E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022)
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separatel	y (MFS)	Head of	house	ehold (HOF	l) 🗌		ifying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	your spouse If yo	u check	ad the HOH o	r 088	hov ente	r the c		use (QSS) name if the	e aualifyina
One box.		on is a child but not your dependen		, our spouse. If yo	a oncor		, QOO	box, crito	1 1110 0	illia 5	namo ii tii	5 quamying
Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial security	number
RAMCHARA	N		PASU	PULETI							33-8948	
		first name and middle initial	Last na						_			urity number
VASRITHA			MAMT	DALA							96-8386	-
		r and street). If you have a P.O. box, see						Apt. no.				n Campaign
49 CAITI	LIN (CT .							Cł	neck h	nere if you,	or your
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP	code				tly, want \$3
FRANKLI	N PAF	RK			NJ	Г	088	323			this fund. (ow will not (
Foreign country			F	Foreign province/sta	ate/count	:y	Forei	gn postal co	_		or refund.	
											You	Spouse
Digital	At ar	y time during 2022, did you: (a) red	eive (as	a reward, award,	or payr	nent for prope	erty or	services);	or (b)	sell,		
Assets		ange, gift, or otherwise dispose of					-				☐ Yes	⊠ No
Standard	Som	eone can claim:	ependent	t Your spo	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	ı were a dual-stat	us alien							
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn bef	ore Janua	ry 2, 1	958	☐ Is blii	nd
Dependents	•			(2) Social secu	ıritv	(3) Relationsh					ies for (see i	instructions):
If more		rst name Last name		number	,	to you		Child ta	x credi	t	Credit for oth	er dependents
than four												
dependents, see instruction												
and check	5 —											
here]											
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a	8	8,543.
	b	Household employee wages not r	eported	on Form(s) W-2.						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not re	ported o	n Form(s) W-2 (se	e instru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruction	tions) .				· .			1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	i			_		
	Z	Add lines 1a through 1h								1z		8,543.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divide				3b		
	4a -	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	nt			6b		
Married filing separately,	c	If you elect to use the lump-sum e			•	•				-		
\$12,950	7	Capital gain or (loss). Attach Sche		•						7		
 Married filing jointly or 	8	Other income from Schedule 1, lin							•	8	+	0 540
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					•	9		8,543.
\$25,900	10	Adjustments to income from Scho	,							10		0 540
 Head of household, 	11	Subtract line 10 from line 9. This i	•	-					•	11		8,543.
\$19,400	12	Standard deduction or itemized				 5 A				12		.5 , 900.
If you checked any box under	13	Qualified business income deduction Add lines 12 and 13							•	13		<u> </u>
Standard Deduction,	14 15	Subtract line 14 from line 11. If ze							•	15		<u>5,900.</u> 2,643.
see instructions.	13	Cubitact line 14 HOITI line 11. II Ze	10 01 168	5, GIREL -U IIIIS	is your I	avanic ilicoli			•	13	1 0	۷ , 043.

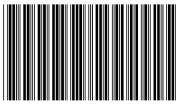
Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,	,104.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	7,	,104.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,	,104.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	7,	,104.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 1	4,118.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	14	,118.
16	26	2022 estimated tax payment	s and amount a	pplied from 20)21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .		•		30				
	31	Amount from Schedule 3, lin	e 15			31		7		
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. T	,		-			33	14	,118.
Defined	34	If line 33 is more than line 24						34	7	,014.
Refund	35a	Amount of line 34 you want				•		35a	7,	,014.
Direct deposit?	b	Routing number X X X				Checking				<u></u>
See instructions.	d	Account number X X X								
	36	Amount of line 34 you want a				 				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another	•				Complete	below.	X No	
		signee's		Phone			sonal ident	ification		
	nar			no.			nber (PIN)			
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com								
11010	You	ur signature		Date	Your occupation		Pro	tection P	nt you an Ide	
Joint return?					SOFTWARE			e inst.)		
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spous ection PIN, ei	
your records.				HOME MAKE	R		inst.)	1 1 1		
	———Pho	one no. (267) 890-449	9	Email address		N01@GMAIL.C				
		eparer's name	Preparer's signat		141110 CIII II (AI	Date Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAT.T.AN		P0208	2703		mployed
Preparer		m's name GLOBAL TAX		O11O11I(201111 111111III	- 02,10,2021			(678) 965	
Use Only		m's address 245 ROONE		INSWICK N.	J 08816			n's EIN		45487
Go to wave ire or		11040 for instructions and the late		1.0.1.1011		DEV 07/00/00 DD0	1	. 5 =114		040 (2022)
ao to www.iis.go	וווט וועכ	more for instructions and the late	at inition mation.		BAA	REV 07/23/23 PRO			LOUII I	J-TU (2022)

