E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

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*
KASHISH NIRAV	МЕНТА	Enter	168 98 5871
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

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.

MATION		PART 3 – FINANCIAL INSTITUTION INFORMATION				
		Must be present whe	en request	ting direct debit or deposit.		
3,985 00		Foreign Account	Deposit/D	Debit: See instructions below.		
84 00		TYPE OF ACCOUNT				
80 00		Checking S	Savings			
		ACCOUNT NUMBER				
efund	00					
amount owed	4 00		TE	\$)	
	84 00 80 00	3,985 00 84 00 80 00 efund	3,985 00 3,985 00 84 00 80 00 Checking S ACCOUNT NUMBER 00	3,985 00 3,985 00 84 00 80 00 Checking Savings ACCOUNT NUMBER 00	Must be present when requesting direct debit or deposit. 3,985 00 84 00 80 00 Checking Savings Account NUMBER 00 Image: Account of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting direct debit or deposit. Building of the present when requesting	

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come 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 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, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** ☐ I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→			
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE	
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE	

URN.			Arizona Form 140NR	Nonresic	lent F	Personal In	come Ta	ax	Return			lendar yea 023	AR
R	82F		Check box 82F f filing under extension	on OR FISCAL YEAR E	BEGINNI		2,0,2,	3.	AND ENDING		.		. 66F
HΗ	_		First Name and Middle Ini	tial		Last Name			Enter			I Security I	
	1		HISH NIRAV			MEHTA			your	16			371
EMS TO	1			le Initial (if box 4 or 6 check	ed)	Last Name			SSN(s).	1	Social Secu	-
			nt Home Address - numbe	er and street, rural route			Apt. No.					area code)
ANY IT			RIVER DR				701			(217)2			
			own or Post Office SEY CITY	State NJ		ZIP Code 07310	!		ast Names Used	a in last fo	ur Prior	r year(s) (if c	1merent) 97
2	—								EVENUE USE (-
DO NOT STAPL	S FILING STATUS	4 5 6 7	Married filing separa	Enter name of qualifying child ate return: Enter spouse's na	or depen	ocial Security Num			3R				
	Ň			claimed. Do not put a che		K. 8 and 9, also com	nlata linaa 47		IP PM			RCVD	
	EXEMPTIONS	8	Age 65 or over (you	and 48 E	-	o and 9, also com 0a and 10b, comp		81			80R	NOVE	
	XEV	9 10a	Blind (you and/or sp Dependents: Under	,	Dopono	lents: Age 17 and	dovor						
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		11-13		ck one): 11 X Nonresider						•			ge 29)
			(Box 10a and 10b): De	ependent Information. See (a)	instructio	ons. For more s (b)	pace, check	the	box and (d)	complete (e)	page	4. (f)	
	Dependents			vourself or spouse.)	so	DCIAL SECURITY NUMBER	RELATIONS	ΗP	NO. OF MONTHS LIVED IN YOUR HOME IN 2023	✓ Depender includec (Box 10a) (B	l in: 2	✓ if you did this person federal retur educational	n due to
	ebei	10c									⊢⊢		
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R										╞╞╡╴┟	╞		
after Form 140NR		<u>10</u> f 14		and you are the spouse of a				Am	2023 FEDE			023 ARIZO	
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ffe		17					Ì	17		00	<u> </u>		00
its a	ne	18		ıds				18		00			00
	Incon	19	Business income or (loss	s) from federal Schedule C.				19		00			00
Ĕ	na Ir	20	Gains or (losses) from fe	deral Schedule D. See instru	ictions for	ARIZONA column		20		00			00
ö	Arizona	21	Rents, royalties, partnership	s, estates, trusts, small busines	s corpora	tions from federal S	Schedule E	21		00			00
rd	۷			n your federal return. Inclue	-			22		00			0 00
the				5 through 22				23		295 00		3,98	<u>35 00</u>
5				S: Include your own schedule				24		295 00			00
S O				ncome: Subtract line 24 from l Subtract line 24 from line 23 in th								3.98	35 00
and AZ schedules or other docume			-	Divide line 26 by line 25, and er								0.04	
Jed				s Check the box if you are filir									00
sci				come. Subtract line 28 from								3,98	35 00
A	tions	30	Total depreciation include	ed in Arizona gross income.						30			00
b	Addition			stment. See instructions									00
	٩			e. Complete Other Addition					-			2 00	
era	2			30, 31 and 32. Enter the to						<u> 33</u> 00		3,90	35 00
fed	page			t capital gain or (loss). See i al gain or (loss) included or						00	1		
eq	d uo			al gain or (loss) included on				36		00	1		
i	cont. e			n from assets acquired after				37		00			
Place any required federal	00			.25) and enter the result									00
ž	ons			from investment in qualified									00
e al	Subtractions			preciation									00
ac	ubtr			stment. See instructions									00
		42 R 1017		1 41 from line 33. Enter the									35 00 e 1 of 6
	700		1555		AZ	2 Form 140NR (2	UZ3)		REV 01/13/24	PRO		rage	

