

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (RAMCHARAN), Last name (PASUPULETI), Your social security number (154-33-8948), Spouse's social security number (992-96-8386), Home address (49 CAITLIN CT, FRANKLIN PARK, NJ, 08823), etc.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

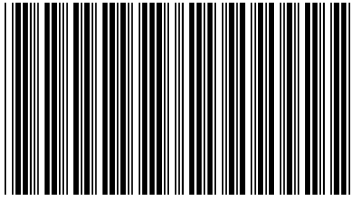
Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, and Taxable income.



NJ-1040X  
2022  
Page 1



040AM01220

Your Social Security Number  
154338948

Last Name, First Name, Initial (Joint filers enter first name and initial of each. Enter spouse/CU partner last name only if different.)  
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Spouse's/CU Partner's Social Security Number  
992968386

County/Municipality Code  
1210

Home Address (Number and Street, incl. apt. # or rural route)  
49 CAITLIN CT

City, Town, Post Office State ZIP Code  
FRANKLIN PARK NJ 08823

Driver's License Number (Voluntary. See instructions NJ-1040.)  
P07826390005921

Your address has changed.  
The address above is a foreign address.  
Death certificate is enclosed.  
I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

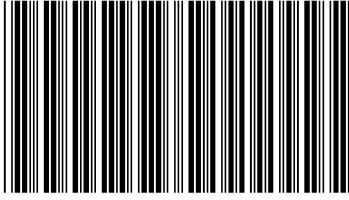
**Gubernatorial Elections Fund** Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Do you want to designate \$1 of your taxes for this fund?	You	Yes	No
If joint return, does your spouse/CU Partner 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.
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.





040AM02220

Name(s) as shown on Form NJ-1040X

PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number

154338948

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:  
From: 22 To: 22

Fiscal year filers only:  
Enter month of your year end 2 0 2 3

**Filing Status**

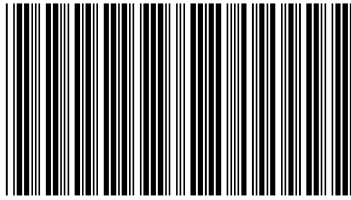
- |    | On Original<br>Return               | On Amended<br>Return                |  |
|----|-------------------------------------|-------------------------------------|--|
| 1. |                                     |                                     | Single                                     |
| 2. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Married/CU Couple, filing joint return     |
| 3. |                                     |                                     | Married/CU Partner, filing separate return |
| 4. |                                     |                                     | Head of Household                          |
| 5. |                                     |                                     | Qualifying Widow(er)/Surviving CU Partner  |

**Exemptions**

						As Originally Reported	Amended Reported	
6.	Regular	<input checked="" type="checkbox"/>	Yourself	<input checked="" type="checkbox"/>	Spouse/CU Partner	6.	2	2
7.	Age 65 or over		Yourself		Spouse/CU Partner	7.		
8.	Blind or Disabled		Yourself		Spouse/CU Partner	8.		
9.	Veteran Exemption		Yourself		Spouse/CU Partner	9.		
10.	Number of your qualified dependent children					10.		
11.	Number of other dependents					11.		
12.	Dependents attending colleges (See instructions NJ-1040)					12.		
13a.	Add lines 6, 7, 8, and 12.					13a.	2	2
13b.	Add lines 10 and 11.					13b.	0	0
13c.	Enter amount from line 9.					13c.	0	0

**Dependent Information**

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



040AM03220

Name(s) as shown on Form NJ-1040X  
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number  
154338948

