

BE SURE TO DETACH WHERE INDICATED.  
FAILURE TO DO SO WILL RESULT IN DELAYS  
PROCESSING YOUR PAYMENT.

▼ DETACH HERE ▼

2024 Form 1-ES

REV 02/07/24 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
884509843	12/31/2024	04/17/2024	053	17	005	1555
Last name (print)	First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet) . . . . .			180.00
ABDUL REHMAN KHAN & JACOB MUNROE			Form you plan to file:			
Street address			<input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident			
40 FAYETTE ST Apt No 45			Return this voucher with check or money order payable to <b>Commonwealth of Massachusetts.</b>			
City/Town	State	Zip	Mail to <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.</b>			
PERTH AMBOY	NJ	08861	<b>Important:</b> Make your estimated tax payment online. It's fast, easy and secure.			
E-mail address	Phone number		Go to <a href="https://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.			
ABDULREHMAN.DMA@GMAIL.COM						



00100884509843 123124 0000000000 053 170051555 00000180003

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**2024 Form 1-ES**

REV 02/07/24 PRO

**Estimated Tax Payment Voucher**

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
884509843	12/31/2024	06/17/2024	053	17	005	1555
Last name (print)                      First name and initial (and spouse's, if joint return)			1. Amount due with this installment (from line 12 of worksheet) . . . . .			180.00
ABDUL REHMAN KHAN & JACOB MUNROE			Form you plan to file:			
Street address			<input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident			
40 FAYETTE ST Apt No 45			Return this voucher with check or money order payable to <b>Commonwealth of Massachusetts.</b>			
City/Town	State	Zip	Mail to <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.</b>			
PERTH AMBOY	NJ	08861	<b>Important:</b> Make your estimated tax payment online. It's fast, easy and secure.			
E-mail address		Phone number	Go to <a href="http://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.			
ABDULREHMAN.DMA@GMAIL.COM						



00100884509843 123124 0000000000 053 170051555 00000180003

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**2024 Form 1-ES**

REV 02/07/24 PRO

**Estimated Tax Payment Voucher**

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
884509843	12/31/2024	09/16/2024	053	17	005	1555
Last name (print)		First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet) . . . . .		180.00
ABDUL REHMAN KHAN & JACOB MUNROE				Form you plan to file:		
Street address				<input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident		
40 FAYETTE ST Apt No 45				Return this voucher with check or money order payable to <b>Commonwealth of Massachusetts.</b>		
City/Town	State	Zip	Mail to <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.</b>			
PERTH AMBOY	NJ	08861				
E-mail address		Phone number		<b>Important:</b> Make your estimated tax payment online. It's fast, easy and secure.		
ABDULREHMAN.DMA@GMAIL.COM				Go to <a href="http://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.		



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**BE SURE TO DETACH WHERE INDICATED.  
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PROCESSING YOUR PAYMENT.**

▼ DETACH HERE ▼

**2024 Form 1-ES**

REV 02/07/24 PRO

**Estimated Tax Payment Voucher**

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
884509843	12/31/2024	01/15/2025	053	17	005	1555
Last name (print)                      First name and initial (and spouse's, if joint return)			1. Amount due with this installment (from line 12 of worksheet) . . . . .			180.00
ABDUL REHMAN KHAN & JACOB MUNROE			Form you plan to file:			
Street address			<input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident			
40 FAYETTE ST Apt No 45			Return this voucher with check or money order payable to <b>Commonwealth of Massachusetts.</b>			
City/Town	State	Zip	Mail to <b>Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.</b>			
PERTH AMBOY	NJ	08861	<b>Important:</b> Make your estimated tax payment online. It's fast, easy and secure.			
E-mail address		Phone number	Go to <a href="http://mass.gov/masstaxconnect">mass.gov/masstaxconnect</a> for more information.			
ABDULREHMAN.DMA@GMAIL.COM						



00100884509843 123124 0000000000 053 170051555 00000180003



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2023**  
**Massachusetts**  
**Department of**  
**Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial <b>ABDUL REHMAN KHAN</b>	Last name	Your Social Security number <b>884509843</b>
If a joint return, spouse's first name and initial <b>JACOB MUNROE</b>	Last name	Spouse's Social Security number <b>017687907</b>
Present street address (and apartment number) <b>40 FAYETTE ST APT NO 45</b>		
City/Town/Post Office <b>PERTH AMBOY</b>	State <b>NJ</b>	Zip <b>08861</b>
Filing status: <input type="radio"/> Single <input checked="" type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

### Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .	<b>1</b>	67733
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	<b>2</b>	3115
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .	<b>3</b>	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . .	<b>4</b>	2397
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57) . . . . .	<b>5</b>	
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58) . . . . .	<b>6</b>	718

### Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
----------------	------	--------------------	------

### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
	02182024	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816

### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
P02082703	02182024	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816

IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:  
MASSACHUSETTS DEPARTMENT OF REVENUE  
PO BOX 419540  
BOSTON, MA 02241-9540

DETACH HERE

REV 02/07/24 PRO

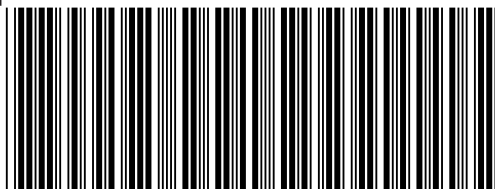
## 2023 Form PV Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2023	053	01	005	1555
Name of taxpayer	Social Security number		Amount enclosed	
ABDUL REHMAN KHAN	884509843		\$ 725.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
JACOB MUNROE	017687907			
Street address	City/Town		State	Zip
40 FAYETTE ST APT NO 45	PERTH AMBOY		NJ	08861
Phone	E-mail		Fill in if name/address changed since 2022	
	ABDULREHMAN.DMA@GMAIL.CO		<input type="checkbox"/>	

Pay online at [mass.gov/masstaxconnect](https://mass.gov/masstaxconnect). Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.  
Mail to: **Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.**



00100884509843 123123 0000000000 053 010051555 00000725005



# 2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident  
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning

Ending

ABDUL REHMAN  
JACOB  
40 FAYETTE ST

KHAN  
MUNROE

884509843  
017687907  
PERTH AMBOY

NJ 08861  
45

Fill in if: Amended return Federal amendment  
Other jurisdiction change Amended return due to IRS BBA Partnership Audit  
Enter date of change

### State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one:  Nonresident

Part-year resident

a. Total federal income

140716

b. Federal adjusted gross income

140449

1. Filing status (select one only):

Filing as both nonresident and part-year resident

Nonresident composite

Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 = . 3

\$1 You	\$1 Spouse	TOTAL
You	Spouse	
You	Spouse	
You	Spouse	
You	Spouse	

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

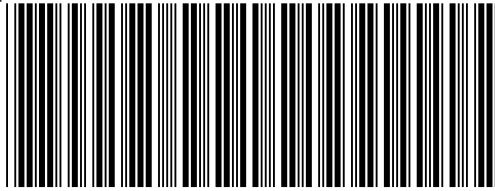
Date

Spouse's signature

Date

744-327-7222

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



# 2023 Form 1-NR/PY, pg. 2

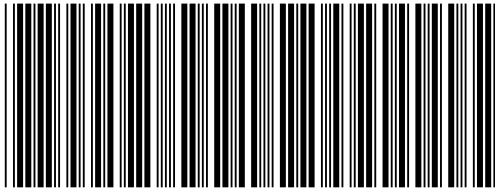
MA23006021555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
884509843

## 4. Exemptions:

a. Personal exemptions		<b>4a</b>	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = <b>4b</b>	
c. Age 65 or over before 2024	You + Spouse =	x \$700 = <b>4c</b>	
d. Blindness	You + Spouse =	x \$2,200 = <b>4d</b>	
e. Medical/dental		<b>4e</b>	
f. Adoption		<b>4f</b>	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		<b>4g</b>	8800
5. Wages, salaries, tips		<b>5</b>	62344
6. Taxable pensions and annuities		<b>6</b>	
7. Mass. bank interest: a.	- b. exemption	<b>= 7</b>	
8. Business/profession income/loss a.	3776 + b. Farming income/loss	<b>= 8</b>	3776
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		<b>9</b>	
10a. Unemployment		<b>10a</b>	
10b. Mass. lottery winnings		<b>10b</b>	
11. Other income		<b>11</b>	1613
12. <b>TOTAL 5.0% INCOME</b>		<b>12</b>	67733
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		<b>13a</b>	
Working days (or other basis) inside Massachusetts		<b>13b</b>	
Total working days		<b>13c</b>	
Nonworking days (holidays, weekends, etc.)		<b>13d</b>	
Massachusetts ratio		<b>13e</b>	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		<b>13f</b>	
Massachusetts income		<b>13g</b>	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

ABDUL REHMAN

KHAN

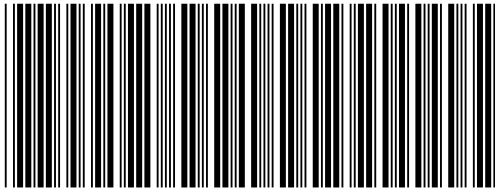
884509843

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	67733
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	67733
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	105742
f. Total income	14f	173475
g. Deduction and exemption ratio	14g	0.3904
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	18	
Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. <b>Total deductions.</b> Add lines 15 through 19	20	2000
21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	21	65733
22. Exemption amount. a. 8800	22	3436
23. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	23	62297
24. <b>INTEREST AND DIVIDEND INCOME</b>	24	
25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	25	62297
26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	3115
27. <b>INCOME FROM SCHEDULE B.</b> Not less than "0."		
a. x .085 = 27a		
b. x .12 = 27b		
<b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 27a and 27b	27	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

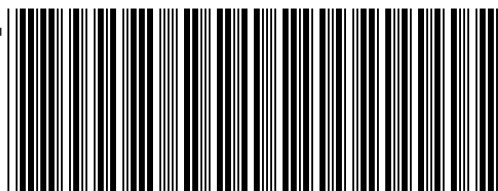


2023 Form 1-NR/PY, pg. 4

MA23006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
884509843

Table with 4 columns: Line number, Description, Sub-line number, and Amount. Includes sections for Tax on Long-Term Capital Gains, Credit Recapture, Income Tax, Voluntary Contributions, and Amended Return.

