



New York State E-File Signature Authorization for Tax Year 2023

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

| | |
|-----------------------------------|---|
| Taxpayer's name SHUBHAM LADDHA | Spouse's name (jointly filed return only) |
|-----------------------------------|---|

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

| | | |
|--|----|-----------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 137805. |
| 2 Refund | 2. | 1937. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 021202337 |
| 5 Financial institution account number | 5. | 765586851 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

| | |
|--|------|
| Taxpayer's signature | Date |
| Spouse's signature (jointly filed return only) | Date |

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

| | | |
|---------------------------|--|------------------|
| ERO's signature | Print name GLOBAL TAXES LLC | Date |
| Paid preparer's signature | Print name SYAM PRIYA RAM SAGAR GUPTA | Date 03152024 |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning **23**
and ending

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | | | |
|--|--|--|-------------|---|--------------------------|--|-----------------------------|
| Your first name and middle initial SHUBHAM | | Your last name (for a joint return, enter spouse's name on line below) LADDHA | | Your date of birth (mmddyyyy) 01101997 | | Your Social Security number 861772331 | |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mmddyyyy) | | Spouse's Social Security number | |
| Mailing address (see instructions) (number and street or PO Box) 25 RIVER DR S | | | | Apartment number 309 | | New York State county of residence NR | |
| City, village, or post office JERSEY CITY | | | State NJ | ZIP code 07310 | Country UNITED STATES | | School district name NR |
| Taxpayer's permanent home address (see instructions) (no. and street or rural route) | | | | Apartment no. | | City, village, or post office | School district code number |
| State | | ZIP code | | Country | | Decedent information | Taxpayer's date of death |
| | | | | | | | Spouse's date of death |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? Yes No

D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2023? Yes No
If Yes:

(2) Number of months you lived in Yonkers in 2023 ...

(3) Number of months your spouse lived in Yonkers in 2023
If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes No

E New York City part-year residents only (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

(1) Number of months you lived in NY City in 2023

(2) Number of months your spouse lived in NY City in 2023

F Enter your 2-character special condition code(s) if applicable

G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H Did you or your spouse maintain living quarters in NYS in 2023? Yes No
(if Yes, complete Form IT-203-B)

I Dependent information

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
861772331

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc. (136657.00), Taxable interest income (548.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or loss (.00), Capital gain or loss (.00), Other gains or losses (.00), Taxable amount of IRA distributions (.00), Taxable amount of pensions/annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (.00), Rental real estate included in line 11 (.00), Farm income or loss (.00), Unemployment compensation (.00), Taxable amount of Social Security benefits (.00), Other income (1099-MISC BOX 3, 600.00), Add lines 1 through 11 and 13 through 16 (137805.00), Total federal adjustments to income (.00), Federal adjusted gross income (137805.00).

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (but not those of New York State or its localities) (.00), Public employee 414(h) retirement contributions (.00), Other (Form IT-225, line 9) (.00), Add lines 19 through 22 (137805.00).

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (from line 4) (.00), Pensions of NYS and local governments and the federal government (.00), Taxable amount of Social Security benefits (from line 15) (.00), Interest income on U.S. government bonds (.00), Pension and annuity income exclusion (.00), Other (Form IT-225, line 18) (.00), Add lines 24 through 29 (.00), New York adjusted gross income (subtract line 30 from line 23) (137805.00).

32 Enter the amount from line 31, Federal amount column 32 137805.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Standard deduction or itemized deduction

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).
Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|---|-----------|
| 33 | 8000.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 129805.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 000.00 |
| 36 New York taxable income (subtract line 35 from line 34) | 129805.00 |

