

0120101010

# 2024 NJ-1040-ES-V PAYMENT VOUCHER

### Payment by Credit Card

You may pay your 2023 New Jersey income taxes or make payment of estimated tax for 2024 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

### Payment by E-Check

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### Payment by Check

If you are paying your 2024 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

780-86-6062 BASK  
BASKARAN SREEKAR  
121 SWEET VINE WAY HOLLY SPRINGS  
HOLLY SPRINGS NC 27540

1555 2024

Calendar Year - Due      Voucher  
April 15, 2024      1

Make check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

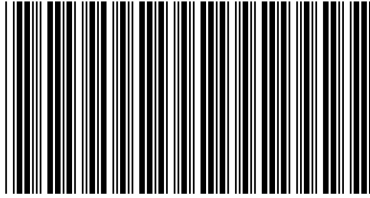
R  NJ-1040    N      NJ-1040NR      NJ-1041  
NJ-1080-C    F      NJ-1041SB

Enter amount of payment here:

113.00



012017808660620004BASK2412060000011300



0120101010

# 2024 NJ-1040-ES-V PAYMENT VOUCHER

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Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

780-86-6062 BASK  
BASKARAN SREEKAR  
121 SWEET VINE WAY HOLLY SPRINGS  
HOLLY SPRINGS NC 27540

1555 2024

Calendar Year - Due      Voucher  
June 17, 2024      **2**

Make check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

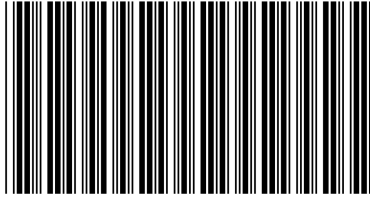
R  NJ-1040    N      NJ-1040NR      NJ-1041  
NJ-1080-C    F      NJ-1041SB

Enter amount of payment here:

113.00



012017808660620004BASK2412060000011300



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2024 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

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DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

780-86-6062 BASK BASKARAN SREEKAR 121 SWEET VINE WAY HOLLY SPRINGS HOLLY SPRINGS NC 27540

1555 2024

Calendar Year - Due Voucher September 16, 2024 3

Make check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

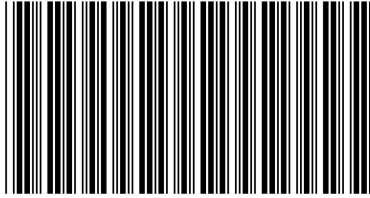
R X NJ-1040 N NJ-1040NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

113.00



012017808660620004BASK2412060000011300



0120101010

# 2024 NJ-1040-ES-V PAYMENT VOUCHER

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New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

780-86-6062 BASK  
BASKARAN SREEKAR  
121 SWEET VINE WAY HOLLY SPRINGS  
HOLLY SPRINGS NC 27540

1555 2024

Calendar Year - Due Voucher  
January 15, 2025 **4**

Make check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

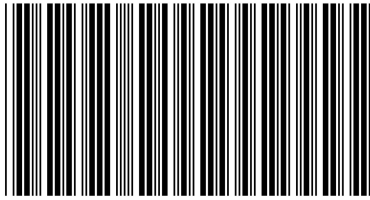
R  NJ-1040 N  NJ-1040NR  NJ-1041  
NJ-1080-C  F  NJ-1041SB

Enter amount of payment here:

113.00



012017808660620004BASK2412060000011300



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### 2023 NJ-1040-V PAYMENT VOUCHER

#### Payment by Credit Card

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#### Payment by E-Check

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**Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2023 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2023 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2024, use separate checks or money orders for each payment. Send your 2024 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax  
Resident Payment Voucher  
NJ-1040-V

780-86-6062 BASK  
BASKARAN SREEKAR  
121 SWEET VINE WAY HOLLY SPRINGS  
HOLLY SPRINGS NC 27540

1555 2023

Make your check payable to “State of New Jersey – TGI”.  
Write your Social Security number and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 643  
Trenton, NJ 08646-0643

Enter amount of payment here:

475.00

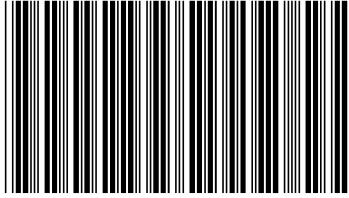


2023 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2023  
Page 1



040MP01230

Your Social Security Number (required)  
780866062

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.)  
BASKARAN SREEKAR

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

County/Municipality Code (See Table page 50)  
0603

Home Address (Number and Street, including apartment number)  
121 SWEET VINE WAY HOLLY SPRINGS