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 5

MA23006051555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

884509843

43. 2022 overpayment applied to your 2023 estimated tax 43

44. 2023 Massachusetts estimated tax payments 44

45. Payments made with extension 45

46. **Amended return only.** Payments made with original return. Not less than "0" 46

47. Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return  $\times .40 = c.$  47

Part-year residents, multiply line 47c by line 3

**Note:** You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception

48. Senior Circuit Breaker Credit 48

49. Reserved for future use 49

50. Child and Family Tax Credit

a.  $\times \$310 =$  b. Part-year residents multiply line 50b by line 3 = 50

51. Other Refundable Credits 51

52. **Total Refundable Credits.** Add lines 47 through 51 52

53. Excess Paid Family Leave Withholding 53

54. **TOTAL.** Add lines 42 through 46 and lines 52 and 53 54 2397

55. **Overpayment.** Subtract line 41 from line 54 55

56. Amount of overpayment you **want applied to your 2024 estimated tax** 56

57. **Refund.** Subtract line 56 from line 55. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204 57

**Direct deposit of refund.** Type of account checking  
savings

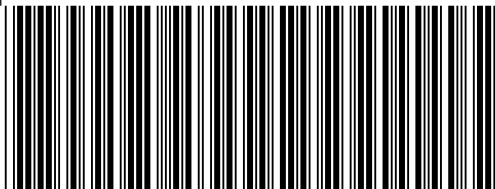
RTN # account #

58. **Tax due. Pay online at [www.mass.gov/dor/payonline](http://www.mass.gov/dor/payonline).** Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204 58 718

Interest Penalty M-2210 amt. 7 EX enclose  
Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?	Yes (this may delay your refund)	Paid preparer's
I do not want preparer to file my return electronically	Date	SSN/PTIN
Print paid preparer's name	Check if self-employed	P02082703
SYAM PRIYA RAM SAGAR GUPTA TALLAM	Paid preparer's phone	Paid preparer's EIN
Paid preparer's signature	678-965-9522	84-3171965

SYAM PRIYA RAM SAGAR **BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



**2023 Schedule X**

MA23SXX011555

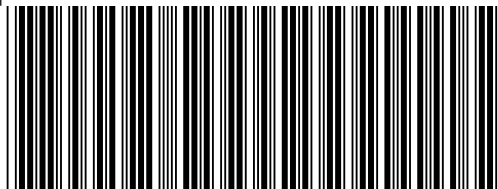
ABDUL REHMAN

KHAN

884509843

**Schedule X. Other Income**

1. Alimony received	1	
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2	
3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law	3	
4. Fees and other 5.0% income. Not less than "0"	4	1613
5. PFML taxable distributions	5	
6. Excess business loss adjustment	6	
7. Total other 5.0% income. Add lines 1 through 6. Not less than "0"	7	1613



# 2023 Schedule C

MA23011011555

Massachusetts Profit or Loss From Business

ABDUL REHMAN                      KHAN    884509843  
 ABDUL REHMAN    KHAN  
 UBER RIDE SHARE SERVICES    485300  
 40 FAYETTE ST, APT. 45    PERTH AMBOY    NJ 08861

Accounting method:  Cash       Accrual       Other (specify)    No. of employees

Fill in if you materially participated in the operation of this business during 2023 (see line 33 instructions)

Fill in if you started or acquired this business during 2023

Fill in if you made any payments in 2023 that would require you to file Form(s) 1099

Fill in if you have any suspended PAL related to this schedule. See instructions and line 36

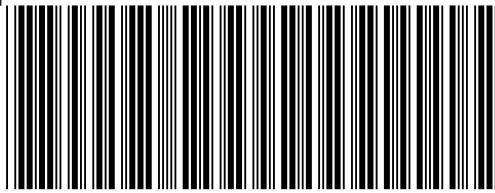
Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2023

Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked

Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6

Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions

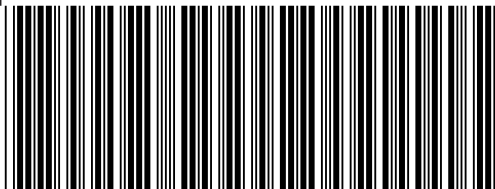
1.	a. Gross receipts or sales	8209		
	b. Returns and allowances		a - b = 1	8209
2.	Cost of goods sold and/or operations		2	
3.	Gross profit. Subtract line 2 from line 1		3	8209
4.	Other income		4	
5.	Total income. Add line 3 and line 4		5	8209
6.	Advertising		6	
7.	Bad debts from sales or services		7	
8.	Car and truck expenses		8	
9.	a. Commissions and fees			
	b. Contract Labor		a + b = 9	
10.	Depletion		10	
11.	Depreciation and Section 179 deduction		11	
12.	Employee benefit programs		12	
13.	Insurance		13	



# 2023 Schedule C, pg. 2

884509843 MA23011021555

14. Interest			
a. mortgage interest paid to financial institutions			
b. other interest		a + b = 14	
15. Legal and professional services			15
16. Office expense			16
17. Pension and profit-sharing			17
18. Rent or lease			
a. vehicles, machinery and equipment			
b. other business property		a + b = 18	
19. Repairs and maintenance			19
20. Supplies			20
21. Taxes and licenses			21
22. Travel			22
23. Deductible meals. See instructions for appropriate percentage subject to limitations			23
24. Utilities			24
25. Wages			25
26. Other expenses	See Exp Stmt		26
27. Total expenses. Add lines 6 through 26			27
28. Tentative profit or loss. Subtract line 27 from line 5			28
29. Expenses for business use of your home			29
30. Abandoned Building Renovation Deduction			30
31. Net profit or loss. Subtract total of line 29 and line 30 from line 28			31
32. Deductible loss. If you have a loss on line 31 it may be limited. See line 33			32
33. Description of your investment in this activity. If you filled in 33a enter loss on line 32 and go to line 35. If you filled in 33b see instructions for line 32 and go to line 35	<input checked="" type="checkbox"/> 33a. All investment at risk. <input type="checkbox"/> 33b. Some investment is not at risk.		
34. Profit from line 31			34
35. Total profit or loss. Combine lines 32 and 34			35
36. Allowable prior-year suspended PAL you are applying			36
37. Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a			37
			4433
			4433
			3776
			3776
			3776
			3776
			3776



### 2023 Schedule C, pg. 3

884509843 MA23011031555

#### Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other (specify)

Fill in if there was any change in determining quantities, costs or valuations between opening & closing inventory? If Yes, enclose explanation

Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory

1.	Inventory at beginning of year	1
2.	a. Purchases	
	b. Items withdrawn for personal use	a - b = 2
3.	Cost of labor	3
4.	Materials and supplies	4
5.	Other costs	5
6.	Add lines 1 through 5	6
7.	Inventory at end of year	7
8.	Cost of goods sold and/or operations. Subtract line 7 from line 6	8

## Additional Information From Schedule C-C1: Profit/Loss from Business

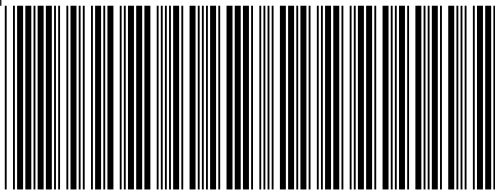
### Schedule C-C1: Profit/Loss from Business

#### Other Expenses

#### Continuation Statement

Type	Federal Amount	MA Amount
MILES	3391	3391
EBIKE	400	400
APPLE WATCH	642	642
<b>Total</b>	4433	4433





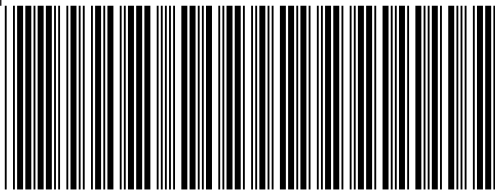
**2023 Schedule INC**  
MA23INC011555

ABDUL REHMAN                      KHAN    884509843

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
131624203	2397	62344	3832		W2

TOTALS	2397	62344	3832		
--------	------	-------	------	--	--



# 2023 Schedule NTS-L-NRPY

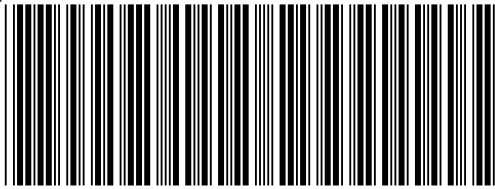
MA23021011555

No Tax Status and Limited Income Credit

884509843

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	67733
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	67733
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	105742
8. Total income. Combine lines 3 through 7	8	173475
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	173475
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	16400
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	28700
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



**2023 M-2210**

MA23653011555

Underpayment of Massachusetts Estimated  
Income Tax

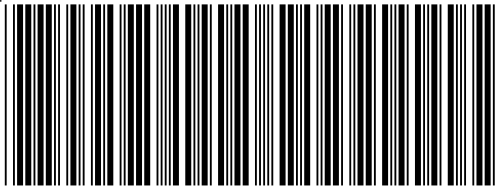
ABDUL REHMAN KHAN & JACOB MUNROE

884509843

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2024  
You were a resident of Massachusetts for 12 months and not liable for taxes during 2022.  
Your estimated payments and withholding equal or exceed your 2022 tax (where taxable year was 12 months and a return was filed).

