

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.
 ► Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) **2021** **or fiscal year** (enter month and year ended)

Your first name and middle initial NAVEENKUMAR	Last name SOMA	Your social security number 145-19-4420
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 362-29-8219
Current home address (number and street). If you have a P.O. box, see instructions. 18 PERRINE PATH		Apt. no. Your phone number
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. PRINCETON JUNCTION, NJ 08550		
Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ► **PRABHANJANA ADEPU**

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part III on page 2 to explain any changes.	A. Original amount reported or as previously adjusted (see instructions)	B. Net change — amount of increase or (decrease) — explain in Part III	C. Correct amount
Income and Deductions			
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here. <input type="checkbox"/>	1 34,728.	352,656.	387,384.
2 Itemized deductions or standard deduction	2 12,550.		12,550.
3 Subtract line 2 from line 1	3 22,178.	352,656.	374,834.
4a Reserved for future use	4a		
4b Qualified business income deduction	4b		
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5 22,178.	352,656.	374,834.
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): <u>TCW</u>	6 2,462.	104,488.	106,950.
7 Nonrefundable credits. If a general business credit carryback is included, check here. <input type="checkbox"/>	7		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 2,462.	104,488.	106,950.
9 Reserved for future use	9		
10 Other taxes	10	9,971.	9,971.
11 Total tax. Add lines 8 and 10	11 2,462.	114,459.	116,921.
Payments			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12 3,638.		3,638.
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14		
15 Refundable credits from: <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17 Total payments. Add lines 12 through 15, column C, and line 16	17		3,638.
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,176.
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19		2,462.
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		114,459.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22 Amount of line 21 you want refunded to you	22		
23 Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25		
26 Your dependent children who didn't live with you due to divorce or separation	26		
27 Other dependents	27		
28 Reserved for future use	28		
29 Reserved for future use	29		

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions):				(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <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"/>

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

TAXPAYER DID NOT INCLUDE PROCEEDS FORM THE SALE OF SECURITIES ON THE ORIGINAL FILED RETURN.

Sign Here	Remember to keep a copy of this form for your records.				
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.				
	Your signature X			COMPUTER ANAYLIST	
		Date		Your occupation	
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	
Paid Preparer Use Only	Print/Type preparer's name NICHOLAS J. COCO	Preparer's signature <i>Nick Coco</i>	Date 11/25/23	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01211930
	Firm's name ▶ NICHOLAS J. COCO, CPA			Firm's EIN ▶ 22-3620376	
	Firm's address ▶ 752 KEARNY AVENUE KEARNY, NJ 07032			Phone no. 2019553100	

For forms and publications, visit www.irs.gov/Forms.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Name(s) shown on return

NAVEENKUMAR SOMA

Your social security number

145-19-4420

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	403,000.	44,504.		358,496.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	4,606.	10,446.		-5,840.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 352,656.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instrs.				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result.</p>	<p>16</p>	<p>352,656.</p>
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p>		
<p><input type="checkbox"/> Yes. Go to line 18.</p>		
<p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.</p>	<p>18</p>	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p>		
<p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p>		
<ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	<p>21</p>	<p>()</p>
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p>		
<p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p>		
<p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Installment Agreement Request

▶ Go to www.irs.gov/Form9465 for instructions and the latest information.
 ▶ If you are filing this form with your tax return, attach it to the front of the return.
 ▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ FORM 1040

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ▶ 2021

1 a Your first name and initial <u>NAVEENKUMAR</u>	Last name <u>SOMA</u>	Your social security number <u>145-19-4420</u>
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. <u>18 PERRINE PATH</u>		Apartment number
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). <u>PRINCETON JUNCTION, NJ 08550</u>		
Foreign country name	Foreign province/state/county	Foreign postal code

1 b If this address is new since you filed your last tax return, check here.

