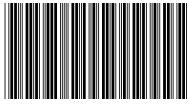
#### 2023 NJ-1040-V PAYMENT VOUCHER



0130201010

#### **Payment by Credit Card**

You may pay your 2023 New Jersey income taxes or make payment of estimated tax for 2024 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

#### Payment by E-Check

You may pay your 2023 New Jersey income taxes or make a payment of estimated tax for 2024 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

#### **Payment by Check**

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

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

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

#### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V 717-42-2978 BHAI BHAIJI ADITI 1260 E UNIVERSITY DR TEMPE AZ 85288

1555 2023

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

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

Enter amount of payment here:

111.00





#### 2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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**NJ-1040** 2023 Page 1

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 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ 717422978 \end{array}$ 

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.)

BHAIJI ADITI

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

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50) 1260 E UNIVERSITY DR

1212

City, Town, Post Office State ZIP Code TEMPE AZ 85288

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

#### **Direct Deposit Information**

| dd1. | Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)                    | dd1. | 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 2023

Name(s) as shown on Form NJ-1040 BHAIJI ADITI

Your Social Security Number

717422978

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|--------|---|
| 2023   |   |
| Page 2 |   |

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|            |                      | 0 1 0                                       | 71·11 O Z .   | 200                      |  |      |                         |          |             |      |                  |
|------------|----------------------|---|---------------|--------------------------|--|------|-------------------------|----------|-------------|------|------------------|
| Part-      | ear res              | idents, provide months/days                 | you were      | a New Jersey resid       | ent during 2023:                       |      | Fiscal ye               |          |             |      |                  |
| From: To:  |                      |   |               |                          |  |      | Enter mo                | 2024     |             |      |                  |
|            | g Status<br>only one |   |               |                          |  |      |                         |          |             |      |                  |
| 1.         | ×                    | Single                                      |               |                          |  |      |                         |          |             |      |                  |
| 2.         |                      | Married/CU Couple, filing                   | joint retu    | rn                       |  |      |                         |          |             |      |                  |
| 3.         |                      | Married/CU Partner, filing                  | separate      | return                   |  |      |                         |          |             |      |                  |
| 4.         |                      | Head of Household                           |               |                          |  |      | Enter spouse's/CU partn | er's SSN |             |      |                  |
| 5.         |                      | Qualifying Widow(er)/Sur                    | viving CU     | J Partner                |  |      |                         |          |             |      |                  |
|            |                      | Indicate the year of your sp                | pouse's/C     | U partner's death:       | 2021                                   | 2022 |                         |          |             |      |                  |
| Fill in    |                      | s that apply. You must enter a to           | tal in the bo | oxes to the right and co | •                                      |      | Domestic Partner        | 1        | x \$1,000 = | 1000 |                  |
| 6.         | Regula               |   | ^             |                          | Spouse/CU Partner                      |      | Domestic Partner        | Т        |             |      |                  |
| 7.         |                      | r 65+ (Born in 1958 or earlier)<br>Disabled |               | Self<br>Self             | Spouse/CU Partner                      |      |                         |          | x \$1,000 = |      |                  |
| 8.         |                      |   |               |                          | Spouse/CU Partner<br>Spouse/CU Partner |      |                         |          | x \$1,000 = |      |                  |
| 9.         | Vetera               |   |               | Self                     | Spouse/CU Partner                      |      |                         |          | x \$6,000 = |      |                  |
| 10.        | -                    | ned Dependent Children                      |               |                          |  |      |                         |          | x \$1,500 = |      |                  |
| 11.<br>12. |                      | Dependents  dents Attending Colleges (S     |               | <b></b>                  |  |      |                         |          | x \$1,500 = |      |                  |
|            | •                    |   |               | · · ·                    | 12)                                    |      |                         |          | x \$1,000 = | 1000 |                  |
| 13.        | I otal I             | Exemption Amount (Add tot                   | als from t    | ne lines at 6 throug     | 1 12)                                  |      |                         |          | 13.         | 1000 | •                |
| 14.        | Depen                | ndent Information. Provide the              | he followi    | ing information for      | each dependent.                        |      |                         |          |             |      |                  |
|            | Last N               | Name, First Name, Middle In                 | itial         |                          |  |      | Social Security Number  |          | Birth Year  | No   | Health Insurance |
| a.         |                      |   |               |                          |  |      |                         |          |             |      |                  |
| b.         |                      |   |               |                          |  |      |                         |          |             |      |                  |
| c.         |                      |   |               |                          |  |      |                         |          |             |      |                  |
| d.         |                      |   |               |                          |  |      |                         |          |             |      |                  |