**Part 1. Figuring your underpayment**

1.	2023 tax		1						3115
2.	Total credits		2						
3.	Balance		3						3115
4.	Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman		4						2492
5.	Enter 2022 tax liability after credits		5						
6.	Enter the smaller of line 4 or line 5		6						2492
- Installment due dates -									
7.	Installment due dates.			a. April 15, 2023	b. June 15, 2023	c. Sept. 15, 2023		d. Jan. 15, 2024	
	Fiscal year filers, see instructions	7		04152023	06152023	09152023		01152024	
8.	Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	8		623	623	623		623	623
9.	Estimated taxes paid and taxes withheld for each installment	9		599	599	599		600	600
10.	Overpayment of previous installments	10							
11.	Total	11		599	599	599		600	600
12.	Overpayment	12							
13.	Underpayment	13		24	24	24		23	23



**2023 M-2210 pg. 2**

MA23653021555

Underpayment of Massachusetts Estimated  
Income Tax

**AREA RESERVED  
FOR 2-D BARCODE**

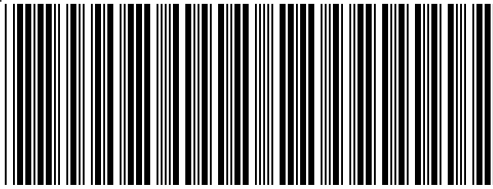
ABDUL REHMAN KHAN & JACOB MUNROE

884509843

**Part 2. Figuring your underpayment penalty**

14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier	14	04172024	04172024	04172024	04172024
15. Number of days from the due date of installment to the date shown in line 14	15	365	307	215	92
16. Number of days in line 15 after 4/15/23 and before 7/1/23	16	73	15		
17. Number of days in line 15 after 6/30/23 and before 10/1/23	17	92	92	15	
18. Number of days in line 15 after 9/30/23 and before 1/1/24	18	92	92	92	
19. Number of days in line 15 after 12/31/23 and before 4/15/24	19	108	108	108	92
20. Underpayment in line 13 × (number of days in line 16 ÷ 365) × 8%	20				
21. Underpayment in line 13 × (number of days in line 17 ÷ 365) × 8%	21				
22. Underpayment in line 13 × (number of days in line 18 ÷ 365) × 9%	22	1	1	1	
23. Underpayment in line 13 × (number of days in line 19 ÷ 365) × 9%	23	1	1	1	1
24. Penalty. Add all amounts shown in lines 20 through 23.				24	7

SEE STMT



**2023 M-2210 pg. 3**

MA23653031555

Underpayment of Massachusetts Estimated  
Income Tax

ABDUL REHMAN KHAN & JACOB MUNROE

884509843

**Part 3. Annualized income installment method**

		Installment due dates			
		Jan. 1–March 31	Jan. 1–May 31	Jan. 1–August 31	Jan. 1–Dec. 31
1.	Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1			
2.	Annualization amount	2	4	2.4	1.5
3.	Multiply line 1 by line 2	3			
4.	Tax on amount in line 3. Multiply line 3 by .05	4			
5.	Taxable 8.5% income each period	5			
6.	Annualization amount	6	4	2.4	1.5
7.	Multiply line 5 by line 6	7			
8.	Tax on amount in line 7. Multiply line 7 by .085	8			
9.	Taxable 12% income each period	9			
10.	Annualization amount	10	4	2.4	1.5
11.	Multiply line 9 by line 10	11			
12.	Tax on amount in line 11. Multiply line 11 by .12	12			
13.	Total tax. Add lines 4, 8, and 12	13			
14.	Total credits	14			
15.	Total tax after credits	15			
16.	Applicable percentage	16	20%	40%	60%
17.	Multiply line 15 by line 16	17			
18.	Enter the combined amounts of line 17 from all preceding periods	18			
19.	Subtract line 18 from line 17. Not less than "0"	19			
20.	Divide line 6 of Form M-2210 by 4 and enter result in each column	20			
21.	Enter the amount from line 20 of this worksheet for the preceding column	21			
22.	Add lines 20 and 21	22			
23.	If line 22 is more than line 19, subtract line 19 from line 22. Otherwise enter "0"	23			
24.	Enter the smaller of line 19 or line 22 here and on Form M-2210, line 8	24			

## Additional Information From 2023 Massachusetts Tax Return

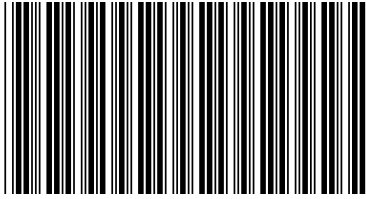
### Schedule C-C1: Profit/Loss from Business