[Your I	Name (as shown on page 1) Ye	our Social Security Nu	umber		
	KAS	SHISH NIRAV MEHTA	168-98-5871	-		
" -	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		43		00
Subtractions cont. from page	44	Agricultural crops contributed to Arizona charitable organizations			00	
from	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income sched				00
Su cont.	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference		46	3,985	1
-	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00	· · · ·	100
su	48	Blind: Multiply the number in box 9 by \$1,500		00		
Exemptions	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300 45		00		
eml	50	Add lines 47, 48, and 49. Enter the total		00		
ũ	51	Multiply line 50 by the Arizona ratio on line 27		51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"		52	3,985	00
	53	Deductions: Check box and enter amount. See instructions		53	609	00
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See ins	structions	54		00
ax	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			3,376	00
of Tax	56	Tax: Mulitply line 55 by 2.5% (.025). Enter the result		56	84	00
Ce	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		57		00
Balance	58	Subtotal of tax: Add lines 56 and 57. Enter the total		58	84	00
Ċ	59	Dependent Tax Credit. See instructions		59		00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62		60		00
	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, ent	er_"0"	61	84	00
and lits	62	2023 AZ income tax withheld			80	00
nts a Crec	63	2023 AZ estimated tax payments63a 00 Claim of Right 63b	00 Add 63a and 63b.	63c		00
Total Payments and Refundable Credits	64	2023 AZ extension payment (Form 204)		64		00
al Pa unda	65	Other refundable credits: Check the box(es) and enter the total amount	334 653 349	65		00
Ref	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total		66		00
	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	4	00
Due or payment	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment	68		00	
Tax Due or verpaymer	69	Amount of line 68 to be applied to 2024 estimated tax		69		00
Overp	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference.		70		00
0	71 -	Assigned to Schools		1		
Gifts		Child Abuse Prevention	1	1		
5 Z		Neighbors Helping Neighbors 76 00 Special Olympics 77 00 Veterans' Donations Fun		1		
ntai		I Didn't Pay Enough Fund79 00 Sustainable State Parks 80 00 Spay/Neuter of Animals				
Voluntary	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823				
	83	Estimated payment penalty		83		00
alty		841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included		-		
Pen	85	Add lines 71 through 81 and 83. Enter the total		85		00
	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		86		00
ed T		Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see i ROUTING NUMBER ACCOUNT NUMBER	nstructions. 86A			
t Ow		98 S Savings				
Refund or Amount Owed	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your	SSN, 140NR on			
A P		payment		87	4	00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information				/ are
					any knowledge.	
	7	RI	SK ANALYST			
Ц	ļ	YOUR SIGNATURE DATE OC	CUPATION			
Ш	Ι.					
I)					
PI FASE SIGN HERE)	SPOUSE'S SIGNATURE DATE SF	POUSE'S OCCUPATION	N		
	5	SYAM PRIYA RAM SAGAR GUPTA TALLAM 03132024 GLOBAL TAXES LL				
Ц	Į	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)			
		245 ROONEY CT	84-31719			
ш	Ì	PAID PREPARER'S STREET ADDRESS	PAID PREPARER			
15	-	E BRUNSWICK NJ 08816	(678)965	-9522		
1	-					
	•	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER			

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52010, Proteinx, AZ 55072-2010. Include the payment with 10m 140000. 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) 1555 **AZ Form 140NR (2023)** REV 01/13/24 PRO Page 2 of 6