## .1040 3

Name(s) as shown on Form NJ-1040 BHAIJI ADITI

Your Social Security Number

717422978

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**NJ-1040** 2023 Page 3

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| 1.5  | Wasse solaries tire and other application of the properties of the wasse from Pay 16 of angles of W 2(a)) (Cas instructions)   | 15.          | 12500 . |
|------|--|--------------|---------|
| 15.  | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)   | 13.<br>16a.  | 12300 . |
| 16a. | Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)  Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a | 16a.<br>16b. | •       |
| 16b. | Dividends  | 17.          | •       |
| 17.  | Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)   | 18.          | •       |
| 18.  | Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | 19.          | •       |
| 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.          | 10500   |
| 27.  | Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.          | 12500 . |
| 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.          | 12500 . |
| 30.  | Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.          | 1000 .  |
| 31.  | Medical Expenses (See Worksheet F and instructions)  | 31.          | •       |
| 32.  | Alimony and separate maintenance payments (See instructions)   | 32.          | •       |
| 33.  | Qualified Conservation Contribution  | 33.          | •       |
| 34.  | Health Enterprise Zone Deduction   | 34.          | •       |
| 35.  | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   | 35.          | 0 .     |
| 36.  | Organ/Bone Marrow Donation Deduction (See instructions)  | 36.          | •       |
| 37a. | NJBEST Deduction   | 37a.         | •       |
| 37b. | NJCLASS Deduction  | 37b.         |         |
| 37c. | NJ Higher Ed. Tuition Deduction  | 37c.         |         |
| 38.  | Total Exemptions and Deductions (Add lines 30 through 37c)   | 38.          | 1000 .  |
| 39.  | Taxable Income (Subtract line 38 from line 29)   | 39.          | 11500 . |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25)   | 40a.         | 9.      |
| 40b. | Indicate your residency status during 2023 (fill in only one)  Homeowner  Tenant   | Both         |         |
| 41.  | Property Tax Deduction (From Worksheet H) (See instructions)   | 41.          | •       |
| 42.  | New Jersey Taxable Income (Subtract line 41 from line 39)  | 42.          | 11500 . |
| 43.  | Tax on amount on line 42 (Tax Table page 52)   | 43.          | 161 .   |
| 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.          | 161 .   |
| 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.          | 161 .   |
| 51.  | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0   | 51.          | 0.      |
| 52.  | Interest on Underpayment of Estimated Tax  | 52.          | •       |
|      | Fill in if Form NJ-2210 is enclosed  |              |         |
| 53a. | Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)   | 53a.         |         |
|      | -  |              |         |

### NJ-1040 2023



$$\label{eq:Name} \begin{split} &\text{Name}(s) \text{ as shown on Form NJ-1040} \\ &\text{BHAIJI } \text{ADITI} \end{split}$$

Your Social Security Number

717422978

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|--------|------------|
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|        |            |
|        |            |