#### Other Expenses (1)

#### Line 26-Other exp fed amt

#### Itemization Statement

Description	Amount
LYFT (1541 M*\$0.655PER MILE)	1009.36
UBER MILES(2171 M*\$0.655 PER MILE)	1422.01
CART MILE(1465M*\$0.655 PER MILE)	959.58
<b>Total</b>	<b>3390.95</b>



2024 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

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

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

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

DO NOT CUT THIS PAGE

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

884-50-9843 KHAN 017-68-7907 KHAN ABDUL REHMAN & MUNROE JACOB 40 FAYETTE ST APT 45 PERTH AMBOY NJ 08861

1555 2024

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

Calendar Year - Due Voucher April 15, 2024 1

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

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

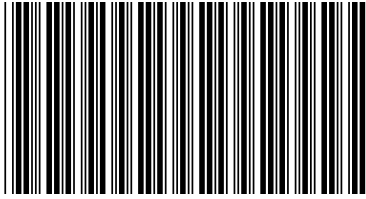
R X NJ-1040 N NJ-1040NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

355.00



012018845098430007KHAN2412060000035500



2024 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

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Payment by E-Check

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DO NOT CUT THIS PAGE

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

884-50-9843 KHAN 017-68-7907 KHAN ABDUL REHMAN & MUNROE JACOB 40 FAYETTE ST APT 45 PERTH AMBOY NJ 08861

1555 2024

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

Calendar Year - Due Voucher June 17, 2024 2

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

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

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

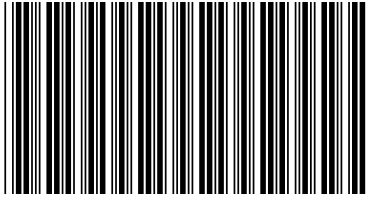
Enter amount of payment here:

355.00



012018845098430007KHAN2412060000035500





0120101010

### 2024 NJ-1040-ES-V PAYMENT VOUCHER

#### Payment by Credit Card

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

#### Payment by E-Check

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

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

**DO NOT CUT THIS PAGE**

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

884-50-9843 KHAN 017-68-7907  
KHAN ABDUL REHMAN & MUNROE JACOB  
40 FAYETTE ST APT 45  
PERTH AMBOY NJ 08861

1555 2024

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

Calendar Year - Due Voucher  
September 16, 2024 **3**

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

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

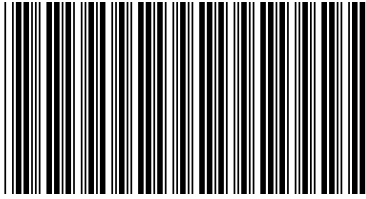
R  NJ-1040 N  NJ-1040NR  NJ-1041  
 NJ-1080-C F  NJ-1041SB

Enter amount of payment here:

355.00



012018845098430007KHAN2412060000035500



0120101010

# 2024 NJ-1040-ES-V PAYMENT VOUCHER

### Payment by Credit Card

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

### Payment by E-Check

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

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

**DO NOT CUT THIS PAGE**

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

884-50-9843 KHAN 017-68-7907  
KHAN ABDUL REHMAN & MUNROE JACOB  
40 FAYETTE ST APT 45  
PERTH AMBOY NJ 08861

1555 2024

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

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

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

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

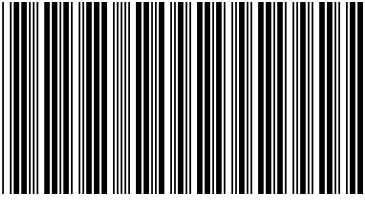
R  NJ-1040 N  NJ-1040NR  NJ-1041  
 NJ-1080-C F  NJ-1041SB

Enter amount of payment here:

355.00



012018845098430007KHAN2412060000035500



0130201010

### 2023 NJ-1040-V PAYMENT VOUCHER

#### Payment by Credit Card

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

#### Payment by E-Check

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](http://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

884-50-9843 KHAN 017-68-7907  
KHAN ABDUL REHMAN & MUNROE JACOB  
40 FAYETTE ST APT 45  
PERTH AMBOY NJ 08861

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:

1460.00

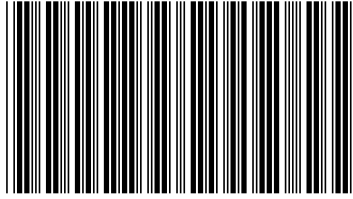


2023 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2023  
Page 1



040MP01230

Your Social Security Number (required)  
884509843

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.)  
KHAN ABDUL REHMAN & MUNROE JACOB

Spouse's/CU Partner's SSN (if filing jointly)  
017687907

County/Municipality Code (See Table page 50)  
1216

Home Address (Number and Street, including apartment number)  
40 FAYETTE ST APT 45