0400001020	

2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2023 Page 1

0101

168985871

040MP01230

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.) MEHTA KASHISH NIRAV

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

Your Social Security Number (required)

Home Address (Number and Street, including apartment number) County/Municipality Code (See Table page 50) 110 RIVER DR APT 701

City, Town, Post Office	State	ZIP Code
JERSEY CITY	NJ	07310

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund?	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.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			071000013
dd5. Account number		dd5.			858795773

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



Γ		Name(s) as shown on MEHTA KAS	Form NJ-1040 SHISH NIRAV		
NJ-1 2023 Page		Your Social Security			1555
Dort	year residents, provide months/days you were a New Jersey resider	at during 2022.	Figoal you	r filers only:	
From		it during 2025.	-	th of your year end	2024
PIOI	1. 10.		Enter mon	un of your year end	2021
	g Status 1 only one.				
1.	× Single				
2.	Married/CU Couple, filing joint return				
3.	Married/CU Partner, filing separate return				
4.	Head of Household		Enter spouse's/CU partne	r's SSN	
5.	Qualifying Widow(er)/Surviving CU Partner				
	Indicate the year of your spouse's/CU partner's death:	2021 20	022		
	nptions the ovals that apply. You must enter a total in the boxes to the right and com	plete the calculation.			
6.	Regular X Self	Spouse/CU Partner	Domestic Partner	<u>1</u> x \$1,000 =	_1000
7.		Spouse/CU Partner		x \$1,000 =	
8.		Spouse/CU Partner		x \$1,000 =	
9.		Spouse/CU Partner			
10.	Qualified Dependent Children			x \$1,500 =	
11.	Other Dependents			x \$1,500 =	
12.	Dependents Attending Colleges (See instructions)			x \$1,000 =	1000
13.	Total Exemption Amount (Add totals from the lines at 6 through	12)		13.	1000 .
14.	Dependent Information. Provide the following information for ea	ach dependent.			
	Last Name, First Name, Middle Initial	-	Social Security Number	Birth Year	No Health Insurance
a.			-		
b.					
c.					
d.					



NJ-1040 2023

Page 3

Name(s) as shown on Form NJ-1040 MEHTA KASHISH NIRAV

Your Social Security Number 168985871

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	92457 .
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.	92457 .
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.	92457 .
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.	91457 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	2160 .
40b.	Indicate your residency status during 2023 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	2160 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	89297 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	3561 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	84 .
	Enter Code		03
45.	Balance of Tax (Subtract line 44 from line 43)	45.	3477 .
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.	3477 .
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 Page 4

Name(s) as shown on Form NJ-1040 MEHTA KASHISH NIRAV

Your Social Security Number 168985871

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53b.	If you indicated at line 53a that someone in your tax household does not hav	ve health insurance, fill in to allow		53b.		
	Get Covered New Jersey to assist with obtaining coverage (See instructions))				
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC and fill in	×	53c.	0	•
54.	Total Tax Due (Add lines 50 through 53c)			54.	3477	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year re-	esidents, see instructions)		55.	3893	•
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 ins	structions)		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-24	50) (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	t				
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.	3893	•
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54	4 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. Subtra	act line 54 from line 66 and enter the overpayment		68.	416	•
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	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.	416	•

Under penalties of perjury, I declare that I have exam the best of my knowledge and belief, it is true, correc based on all information of which the preparer has an	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation			
Your Signature	Date	Spouse's/CU I	Revenue Processing Center - Payments PO Box 111	
Paid Preparer's Signature SYAM PRIYA RAM SAGAR	GUPTA	TALLAM	Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: nj.gov/taxation Refund or No Tax Due Address
Firm's Name GLOBAL TAXES LLC			Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555

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REQUIRED

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

Name(s) as sho	own on Form NJ-1040			Social Security Number						
MEHTA KAS	SHISH NIRAV		168-98-5871	1						
Sc	hedule NJ-HCC	Health C	are Coverage	2023						
If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.										
Part I										
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.										
\otimes	Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.									
	No. Continue to Part II.									

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

Part II

Exemption number:

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:													

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number												
Exemption number:												

								Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number																		
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Name	Social Security Number													
Exemption number:	Exemption number:													
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Name	Social Security Number													