|       | OBAL TAXES LLC  | 1 mm 3 1 caerat Employer Identification Number                     |              | New Jersey Division of<br>Revenue Processing Cer   |   |
|-------|---|--|--------------|--|---|
|       | TAM PRIYA RAM SAGAR GUPTA   | P02082703  Firm's Federal Employer Identification Number           | You<br>nj.go | State of New Jersey – To<br>can also make a payment of<br>ov/taxation<br><b>Refund or No Tax</b><br>the labels provided with the | on our website:  Due Address e envelope and mail to |
| aid l | Preparer's Signature  | Federal Identification Number                                      |              | ade Social Security number<br>ey order payable to:   |   |
|       | ur Signature Date   | Spouse's/CU Partner's Signature (required if filing jointly)  Date | _            | Revenue Processing Cer<br>PO Box 111<br>Trenton, NJ 08645-0111   | •   |
| e b   | er penalties of perjury, I declare that I have examined this Income T est of my knowledge and belief, it is true, correct, and complete. If d on all information of which the preparer has any knowledge. |  | Encl         | Tax Due Ado ose payment along with the cher and tax return. Use the clope and mail to: State of New Jersey Division of Taxation  | NJ-1040-V payment                                   |
| ).    | Refund amount (If line 68 is more than zero, subtract line 78 from  | line 68)   |              | 80.  |   |
| 9.    | Balance due (If line 67 is more than zero, add line 67 and line 78)   |  |              | 79.  | 111   |
|       | Total Adjustments to Tax Due/Overpayment amount (Add lines 6  | 9 through 77)  |              | 78.  |   |
|       | Other Designated Contribution (See instructions)  | Enter Code   |              | 77.  |   |
|       | Other Designated Contribution (See instructions)  | Enter Code   |              | 76.  |   |
|       | Other Designated Contribution (See instructions)  | Enter Code   |              | 75.  |   |
|       | Contribution to U.S.S. New Jersey Educational Museum Fund   |  |              | 74.  |   |
|       | Contribution to N.J. Breast Cancer Research Fund  |  |              | 73.  |   |
|       | Contribution to N.J. Vietnam Veterans' Memorial Fund  |  |              | 72.  |   |
|       | Contribution to N.J. Children's Trust Fund to Prevent Child Abus  | e  |              | 71.  |   |
|       | Contribution to N.J. Endangered Wildlife Fund   |  |              | 70.  |   |
|       | Amount from line 68 you want to credit to your 2024 tax   |  |              | 69.  |   |
|       | If the total on line 66 is more than line 54, you have an overpayme   | ent. Subtract line 54 from line 66 and enter the overpayment       |              | 68.  |   |
|       | If you owe tax, you can still make a donation on lines 70 through   | 77.  |              |  |   |
|       | If line 66 is less than line 54, you have tax due. Subtract line 66 fr  | •  |              | 67.  | 111   |
|       | Total Withholdings, Credits, and Payments (Add lines 55 through   | 65)  |              | 66.  | 50  |
|       | Number of dependents age 5 or younger on 12/31/2023   |  |              |  |   |
|       | New Jersey Child Tax Credit (See instructions)  |  |              | 65.  |   |
|       | Fill in if you are a CU couple claiming the Child and Dependent C   | Care Credit  |              |  |   |
|       | Child and Dependent Care Credit (See instructions)  |  |              | 64.  |   |
|       | Pass-Through Business Alternative Income Tax Credit (See instru   | ctions)  |              | 63.  |   |
|       | Wounded Warrior Caregivers Credit (See instructions)  |  |              | 62.  |   |
|       | Excess New Jersey Family Leave Insurance Withheld (Enclose Fo   | orm NJ-2450) (See instructions)                                    |              | 61.  |   |
|       | Excess New Jersey Disability Insurance Withheld (Enclose Form   | NJ-2450) (See instructions)  |              | 60.  |   |
|       | Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-245   | 0) (See instructions)  |              | 59.  |   |
|       | Fill in if you are a CU couple claiming the NJ Earned Income Tax  | Credit   |              |  |   |
|       | Fill in if you had the IRS calculate your federal earned income cre   | dit  |              |  |   |
|       | New Jersey Earned Income Tax Credit (See instructions)  |  |              | 58.  |   |
|       | New Jersey Estimated Tax Payments/Credit from 2022 tax return   |  |              | 57.  |   |
|       | Property Tax Credit (See instructions page 24)  |  |              | 56.  | 50  |
|       | Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (P  | art-year residents, see instructions)                              |              | 55.  |   |
|       | Total Tax Due (Add lines 50 through 53c)  |  |              | 54.  | 161   |
|       | Shared Responsibility Payment (See instructions)  | REQUIRED Enclose Schedule NJ-HCC and fill in                       | X            | 53c.   | 0   |
|       | Get Covered New Jersey to assist with obtaining coverage (See in  | structions)  |              |  |   |

