/2023			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	3176 .
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. Subt	tract line 54 from line 66 and enter the overpayment	68.	1205 .
69.	Amount from line 68 you want to credit to your 2024 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	gh 77)	78.	•
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	1005
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68))	80.	1205 .

envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payments PO Box 111 Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to: Paid Preparer's Signature Federal Identification Number State of New Jersey – TGI You can also make a payment on our website: SYAM PRIYA RAM SAGAR GUPTA P02082703 nj.gov/taxation Refund or No Tax Due Address

Use the labels provided with the envelope and mail to: Firm's Name Firm's Federal Employer Identification Number New Jersey Division of Taxation Revenue Processing Center - Refunds GLOBAL TAXES LLC PO Box 555 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

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.

Division Use: 1 _____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040	Social Security Number					
PINTO RAVEENA & NUNES ALERON	861-01-3485					

Schedule NJ-HCC Health Care Coverage

2023

							0							
If your income on lin	e 29 is at or below tl	he fi	ling th	resho	old (se	e inst	ructio	ns), de	o not	compl	ete th	is sch	edule	
Part I														
Did you and, if applicable, a 2023? (See instructions for	-									_		-	nth in	
Yes. You do r schedule with	not owe a shared responsion	onsil	oility p	aymen	t. Fill i	n the c	val at	line 53	sc, NJ-	1040,	and er	nclose	this	
No. Continue	to Part II.													
If you or any member of you NJ-EZ Enroll form. (See ins						iimum	essent	ial hea	alth co	verage	e, also	compl	ete the	
Part II														
Enter the name and Social had minimum essential hear resident). If an individual quan individual has more than additional individuals.	lth coverage or qualificualificus	ed fo	r an e nter th	xempti e exer	on (pa nption	rt-yeaı numbe	reside er. (See more	ents in e instru	clude o	only m s for lin se a st	onths are 53c,	as a N NJ-10	ew Jer 040.) If	sey
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Num	ber												
RAVEENA PINTO	861-01-3485													
Exemption number:				С	heck bo	ox if this	s individ	lual has	s more	than or	ne exen	nption r	number	
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Num	ber				1 4				9				
ALERON NUNES	729-52-0789													
Exemption number:				С	heck bo	ox if this	s individ	lual has	s more	than or	ne exen	nption r	number	
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Num	ber	ouri	1 00	IVIGI	7 (5)	iviay	oun	Jul	7 tag	СОР	001	1101	
Exemption number:				С	heck b	ox if this	s individ	lual has	s more	than or	ne exen	nption r	l number	
			la.s		Man	A	Mari	1	11	Δ	C	0-4	Nav	Daa
Name	Social Security Num	her	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption number:				С	heck be	ox if this	s individ	lual has	s more	than or	ne exen	nption r	number	
													١.,	_
Name	Social Security Num	her	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
INAITE	Social Security Num	inei												
Exemption number:				С	heck be	ox if this	s individ	lual has	s more	than or	ne exen	nption r	number	

Statement for Wages, Salaries, and Tips NJ-1040 or NJ-1040NR, line 15

2023

Name	Social Security No.
PINTO RAVEENA & NUNES ALERON	861-01-3485

	Not applicable if a part-year nonresident with NJ source income.	Income from all sources	Income attributed to New Jersey (part-year resident or non- resident only)
1 abcdef 23456 78 910	Wages, from Form W-2		66,908.
11	Total wages, salaries, tips, etc	207,218.	66,908.