City, Town, Post Office State ZIP Code  
PERTH AMBOY NJ 08861

Driver's License Number (Voluntary) (See instructions)  
SA4370120

- 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  
**KHAN ABDUL REHMAN & MUNROE JACOB**

Your Social Security Number  
**884509843**

**1555**

Part-year residents, provide months/days you were a New Jersey resident during 2023:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Fiscal year filers only:  
Enter month of your year end **2 0 2 4**

**Filing Status**  
Fill in only one.

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death:      2021      2022

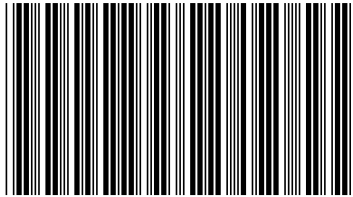
**Exemptions**

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

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1958 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.	<b>2000 .</b>

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.	_____			



040MP03230

Name(s) as shown on Form NJ-1040  
KHAN ABDUL REHMAN & MUNROE JACOB

Your Social Security Number  
884509843

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	168086	.
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.	3776	.
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.	1613	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	173475	.
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.	173475	.
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.	171475	.
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	.
40b.	Indicate your residency status during 2023 (fill in only one)			
	Homeowner	Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	.	.
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	171475	.
43.	Tax on amount on line 42 (Tax Table page 52)	43.	6880	.
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	2686	.
	Enter Code		21	.
45.	Balance of Tax (Subtract line 44 from line 43)	45.	4194	.
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.	4194	.
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.	43	.
	Fill in if Form NJ-2210 is enclosed		X	.
53a.	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.		.



Name(s) as shown on Form NJ-1040  
**KHAN ABDUL REHMAN & MUNROE JACOB**

Your Social Security Number  
**884509843**

**1555**

53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)	53b.	
53c. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule NJ-HCC and fill in <b>X</b>	53c.	<b>0</b>
54. Total Tax Due (Add lines 50 through 53c)	54.	<b>4237</b>
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	<b>2777</b>
56. Property Tax Credit (See instructions page 24)	56.	.
57. New Jersey Estimated Tax Payments/Credit from 2022 tax return	57.	.
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	<b>0</b>
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	.
65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2023	65.	.
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	<b>2777</b>
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	<b>1460</b>
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	.
69. Amount from line 68 you want to credit to your 2024 tax	69.	.
70. Contribution to N.J. Endangered Wildlife Fund	70.	.
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	.
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	.
73. Contribution to N.J. Breast Cancer Research Fund	73.	.
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	.
75. Other Designated Contribution (See instructions) 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.	<b>1460</b>
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date \_\_\_\_\_ Spouse's/CU Partner's Signature (required if filing jointly) Date \_\_\_\_\_

Paid Preparer's Signature **SYAM PRIYA RAM SAGAR GUPTA TALLAM** Federal Identification Number **P02082703**

Firm's Name **GLOBAL TAXES LLC** Firm's Federal Employer Identification Number **84-3171965**

**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

Name(s) as shown on Form NJ-1040 KHAN ABDUL REHMAN & MUNROE JACOB	Social Security Number 884-50-9843
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**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2023**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	UBER RIDE SHARE SERVICES	884509843	3,776.
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4. 3,776.

**Part II Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.	

**Part III Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)		5.	

**Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.

Keep a copy of this schedule for your records



**Schedule NJ-BUS-2** New Jersey Gross Income Tax **2023**  
 (Form NJ-1040) Alternative Business Calculation Adjustment

Part I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	3,776.		1b.	3,776.	
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.	
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2022				5b.	( )	
6.	Totals	6a.	3,776.		6b.	3,776.	
<b>Part II Adjustment Calculation</b>							
7.	Total Regular Business Income	7.	3,776.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	3,776.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
<b>Part III Loss Carryforward to Tax Year 2024</b>							
12.	Loss Carryforward to Tax Year 2024				12.	( )	

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**NJ-2210  
2023**

**Underpayment of Estimated Tax  
by Individuals, Estates, or Trusts**

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

Name(s) as shown on Form NJ-1040 <b>KHAN ABDUL REHMAN &amp; MUNROE JACOB</b>	Social Security Number <b>884-50-9843</b>
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**Part I Figuring Your Underpayment**

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

1. 2023 Tax (line 50, Form NJ-1040).....	1.	4,194.
2. Enter the total of lines <b>55, 56, 58, 59, 60, 61, 62, 63, 64, and 65, Form NJ-1040</b> .....	2.	2,777.
3. Subtract line 2 from line 1 (If less than \$400, do <b>not</b> complete the rest of this form).....	3.	1,417.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers) .....	4a.	3,355.
4b. Enter 2022 tax ( <b>From Form NJ-1040, line 50</b> ) .....	4b.	