### **REQUIRED**

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

| Name(s) as shown on Form N  | NJ-1040  |          |        |        |       |          |          |           |           |             |         |          |          |          | Social S | ecurity N | Number   |
|---|--|----------|--------|--------|-------|----------|----------|-----------|-----------|-------------|---------|----------|----------|----------|----------|-----------|----------|
| BHAIJI ADITI  |  |          |        |        |       |          |          |           |           | <u>717-</u> | 42-2    | 978_     |          |          |          |           |          |
| Schedule  | e NJ-  | HCC      |        |        | ŀ     | Healt    | h Ca     | re Co     | overa     | ige         |         |          |          |          | 20       | 23        |          |
| If your income o  | n line 29  | is at    | or be  | elow   | the f | iling th | nresh    | old (se   | e inst    | ructio      | ns), d  | o not    | comp     | lete th  | is sch   | edule     |          |
| Part I  |  |          |        |        |       |          |          |           |           |             |         |          |          |          |          |           |          |
|   | Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident. |          |        |        |       |          |          |           |           |             |         |          |          |          |          |           |          |
| Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.   |  |          |        |        |       |          |          |           |           |             |         |          |          |          |          |           |          |
| No. Con   | tinue to F   | Part II. |        |        |       |          |          |           |           |             |         |          |          |          |          |           |          |
| If you or any member of NJ-EZ Enroll form. (Se  |  |          |        |        |       |          |          |           | nimum     | essen       | tial he | alth co  | verage   | e, also  | compl    | ete the   | )        |
| Part II   |  |          |        |        |       |          |          |           |           |             |         |          |          |          |          |           |          |
| Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals. |  |          |        |        |       |          |          |           |           |             |         | rsey     |          |          |          |           |          |
|   |  |          |        |        |       | Jan      | Feb      | Mar       | Apr       | May         | Jun     | Jul      | Aug      | Sep      | Oct      | Nov       | Dec      |
| Name  | ;  | Social S | Securi | ity Nu | ımber |          |          |           |           |             |         |          |          |          |          |           |          |
| Exemption number:   |  |          |        |        |       |          |          | Check b   | ox if thi | s indivi    | dual ha | s more   | than o   | ne exer  | nption r | number    |          |
|   |  |          |        |        |       | Jan      | Feb      | Mar       | Apr       | May         | Jun     | Jul      | Aug      | Sep      | Oct      | Nov       | Dec      |
| Name  | :  | Social S | Securi | ity Nu | ımber |          |          |           | '         |             |         |          |          | <u>'</u> |          |           |          |
|   |  |          | _      | _      | _     | <u> </u> | <u> </u> |           |           |             |         | <u> </u> | <u> </u> | <u> </u> |          | <u> </u>  |          |
| Exemption number:   |  |          |        |        |       |          |          | heck b    | ox if thi | s indivi    | dual ha | s more   | than o   | ne exer  | nption r | number    |          |
|   |  |          |        |        |       | Jan      | Feb      | Mar       | Δnr       | May         | Jun     | Jul      | Aug      | Sep      | Oct      | Nov       | Dec      |
| Name  |  | Social S | Securi | ity Nu | ımber | Jan      | 1 00     | IVIAI     | Αρι       | Iviay       | Juli    | Jui      | Aug      | ОСР      | 001      | 1407      | DCC      |
|   |  |          |        | •      |       |          |          |           |           |             |         |          |          |          |          |           |          |
| Exemption number:   |  |          |        |        |       |          |          | heck b    | ox if thi | s indivi    | ual ha  | s more   | than o   | ne exer  | nption r | number    |          |
|   |  |          |        |        |       | la.      | T        | 1 1 1 2 2 | I A       | LNASA       | 1       | l        | I A      | l c      | l 0-4    | LNIS      |          |
| Name  |  | Social S | Securi | itv Nu | ımber | Jan      | Feb      | Mar       | Apr       | May         | Jun     | Jul      | Aug      | Sep      | Oct      | Nov       | Dec      |
| Name Social Security Number   |  |          |        |        |       |          |          |           |           |             |         |          |          |          |          |           |          |
| Exemption number:   |  |          |        |        |       |          |          | heck b    | ox if thi | s indivi    | dual ha | s more   | than o   | ne exer  | nption r | number    |          |
|   |  |          |        |        |       | Jan      | Feb      | Mar       | Apr       | May         | Jun     | Jul      | Aug      | Sep      | Oct      | Nov       | Dec      |
| Name  | ;  | Social S | Securi | ity Nu | ımber |          |          |           | - 1-1     |             |         |          |          |          |          |           |          |
|   |  |          |        |        |       | <u> </u> |          |           |           |             |         |          |          |          |          |           | <u> </u> |
| Exemption number:   |  |          |        |        |       |          |          | heck b    | ox if thi | s indivi    | dual ha | s more   | than or  | ne exer  | nption r | าumber    |          |