1555

		As Originally Reported	Amended (See Instructions)
15. Wages, salaries, tips, and other employee compensation	15.	91662 .	91662 .
16a. Taxable interest income	16a.	.	.
16b. Tax-exempt interest income. Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business	18.	.	.
19. Net gains or income from disposition of property	19.	.	.
20a. Taxable pensions, annuities, and IRA distributions/withdrawals	20a.	.	.
20b. Excludable pensions, annuities, and IRA distributions/withdrawals	20b.	.	.
21. Distributive Share of Partnership Income	21.	.	.
22. Net pro rata share of S Corporation Income	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights	23.	.	.
24. Net gambling winnings	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.
26. Other	26.	.	.
27. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 through 26)	27.	91662 .	91662 .
28a. Pension/Retirement Exclusion	28a.	.	.
28b. Other Retirement Income Exclusion	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. <b>New Jersey Gross Income</b> (Subtract line 28c from line 27)	29.	91662 .	91662 .
30. Total Exemption Amount (See instructions)	30.	2000 .	2000 .
31. Medical Expenses (See instructions NJ-1040)	31.	.	.
32. Alimony and separate maintenance payments	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (See instructions NJ-1040)	35.	0 .	0 .
36. Organ/Bone Marrow Donation Deduction (See instr. NJ-1040)	36.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher Education Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37)	38.	2000 .	2000 .
39. Taxable Income (Subtract line 38 from line 29)	39.	89662 .	89662 .
40a. Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)	40a.	.	.
40b. Indicate your residency status during 2022 (fill in only one)	Homeowner	Both	Tenant
41. Property Tax Deduction (See instructions NJ-1040)	41.	.	.
42. <b>New Jersey Taxable Income</b> (Subtract line 41 from line 39)	42.	89662 .	89662 .
43. Tax on amount on line 42 (See instructions)	43.	2180 .	2180 .
44. Credit For Income Taxes Paid to Other Jurisdictions (See instructions NJ-1040)	44.	.	.
Enter other jurisdiction code			
45. Balance of Tax (Subtract line 44 from line 43)	45.	2180 .	2180 .
46. Sheltered Workshop Tax Credit (See instructions NJ-1040)	46.	.	.
47. Gold Star Family Counseling Credit (See instructions NJ-1040)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	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.	2180 .	2180 .
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	51.	0 .	0 .
52. Interest on Underpayment of Estimated Tax (See instructions NJ-1040)	52.	.	.
Fill in if Form NJ2210 is enclosed			
53. Shared Responsibility Payment	Fill in if Schedule HCC is enclosed	0 .	0 .



Name(s) as shown on Form NJ-1040X  
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number  
154338948 1555

	As Originally Reported	Amended (See Instructions)
54. Total Tax Due (Add lines 50 through 53)	2180 .	2180 .
55. <b>Total New Jersey Income Tax Withheld</b> (See instructions for required enclosures)	4632 .	4632 .
56. Property Tax Credit (See instructions NJ-1040)	.	.
57. New Jersey Estimated Tax Payments/Credit from 2021 tax return	.	.
58. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	0 .	0 .
59. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	.	.
60. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	.	.
61. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	.	.
62. Wounded Warrior Caregivers Credit (See instructions NJ-1040)	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	.	.
64. Child and Dependent Care Credit (See instructions NJ-1040)	.	.
65. New Jersey Child Tax Credit	.	.
66. Amount paid with original return, assessments, and/or with request for extension to file	.	.
67. Total payments/credits (Add lines 55 through 66)	4632 .	4632 .
68. Refund previously issued from original return	982 .	982 .
69. Net payments (Subtract line 68 from line 67)	3650 .	3650 .
70. If line 69 is less than line 54, you have tax due. Subtract line 69 from line 54 and enter the amount you owe	70.	.
71. If line 69 is more than line 54, you have an overpayment. Subtract line 54 from line 69 and enter the overpayment	71.	1470 .
72. Amount of line 71 to be		
	(A) REFUNDED 72a.	1470 .
	(B) CREDITED to your 2023 tax 72b.	.

Enter name, Social Security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for federal tax purposes.)

Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change. You must enclose copies of your W-2s, 1099s, and supporting schedules.  
I HAVE APPLIED ITIN FOR MY SPOUSE THROUGH FEDERAL AMENDMENT AND NOW WANTED TO DO STATE AMEDMENT AS MARRIED FILING JOINTLY. PLEASE CHECK AND PROCESS MY RETURNS.