2022 NJ-1040X

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New Jersey Amended Resident Income Tax Return

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

 $\begin{array}{c} {\rm County/Municipality\ Code} \\ {\rm 1210} \end{array}$

Home Address (Number and Street, incl. apt. # or rural route) $49 \ \text{CAITLIN} \ \text{CT}$

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

Driver's License Number (Voluntary. See instructions NJ-1040.) $P0\,7\,8\,2\,6\,3\,9\,0\,0\,0\,5\,9\,2\,1$

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.





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

PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number 154338948

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NJ-1040X 2022 Page 2

Filing Status

On Original

On Amended

040AM02220

Part-year residents, pro	ovide mon	ths/days you were a	New Jersey resident during 2022:	Fiscal year filers only:	
From:	22	To:	22	Enter month of your year end	2023

Return Return 1. Single × × 2. Married/CU Couple, filing joint return Married/CU Partner, filing separate return 3. Head of Household 4. 5. Qualifying Widow(er)/Surviving CU Partner As Originally Amended Exemptions Reported X 2 X Yourself Spouse/CU Partner 2 6. Regular Domestic Partner 6. 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. 11. Number of other dependents 12. Dependents attending colleges (See instructions NJ-1040) 12. 2 2 13a. Add lines 6, 7, 8, and 12. 13a. 0 0 Add lines 10 and 11. 13b. 13b. 0 0 Enter amount from line 9. 13c. 13c. **Dependent Information** 14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year No Health Insurance b. c.

d.



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

Your Social Security Number 154338948

0.

NJ- 2022	Your Social Security Number 154338948			1555
Page	040AM03220		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.	New Jersey Gross Income (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.		Tenant	Both	
41.	Property Tax Deduction (See instructions NJ-1040)	41.		
42.	New Jersey Taxable Income (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) Fill in if Form NJ2210 is enclosed	52.		
	I III III I I III I I II I II I I I I	·	0	0

×

Fill in if Schedule HCC is enclosed

53.

53. Shared Responsibility Payment

NJ-1040X 2022



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

PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number 154338948

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Page	040AM04220		A	s Originally Reported	Amended (See Instr	uctions)
54.	Total Tax Due (Add lines 50 through 53)		54.	2180 .	218	0.
55.	Total New Jersey Income Tax Withheld (See instructions for requ	ired enclosures)	55.	4632 .	463	2 .
56.	Property Tax Credit (See instructions NJ-1040)		56.			
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.			
58.	New Jersey Earned Income Tax Credit (See instructions NJ-1040)		58.	0 .		0 .
59.	Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1046	0)	59.			
60.	Excess New Jersey Disability Insurance Withheld (See instructions)	NJ-1040)	60.			
61.	Excess New Jersey Family Leave Insurance Withheld (See instruction	ons NJ-1040)	61.			
62.	Wounded Warrior Caregivers Credit (See instructions NJ-1040)		62.			
63.	Pass-Through Business Alternative Income Tax Credit (See instruct	ions NJ-1040)	63.			
64.	Child and Dependent Care Credit (See instructions NJ-1040)		64.			
65.	New Jersey Child Tax Credit		65.			
66.	Amount paid with original return, assessments, and/or with request	for extension to file	66.			
67.	Total payments/credits (Add lines 55 through 66)		67.	4632 .	463	2 .
68.	Refund previously issued from original return		68.	982 .	98	2.
69.	Net payments (Subtract line 68 from line 67)		69.	3650 .	365	0 .
70.	If line 69 is less than line 54, you have tax due. Subtract line 69 from	n line 54 and enter the amount you owe		70		
71.	If line 69 is more than line 54, you have an overpayment. Subtract li	ne 54 from line 69 and enter the overpay	ment	71	. 147	0 .
72.	Amount of line 71 to be	(A) REFUNDED		72a	. 147	0 .
		(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)] x (New Jersey Tax line 43)]	=
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.	Pay amount on line 70 in full. Wr Social Security number(s) on che money order and make payable to
	State of New Jersey TCI