	Payment Due Dates				
	(A) April 18, 2023	(B) June 15, 2023	(C) Sept 15, 2023	(D) Jan 16, 2024	
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column .....	5.	838.	839.	839.	839.
6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form .....	6.	694.	694.	694.	695.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.) .....	7.				
8. Add line 6 and line 7 .....	8.	694.	694.	694.	695.
9. Enter the total underpayment (add line 11 and line 12) from the previous column .....	9.		144.	289.	434.
10. Subtract line 9 from line 8. If zero or less, enter zero .....	10.	694.	550.	405.	261.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero .....	11.		0.	0.	0.
12. <b>Underpayment</b> (If line 5 is greater than line 10, subtract line 10 from line 5).....	12.	144.	289.	434.	578.
13. <b>Overpayment</b> (If line 10 is greater than line 5, subtract line 5 from line 10).....	13.				

**Part II Exceptions**

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

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

	April 18, 2023	June 15, 2023	Sept 15, 2023	Jan 16, 2024	
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2023.) (See instructions).....	14.	694.	1,388.	2,082.	2,777.
15. Exception 1 – Enter 2022 tax (line 50) .....	15.	25% of 2022 Tax	50% of 2022 Tax	75% of 2022 Tax	100% of 2022 Tax
16. Exception 2 – Tax on 2022 gross income using 2023 exemptions and tax rates .....	16.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 – Tax on annualized 2023 income .....	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 – Tax on 2023 income over 3, 5, and 8-month periods .....	18.	90% of Tax	90% of Tax	90% of Tax	

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

19. <b>Total Interest</b> (Include this amount on line 52, Form NJ-1040).....	See 2210 Wks	\$	43.
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**Worksheets**

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

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

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

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

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

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

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

## Interest Computation Worksheet

**2022**

▶ Attach to Form NJ-2210 or NJ-2210NR

Name as Shown on Return <u>KHAN ABDUL REHMAN &amp; MUNROE JACOB</u>	Social Security No. <u>884-50-9843</u>
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**Option 1**

	A	B	C	D	E	F	G
Period	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)
<b>1</b> 4/15 - 6/15	<u>838.</u>		<u>838.</u>	<u>694.</u>	<u>144.</u>	<u>.010</u>	<u>2.</u>
<b>2</b> 6/16 - 9/15	<u>839.</u>	<u>144.</u>	<u>983.</u>	<u>694.</u>	<u>289.</u>	<u>.019</u>	<u>8.</u>
<b>3</b> 9/16 - 1/15	<u>839.</u>	<u>289.</u>	<u>1,128.</u>	<u>694.</u>	<u>434.</u>	<u>.031</u>	<u>16.</u>
<b>4</b> 1/16 - 4/15	<u>839.</u>	<u>434.</u>	<u>1,273.</u>	<u>695.</u>	<u>578.</u>	<u>.025</u>	<u>17.</u>
<b>5</b> Total interest for Option 1 . . . . .						<b>5</b>	<u>43.</u>

**Option 2**

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

# REQUIRED

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

Name(s) as shown on Form NJ-1040 KHAN ABDUL REHMAN & MUNROE JACOB	Social Security Number 884-50-9843
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## Schedule NJ-HCC

## Health Care Coverage

## 2023

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

### Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

### Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

**Other Income Statement**  
NJ-1040 or NJ-1040NR, line 26

**2023**

Name KHAN ABDUL REHMAN & MUNROE JACOB	Social Security No. 884-50-9843
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	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
<b>1</b> Prizes and awards (enter source): _____ _____		
<b>2</b> Income in respect of a decedent (Enter name and social security number of the deceased): _____ _____		
<b>3</b> Income from estates and trusts: _____ _____		
<b>4</b> Scholarships and fellowships (Enter name and identification number of grantor): _____ _____		
<b>5</b> Alternative Trade Adjustment Assistance payments: _____ _____		
<b>6</b> Residential rental value or allowance paid by employer (enter name and identification number): _____ _____		
<b>7</b> Jury duty pay . . . . .		
<b>8</b> Bartering income . . . . .		
<b>9</b> Other income on Form 1099-K (payment network transactions) . .		
<b>10</b> Substitute payments . . . . .		
<b>11</b> Income from REMICS . . . . .		
<b>12</b> Reimbursement for deducted medical expenses . . . . .		
<b>13</b> Recoveries of bad debts . . . . .		
<b>14</b> Income from the rental of personal property . . . . .		
<b>15</b> Income from "not for profit" activities (hobbies): . . . . .		
<b>16</b> Other: Non-Employee Compensation from 1099-MISC box 7	1,613.	
<b>17 Total</b> . . . . . Enter on line 26 of NJ-1040 or NJ-1040NR	1,613.	

## Additional Information From 2023 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return

Other Contributions

Continuation Statement

NatureOfPrizeSource	Amount
Non-Employee Compensation from 1099-MISC box 7	1613