City, Town, Post Office State ZIP Code  
HOLLY SPRINGS NC 27540

Driver's License Number (Voluntary) (See instructions)  
B07467200010951

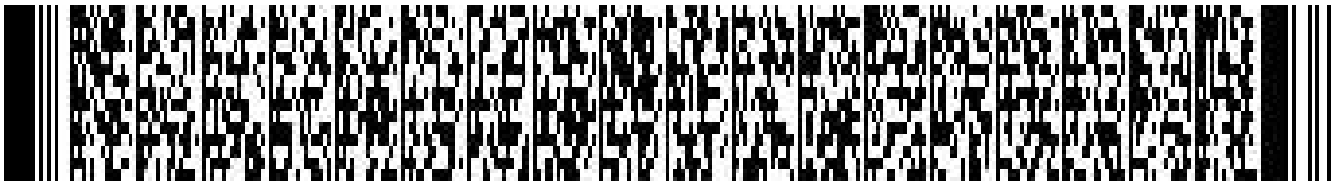
- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

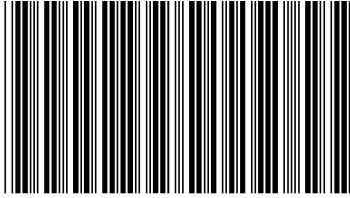
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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.	4
dd2. Account type (C for checking, S for savings)	dd2.	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	
dd5. Account number	dd5.	





040MP02230

Name(s) as shown on Form NJ-1040  
BASKARAN SREEKAR

Your Social Security Number  
780866062

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

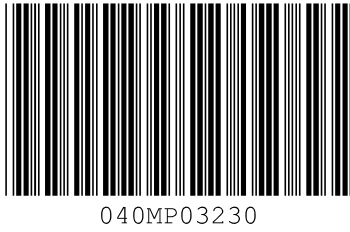
**Exemptions**

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.	<u>1000</u> .

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.	_____			



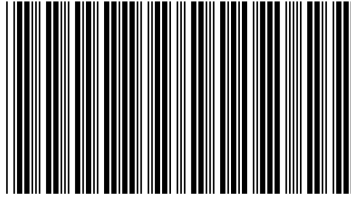
Name(s) as shown on Form NJ-1040  
BASKARAN SREEKAR

Your Social Security Number  
780866062

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	30695	.
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.	30695	.
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.	30695	.
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.	29695	.
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	.
40b. Indicate your residency status during 2023 (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.	29695	.
43. Tax on amount on line 42 (Tax Table page 52)	43.	449	.
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.	449	.
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.	449	.
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.	26	.
Fill in if Form NJ-2210 is enclosed			X
53a. Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.		





040MP04230

Name(s) as shown on Form NJ-1040  
BASKARAN SREEKAR

Your Social Security Number  
780866062

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 <b>X</b>
54. Total Tax Due (Add lines 50 through 53c)	54.	0 . 475 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	.
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.	.
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.	475 .
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.	.
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)	75.	Enter Code .
76. Other Designated Contribution (See instructions)	76.	Enter Code .
77. Other Designated Contribution (See instructions)	77.	Enter Code .
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.	475 .
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	.

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 \_\_\_\_\_

VENKATA SAI PAVAN KUMAR DUDIPALLI P02470833

Firm's Name \_\_\_\_\_ Firm's Federal Employer Identification Number \_\_\_\_\_

GLOBAL TAXES LLC 88-2145487

**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

Division Use: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040 <b>BASKARAN SREEKAR</b>	Social Security Number 780-86-6062
---	---------------------------------------

**Part I Figuring Your Underpayment**

No interest will be assessed on an underpayment of estimated tax resulting from the provisions of P.L. 2023, c.96, as long as you pay all additional estimated tax by April 15, 2024.

1. 2023 Tax (line 50, Form NJ-1040).....	1.	449.
2. Enter the total of lines 55, 56, 58, 59, 60, 61, 62, 63, 64, and 65, Form NJ-1040 .....	2.	
3. Subtract line 2 from line 1 (If less than \$400, do <b>not</b> complete the rest of this form).....	3.	449.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers) .....	4a.	359.
4b. Enter 2022 tax (From Form NJ-1040, line 50) .....	4b.	

	Payment Due Dates			
	(A) April 18, 2023	(B) June 15, 2023	(C) Sept 15, 2023	(D) Jan 16, 2024
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column .....	89.	90.	90.	90.
6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form .....	0.	0.	0.	0.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.) .....				
8. Add line 6 and line 7 .....	0.	0.	0.	0.
9. Enter the total underpayment (add line 11 and line 12) from the previous column .....		89.	179.	269.
10. Subtract line 9 from line 8. If zero or less, enter zero .....	0.	0.	0.	0.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero .....		89.	179.	269.
12. <b>Underpayment</b> (If line 5 is greater than line 10, subtract line 10 from line 5).....	89.	90.	90.	90.
13. <b>Overpayment</b> (If line 10 is greater than line 5, subtract line 5 from line 10).....				

**Part II Exceptions**

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

**If you meet exception 1 at line 15, do not file this form.** These amounts will be verified by the Division of Taxation.