Federal Identification Number

Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) Date Your Signature Date Paid Preparer's Signature

P02082703 SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 88-2145487 rite eck or

> State of New Jersey – TGI Division of Taxation Revenue Processing Center PO Box 664 Trenton, NJ, 08646-0664

You can also make a payment on our website: nj.gov/taxation

2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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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

 $\begin{array}{c} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1210 \end{array}$

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) $P0\,7\,8\,2\,6\,3\,9\,0\,0\,0\,5\,92\,1$

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.	



NJ-1040 2022

Name(s) as shown on Form NJ-1040

PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number 154338948

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Page 2

Part-y	year residents, provide months/days	s you were	a New Jei	rsey resid	lent during 2022:		Fiscal year	ar filers or	nly:		
From	то:						Enter mo	nth of you	r year end	2	023
	g Status only one.										
1.	Single										
2.	X Married/CU Couple, filing	g joint retu	rn								
3.	Married/CU Partner, filing	g separate	return								
4.	Head of Household						Enter spouse's/CU partn	er's SSN			
5.	Qualifying Widow(er)/Su	rviving CU	J Partner								
	Indicate the year of your s	spouse's/C	U partner'	s death:	2020	2021					
	nptions the ovals that apply. You must enter a to	otal in the bo	oxes to the r	ight and co	omplete the calculation.						
6.	Regular	×	Self	×	Spouse/CU Partner		Domestic Partner	2	x \$1,000 =	2000	
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 (S	See instruc	tions)						x \$1,000 =		
13.	Total Exemption Amount (Add to	tals from t	he lines at	6 throug	h 12)				13.	2000	•
14.	Dependent Information. Provide	the followi	ng inform	ation for	each dependent.						
	Last Name, First Name, Middle In						Social Security Number		Birth Year	N	o Health Insurance
a.											
b.											
c.											
d.											

NJ-1040 2022

Page 3

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.	J1002 ·
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
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.	01.660
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) REQUIRED Enclose Schedule HCC and fill in	53.	0 .
			-

NJ-1040 2022 Page 4

Name(s) as shown on Form NJ-1040

PASUPULETI RAMCHARAN & MAMIDALA VASRITHA

Your Social Security Number

154338948 1555

Tax Due Address

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 en	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)	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.	2452	

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail 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. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI Paid Preparer's Signature Federal Identification Number You can also make a payment on our website: nj.gov/taxation SYAM P02082703 PRIYA RAM SAGAR GUPTA TALLAM Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 88-2145487 Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

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

Schedule NJ-HCC

New Jersey **Health Care Coverage**

2022

(Form NJ-1040)

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

Name as Shown on Return	Social Security No.								
PASUPULETI RAMCHARAN & MAMIDALA VASRITHA	154-33-8948								
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. X 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 every month each person had minimum essential health coverage or (part-year residents include only months as a New Jersey resident). It exemption, enter the exemption number. (See instructions for line 53, more than one exemption number, check the box. If you need more s any additional individuals.	qualified for an exemption f an individual qualified for an , NJ-1040.) If an individual has pace, enclose a statement listing								
QuickZoom to Shared Responsibility Payment Calculation Worksheet	·······················								

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Check box if this individual is under 18													
Exemption Code Check box if this individual has more than one exemption number													
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Exemption Code Check box if this individual has more than one exemption number Check box if this individual is under 18													
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		_	Check							•			
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		_	Check	box if t	his indi	vidual i	s unde	r 18 .					