2 Name of your business (must no longer be operating)	Employer identification number (EIN)
--	--------------------------------------

3 _____ Your home phone number				4 _____ Your work phone number			
	Best time for us to call				Extension	<u>AFTER 6 PM</u>	Best time for us to call

5 Enter the total amount you owe as shown on your tax return(s) (or notice(s)) **5** 113,283.

6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement) **6**

7 Add lines 5 and 6 and enter the result **7** 113,283.

8 Enter the amount of any payment you're making with this request. See instructions **8** 10,000.

9 Amount owed. Subtract line 8 from line 7 and enter the result **9** 103,283.

10 Divide the amount on line 9 by 72.0 and enter the result **10** 1,434.

11 a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months** **11 a** 10,000.

b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment. **11 b**

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement.
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th **12** 25TH

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ **a** Routing number ▶ **b** Account number

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions.

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159.

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
----------------	------	---	------

Part II Additional Information

Complete this Part only if all three conditions below apply:

- 1 You defaulted on an installment agreement in the past 12 months;
- 2 You owe more than \$25,000 but not more than \$50,000; and
- 3 The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than \$50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- Single. Skip question 16b and go to question 17.
- Married. Go to question 16b.

b Do you share household expenses with your spouse?

- Yes.
- No.

17 How many dependents will you be able to claim on this year's tax return? **17** | _____

18 How many people in your household are 65 or older? **18** | _____

19 How often are you paid?

- Once a week.
- Once every 2 weeks.
- Once a month.
- Twice a month.

20 What is your net income per pay period (take home pay)? **20** | _____

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- Once a week.
- Once every 2 weeks.
- Once a month.
- Twice a month.

22 What is your spouse's net income per pay period (take home pay)? **22** | _____

23 How many vehicles do you own? **23** | _____

24 How many car payments do you have each month? **24** | _____

25a Do you have health insurance?

- Yes. Go to question 25b.
- No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- Yes. Skip question 25c and go to question 26a.
- No. Go to question 25c.

c How much are your monthly health insurance premiums? **25 c** | _____

26a Do you make court-ordered payments?

- Yes. Go to question 26b.
- No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- Yes. Go to question 27.
- No. Go to question 26c.

c How much are your court-ordered payments each month? **26 c** | _____

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? **27** | _____

2021

FEDERAL FILING INSTRUCTIONS

CLIENT SOMAAMEN

NAVEENKUMAR SOMA

145-19-4420

11/26/23

09:29AM

FORM TO FILE:

FORM 1040X - 2021 AMENDED U.S. INDIVIDUAL INCOME TAX RETURN

SIGNATURE:

SIGN AND DATE FORM 1040X, PAGE 2.

PAYMENT:

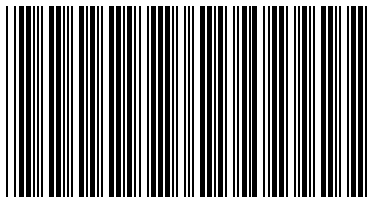
THERE IS A BALANCE DUE OF \$114,459. MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY". WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND "2021 FORM 1040X" ON THE CHECK. IF THIS IS A JOINT RETURN, ENTER THE SSN SHOWN FIRST ON YOUR RETURN. DO NOT ATTACH THE CHECK TO FORM 1040X. INSTEAD, PLACE IT LOOSE IN THE ENVELOPE AND ALSO ENCLOSE FORM 1040X.

WHEN TO FILE:

IMMEDIATELY.

WHERE TO FILE:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
KANSAS CITY, MO 64999-0052



040AM01210

Your Social Security Number
145194420

Last Name, First Name, Initial (Joint filers enter first name and initial of each. Enter spouses/CU partners last name only if different.)
SOMA NAVEENKUMAR

Spouse's/CU Partner's Social Security Number

County/Municipality Code
1113

Home Address (Number and Street, incl. apt. # or rural route)
18 PERRINE PATH

City, Town, Post Office
PRINCETON JUNCTION

State ZIP Code
NJ 08550

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

Your address has changed.
The address above is a foreign address.
Death certificate is enclosed.