If amending line 44, complete calculations below and include a copy of the tax return filed with the other state (if one was filed or required to be filed):  
[(Income from Other Jurisdictions) / (Income from New Jersey sources) ] x (New Jersey Tax line 43) =

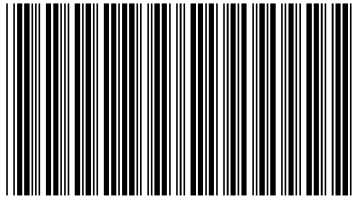
<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.</p>		<p>Pay amount on line 70 in full. Write Social Security number(s) on check or money order and make payable to:</p> <p>State of New Jersey – TGI Division of Taxation Revenue Processing Center PO Box 664 Trenton, NJ, 08646-0664</p>
<p>Your Signature _____ Date _____</p>	<p>Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) _____ Date _____</p>	
<p>Paid Preparer's Signature _____</p>	<p>Federal Identification Number _____</p>	<p>You can also make a payment on our website: nj.gov/taxation</p>
<p>SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's Name</p>	<p>P02082703 Firm's Federal Employer Identification Number</p>	
<p>GLOBAL TAXES LLC</p>	<p>88-2145487</p>	

2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
154338948

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.)  
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Spouse's/CU Partner's SSN (if filing jointly)  
992968386

County/Municipality Code (See Table page 50)  
1210

Home Address (Number and Street, including apartment number)  
49 CAITLIN CT

City, Town, Post Office State ZIP Code  
FRANKLIN PARK NJ 08823

Driver's License Number (Voluntary) (See instructions)  
P07826390005921

- 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.

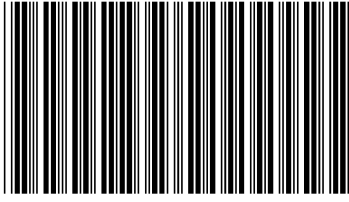
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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.	





Name(s) as shown on Form NJ-1040  
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number  
154338948

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:  
From: To:

Fiscal year filers only:  
Enter month of your year end 2 0 2 3

**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: 2020 2021

**Exemptions**

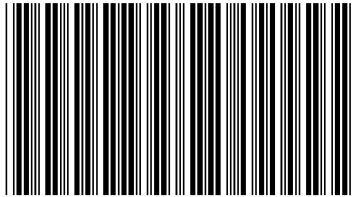
Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1957 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 instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	2000 .

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.	_____			





040MP03220

Name(s) as shown on Form NJ-1040

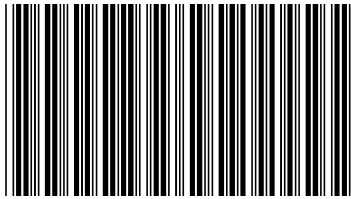
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number

154338948

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	91662	.
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.	91662	.
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.	91662	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000	.
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.	2000	.
39.	Taxable Income (Subtract line 38 from line 29)	39.	89662	.
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	.
40b.	Indicate your residency status during 2022 (fill in only one)			
	Homeowner	Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	.	.
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	89662	.
43.	Tax on amount on line 42 (Tax Table page 52)	43.	2180	.
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.	2180	.
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.	2180	.
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			
53.	Shared Responsibility Payment (See instructions)	53.	0	.
	<b>REQUIRED</b> Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>			



040MP04220

Name(s) as shown on Form NJ-1040  
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number  
154338948

1555

54. Total Tax Due (Add lines 50 through 53)	54.	2180 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	4632 .
56. Property Tax Credit (See instructions page 24)	56.	.
57. New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.	.
58. New Jersey Earned Income Tax Credit (See instructions)	58.	.
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64. Child and Dependent Care Credit (See instructions)	64.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
65. New Jersey Child Tax Credit (See instructions)	65.	.
Number of dependents under age 6 on 12/31/2022		
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	4632 .
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. Subtract line 54 from line 66 and enter the overpayment	68.	2452 .
69. Amount from line 68 you want to credit to your 2023 tax	69.	.
70. Contribution to N.J. Endangered Wildlife Fund	70.	.
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	.
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	.
73. Contribution to N.J. Breast Cancer Research Fund	73.	.
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	.
75. Other Designated Contribution (See instructions)	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.	.
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	2452 .

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 88-2145487  
Firm's Name Firm's Federal Employer Identification Number

**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

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

Name as Shown on Return PASUPULETI RAMCHARAN & MAMIDALA VASRITHA	Social Security No. 154-33-8948
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**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, 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 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**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 53, 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.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . .  \_\_\_\_\_

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											