

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2, 0, 2, 3 AND ENDING 66F

1 Your First Name and Middle Initial KASHISH NIRAV Last Name MEHTA Enter your SSN(s) Your Social Security Number 168 98 5871 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route 110 RIVER DR Apt. No. 701 Daytime Phone (with area code) 94 (217) 200-2994 City, Town or Post Office State ZIP Code JERSEY CITY NJ 07310 Last Names Used in Last Four Prior Year(s) (if different) 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single 8 Age 65 or over (you and/or spouse) 81P PM 80R RCVD 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88R

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return (see instructions - page 29)

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e, 10f.

Table with 3 columns: Description, 2023 FEDERAL Amount from Federal Return, 2023 ARIZONA Source Amount Only. Rows 14-42 including Arizona income, additions, and subtractions.

Place any required federal and AZ schedules or other documents after Form 140NR.

Your Name (as shown on page 1) **KASHISH NIRAV MEHTA** Your Social Security Number **168-98-5871**

Subtractions cont. from page 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00			
	44	Agricultural crops contributed to Arizona charitable organizations.....	44		00			
	45	Other Subtractions from Income: Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6.....	45		00			
	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference.....	46	3,985	00			
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47		00			
	48	Blind: Multiply the number in box 9 by \$1,500.....	48		00			
	49	Other Exemptions: See instructions.....49E <input type="checkbox"/> Multiply the number in box 49E by \$2,300.....	49		00			
	50	Add lines 47, 48, and 49. Enter the total.....	50		00			
	51	Multiply line 50 by the Arizona ratio on line 27.....	51		00			
Balance of Tax	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.....53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	609	00			
	54	If you checked box 53S and claim charitable contributions, check 54C <input type="checkbox"/> Complete page 3. See instructions.....	54		00			
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55	3,376	00			
	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result.....	56	84	00			
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	57		00			
	58	Subtotal of tax: Add lines 56 and 57. Enter the total.....	58	84	00			
	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, enter "0".....	61	84	00			
Total Payments and Refundable Credits	62	2023 AZ income tax withheld.....	62	80	00			
	63	2023 AZ estimated tax payments..63a <input type="checkbox"/> 00 Claim of Right 63b <input type="checkbox"/> 00 Add 63a and 63b.	63c		00			
	64	2023 AZ extension payment (Form 204).....	64		00			
	65	Other refundable credits: Check the box(es) and enter the total amount.....651 <input type="checkbox"/> 308-1 652 <input type="checkbox"/> 334 653 <input type="checkbox"/> 349	65		00			
	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total.....	66	80	00			
Tax Due or Overpayment	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			
	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment.....	68		00			
	69	Amount of line 68 to be applied to 2024 estimated tax.....	69		00			
	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference.....	70		00			
Voluntary Gifts	71 - 81 Voluntary Gifts to:		Solutions Teams Assigned to Schools.....	71		00		
	Child Abuse Prevention.....	73		00	Arizona Wildlife.....	72		00
	Neighbors Helping Neighbors..	76		00	Domestic Violence Services	74		00
	I Didn't Pay Enough Fund.....	79		00	Special Olympics.....	77		00
					Sustainable State Parks and Road Fund.....	80		00
					Spay/Neuter of Animals..	81		00
	82	Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican	82					
	83	Estimated payment penalty.....	83					00
Penalty	84	841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included	84					
	85	Add lines 71 through 81 and 83. Enter the total.....	85					00
Refund or Amount Owed	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.....	86					00
		Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account ; see instructions. 86A <input type="checkbox"/>						
	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment.....	87					4 00

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ RISK ANALYST OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03132024 GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT 84-3171965
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

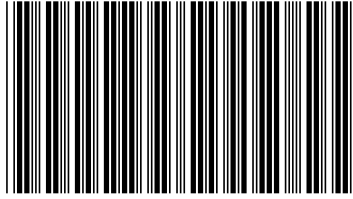
E BRUNSWICK NJ 08816 (678) 965-9522
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

2023 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2023
Page 1



040MP01230

Your Social Security Number (required)
168985871

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)

County/Municipality Code (See Table page 50)
0101

Home Address (Number and Street, including apartment number)
110 RIVER DR APT 701

City, Town, Post Office
JERSEY CITY

State ZIP Code
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 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.		071000013
dd5. Account number	dd5.		858795773





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

Your Social Security Number
168985871

1555

Part-year residents, provide months/days you were a New Jersey resident during 2023:
From: _____ To: _____

Fiscal year filers only:
Enter month of your year end **2 0 2 4**

Filing Status
Fill in 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 partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2021 2022

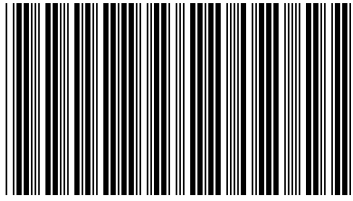
Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1958 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	1000 .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____



040MP03230

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

Your Social Security Number
168985871

1555

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.		



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

Your Social Security Number
168985871

1555

53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)	53b.	
53c. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule NJ-HCC and fill in X	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 residents, 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) 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	58.	.
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) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	.
65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2023	65.	.
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 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	.
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.	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 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.

Your Signature Date _____ Spouse's/CU Partner's Signature (required if filing jointly) Date _____
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM **P02082703**

Firm's Name Firm's Federal Employer Identification Number
GLOBAL TAXES LLC **84-3171965**

Tax Due Address
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
Revenue Processing Center - Payments
PO Box 111
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
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

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 MEHTA KASHISH NIRAV	Social Security Number 168-98-5871
---	---------------------------------------

Schedule NJ-HCC

Health Care 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.

- 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

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:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											