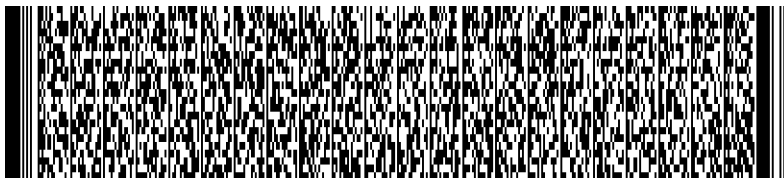
I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

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	<input checked="" type="checkbox"/>	No
If joint return, does your spouse/CU Partner want to designate \$1?	Spouse/CU Partner	Yes	<input checked="" type="checkbox"/>	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-1040X
SOMA NAVEENKUMAR

Your Social Security Number
145194420

1032

Part-year residents, provide months/days you were a New Jersey resident during 2021:
From: _____ To: _____

Fiscal year filers only:
Enter month of your year end **2022**

Filing Status

- | | On Original
Return | On Amended
Return | |
|----|-----------------------|----------------------|--|
| 1. | | | Single |
| 2. | | | Married/CU Couple, filing joint return |
| 3. | X | X | Married/CU Partner, filing separate return |
| 4. | | | Head of Household |
| 5. | | | Qualifying Widow(er)/Surviving CU Partner |

Exemptions

					As Originally Reported	Amended
6.	Regular	X	Yourself	Spouse/CU Partner	Domestic Partner	6. 1 1
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. 1 1
13b.	Add lines 10 and 11.					13b.
13c.	Enter amount from line 9.					13c.

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.	_____			



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

Your Social Security Number
145194420

1032

	As Originally Reported	Amended (See Instructions)
15. Wages, salaries, tips, and other employee compensation	34728	34728
16a. Taxable interest income	.	.
16b. Tax-exempt interest income. Do not include on line 16a	.	.
17. Dividends	.	.
18. Net profits from business	.	.
19. Net gains or income from disposition of property	.	352656
20a. Taxable pensions, annuities, and IRA distributions withdrawals	.	.
20b. Excludable pensions, annuities, and IRA distributions/withdrawals	.	.
21. Distributive Share of Partnership Income	.	.
22. Net pro rata share of S Corporation Income	.	.
23. Net gains or income from rents, royalties, patents, and copyrights	.	.
24. Net Gambling Winnings	.	.
25. Alimony and Separate Maintenance Payments received	.	.
26. Other	.	.
27. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 through 26)	34728	387384
28a. Pension/ Retirement Exclusion	.	.
28b. Other Retirement Income Exclusion	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27)	34728	387384
30. Total Exemption Amount (See instructions)	1000	1000
31. Medical Expenses (See instructions NJ-1040)	.	.
32. Alimony and Separate Maintenance Payments	.	.
33. Qualified Conservation Contribution	.	.
34. Health Enterprise Zone Deduction	.	.
35. Alternative Business Calculation Adjustment (See instructions NJ-1040)	.	.
36. Organ/Bone Marrow Donation Deduction (See instr. NJ-1040)	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	1000	1000
38. Taxable Income (Subtract line 37 from line 29)	33728	386384
39a. Total Property Taxes (18% of Rent) Paid (See instructions NJ-1040)	.	.
39b. Block	.	.
39b. Lot	.	.
39b. Qualifier	.	.
39c. County/Municipality Code	1113	
39d. Indicate your residency status during 2021 (fill in only one)	Homeowner	
40. Property Tax Deduction (See instructions NJ-1040)	.	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	33728	386384
42. Tax on Amount on line 41 (See instructions)	520	22486
43. Credit For Income Taxes Paid to Other Jurisdictions (See instructions NJ-1040) Enter other jurisdiction code	.	.
44. Balance of Tax (Subtract line 43 from line 42)	520	22486
45. Sheltered Workshop Tax Credit (See instructions NJ-1040)	.	.
46. Gold Star Family Counseling Credit (See instructions NJ-1040)	.	.
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	.	.
48. Total Credits (Add lines 45 through 47)	.	.
49. Balance of tax after credits (subtract line 48 from line 44) If zero or less, make no entry	520	22486
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	.	.
51. Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Fill in if Form NJ2210 is enclosed	.	.
52. Shared Responsibility Payment	.	.
Fill in if Schedule HCC is enclosed	X	