14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2023.) (See instructions).....	14.	April 18, 2023 0.	June 15, 2023 0.	Sept 15, 2023 0.	Jan 16, 2024 0.
15. Exception 1 – Enter 2022 tax (line 50) .....	15.	25% of 2022 Tax	50% of 2022 Tax	75% of 2022 Tax	100% of 2022 Tax
16. Exception 2 – Tax on 2022 gross income using 2023 exemptions and tax rates .....	16.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 – Tax on annualized 2023 income .....	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 – Tax on 2023 income over 3, 5, and 8-month periods .....	18.	90% of Tax	90% of Tax	90% of Tax	

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

19. <b>Total Interest</b> (Include this amount on line 52, Form NJ-1040).....	See 2210 Wks	\$	26.
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Worksheets

**Exception II Tax on 2022 gross income using 2023 exemptions and tax rates**

1. Enter 2022 NJ Gross Income (line 29, 2022 NJ-1040).....	1.	
2. Enter 2023 Total Exemptions (line 30, 2023 NJ-1040).....	2.	
3. Subtract line 2 from line 1.....	3.	
4. Calculate Tax on line 3 (2023 tax rates).....	4.	
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (line 44, 2023 NJ-1040).....	5.	
6. Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form.....	6.	

**Exception III Tax on 2023 Annualized Income (attach calculations)**

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/23, 4/30/23, and 7/31/23. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/23 – 3/31/23	1/1/23 – 5/31/23	1/1/23 – 8/31/23
1. Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown.....	1.			
2. Annualization amounts.....	2.	4	2.4	1.5
3. Annualized Income (Multiply line 1 by line 2).....	3.			
4. Enter Total Exemptions (line 30, NJ-1040).....	4.			
5. Subtract line 4 from line 3.....	5.			
6. Calculate tax on line 5.....	6.			
7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period.....	7.			
8. Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form.....	8.			

**Exception IV Tax on Actual 2023 Taxable Income over 3, 5, and 8-month periods (attach calculations)**

		1/1/23 – 3/31/23	1/1/23 – 5/31/23	1/1/23 – 8/31/23
1. Enter the actual amount of NJ Taxable Income (line 42, NJ-1040) that is applicable to each period shown.....	1.			
2. Calculate tax on line 1.....	2.			
3. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period shown.....	3.			
4. Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form.....	4.			

## Interest Computation Worksheet

**2022**

▶ Attach to Form NJ-2210 or NJ-2210NR

Name as Shown on Return <u>BASKARAN SREEKAR</u>	Social Security No. <u>780-86-6062</u>
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**Option 1**

	A	B	C	D	E	F	G
Period	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)
<b>1</b> 4/15 - 6/15						.010	
<b>2</b> 6/16 - 9/15						.019	
<b>3</b> 9/16 - 1/15						.031	
<b>4</b> 1/16 - 4/15						.025	
<b>5</b> Total interest for Option 1 . . . . .						<b>5</b>	

**Option 2**

	(a) 4/15/2022	(b) 6/15/2022	(c) 9/15/2022	(d) 1/15/2023	
<b>1</b> Payment due dates ▶					
<b>1</b> Payment date . . . . .	<u>04/15/2024</u>	<u>04/15/2024</u>	<u>04/15/2024</u>	<u>04/15/2024</u>	
<b>2</b> Amount due . . . . .	89.	90.	90.	90.	
<b>3</b> Balance from previous quarter . . . . .		89.	179.	269.	
<b>4</b> Balance due . . . . .	89.	179.	269.	359.	
<b>5 a</b> Number of months from due date to payment date or next quarter due date, whichever is earlier . . . . .	<u>2</u>	<u>3</u>	<u>4</u>	<u>3</u>	
<b>b</b> Interest rate . . . . .	<u>.0625</u>	<u>.0775</u>	<u>.0925</u>	<u>.1000</u>	
<b>6</b> Late payment interest. (Line 4 times line 5a times line 5b divided by 12.) <b>If line 1 is blank, skip lines 7 through 10.</b>	1.	5.	10.	10.	
<b>7</b> Payment amount . . . . .	0.	0.	0.	0.	
<b>8</b> Underpayment amount . . . . .	89.	179.	269.	359.	
<b>9 a</b> Number of months from payment date to next quarter due date . . . . .	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
<b>b</b> Interest rate . . . . .	<u>.0625</u>	<u>.0775</u>	<u>.0925</u>	<u>.1000</u>	
<b>10</b> Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	0.	0.	0.	0.	
<b>11</b> Total interest for Option 2. Add lines 6 and 10, columns (a) through (d) . . . . .					<b>11</b> <u>26.</u>

**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 BASKARAN SREEKAR	Social Security Number 780-86-6062
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**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 style="width:100px;" 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 style="width:100px;" 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 style="width:100px;" 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 style="width:100px;" 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 style="width:100px;" type="text"/>		Check box if this individual has more than one exemption number <input type="checkbox"/>											