Fill in if you completed Worksheet G (See instr. NJ-1040)

Tenant Both



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

Your Social Security Number
145194420

1032

	As Originally Reported	Amended (See Instructions)
53. Total Tax Due (Add lines 49 through 52)	53. 520	22486
54. Total New Jersey Income Tax Withheld (See instructions for required enclosures)	54. 555	555
55. Property Tax Credit (See instructions NJ-1040)	55. .	.
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56. .	.
57. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	57. .	.
58. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	58. .	.
59. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	59. .	.
60. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	60. .	.
61. Wounded Warrior Caregivers Credit (See instructions NJ-1040)	61. .	.
62. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	62. .	.
63. Child and Dependent Care Credit (See instructions NJ-1040)	63. .	.
64. Amount Paid with original return, assessments, and/or with request for extension to file	64. .	.
65. Total payments/credits (Add lines 54 through 64)	65. 555	555
66. Refund previously issued from Original Return	66. 35	35
67. Net Payments (Subtract line 66 from line 65)	67. 520	520
68. If line 67 is less than line 53, you have tax due. Subtract line 67 from line 53 and enter the amount you owe.	68. .	21966
69. If line 67 is more than line 53, you have an overpayment. Subtract line 53 from line 67 and enter the overpayment.	69. .	.
70. Amount of line 69 to be	70a. .	.
(A) REFUNDED	70b. .	.
(B) CREDITED to your 2022 tax		

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.

SEE STATEMENT 1

If amending line 43, 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 42) _____ = _____

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 68 in full. Write Social Security number(s) on check or money order and make payable to: State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 664 Trenton, NJ, 08646-0664
X Your Signature _____ Date _____	Spouse's/CU Partners Signature (if filing jointly, BOTH must sign) _____ Date _____	
Paid Preparer's Signature <i>Nick Coco</i>		You can also payment on our website: nj.gov/taxation
Federal Identification Number P01211930		
Firm's Name NICHOLAS J. COCO, CPA 752 KEARNY AVENUE KEARNY, NJ 07032		Firm's Federal Employer Identification Number 223620376

2021

NEW JERSEY STATEMENTS

PAGE 1

CLIENT SOMAAMEN

NAVEENKUMAR SOMA

145-19-4420

11/26/23

09:29AM

**STATEMENT 1
FORM NJ-1040X, PAGE 4, EXPLANATION OF CHANGES
EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS, AND CREDITS**

TAXPAYER DID NOT INCLUDE PROCEEDS FORM THE SALE OF SECURITIES ON THE ORIGINAL FILED RETURN.

2021

NEW JERSEY FILING INSTRUCTIONS

CLIENT SOMAAMEN

NAVEENKUMAR SOMA

145-19-4420

11/26/23

09:29AM

FORM TO FILE:

FORM NJ-1040X - 2021 NEW JERSEY AMENDED INCOME TAX RESIDENT RETURN

SIGNATURE:

THE TAXPAYER SHOULD SIGN AND DATE THE TAX RETURN AT THE BOTTOM OF FORM NJ-1040X, PAGE 4.

PAYMENT:

THERE IS A BALANCE DUE OF \$21,966. MAKE YOUR CHECK PAYABLE TO "STATE OF NEW JERSEY - TGI." WRITE YOUR SOCIAL SECURITY NUMBER AND "2021 FORM NJ-1040X" ON YOUR CHECK. DO NOT STAPLE, PAPER CLIP OR TAPE THE CHECK OR MONEY ORDER TO FORM NJ-1040-X OR FORM NJ-1040-V. INSTEAD, PLACE IT LOOSE IN THE ENVELOPE AND ALSO ENCLOSE FORM NJ-1040-X AND FORM NJ-1040-V.

WHEN TO FILE:

IMMEDIATELY.

WHERE TO FILE:

STATE OF NEW JERSEY
DIVISION OF TAXATION
REVENUE PROCESSING CENTER
P.O. BOX 664
TRENTON, NJ 08646-0664