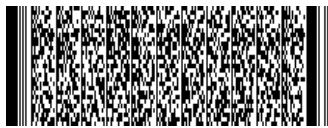
Tax computation, credits, and other taxes

| | |
|--|-----------|
| 37 New York taxable income (from line 36) | 129805.00 |
| 38 New York State tax on line 37 amount | 7563.00 |
| 39 New York State household credit | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 7563.00 |
| 41 New York State child and dependent care credit | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 7563.00 |
| 43 New York State earned income credit | .00 |
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 7563.00 |
| 45 Income percentage <input type="text"/> $\frac{\text{New York State amount from line 31 } 136657.00}{\text{Federal amount from line 31 } 137805.00} =$ <input type="text"/> 45 <input type="text"/> 0.9917 <small>Round result to 4 decimal places</small> | |
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 7500.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 7500.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 7500.00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | |
|---|-----|---------|--|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 | See instructions to compute New York City and Yonkers taxes, credits, and surcharges. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 | |
| 52a Subtract line 52 from 51 | 52a | .00 | |
| 52b MCTMT net earnings base for Zone 1.. | 52b | .00 | See instructions to compute the MCTMT for each zone. |
| 52c MCTMT net earnings base for Zone 2.. | 52c | .00 | |
| 52d MCTMT for Zone 1 | 52d | .00 | |
| 52e MCTMT for Zone 2 | 52e | .00 | |
| 52f Total MCTMT (add lines 52d and 52e) | 52f | .00 | |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 | |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 | |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54) | 55 | .00 | |
| 56 Sales or use tax (Do not leave blank.) | 56 | 0.00 | |
| 57 Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 | |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 7500.00 | |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
861772331

59 Enter amount from line 58 59 7500 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount to be paid, and other penalties and interest.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021202337 73c Account number 765586851

74 Electronic funds withdrawal Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Preparer information: Paid preparer must complete. Preparer's signature, printed name, firm's name, address, PTIN/SSN, employer ID, date, email.

Taxpayer(s) must sign here. Your signature, occupation, spouse's signature and occupation, date, daytime phone number, email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

861772331

Box b Employer identification number (EIN)

134064930

Box c Employer's information

| | | | |
|--|-------|----------|---------|
| Employer's name ALLIANCEBERNSTEIN LP | | | |
| Employer's address (number and street) 501 COMMERCE STREET | | | |
| City | State | ZIP code | Country |
| NASHVILLE | TN | 37203 | |

Box 1 Wages, tips, other compensation
136657.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
45.00
Code C

Box 12b Amount
717.00
Code W

Box 12c Amount
8360.00
Code DD

Box 12d Amount
.00
Code

Box 14a Amount
91.00
Description FRG

Box 14b Amount
399.00
Description NY PFL

Box 14c Amount
28.00
Description NY SDI

Box 14d Amount
.00
Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N|Y

Box 16a NYS wages, tips, etc.
136657.00

Box 17a NYS income tax withheld
9437.00

Other state information:

Box 15b other state
N|J

Box 16b Other state wages, tips, etc.
139016.00

Box 17b Other state income tax withheld
3.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

| | | | |
|---|-------|----------|---------|
| Employer's name | | | |
| Employer's address (number and street) | | | |
| City | State | ZIP code | Country |
| | | | |

Box 1 Wages, tips, other compensation
.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00
Code

Box 12b Amount
.00
Code

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
.00
Description

Box 14b Amount
.00
Description

Box 14c Amount
.00
Description

Box 14d Amount
.00
Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N|Y

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state
|

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

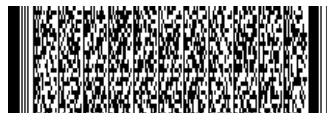
Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

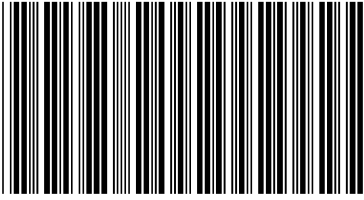
Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001233555





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.

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

861-77-2331 LADD
LADDHA SHUBHAM
25 RIVER DR S APT 309
JERSEY CITY NJ 07310

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:

116.00

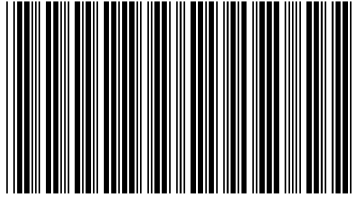


2023 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2023
Page 1



040MP01230

Your Social Security Number (required)
861772331

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.)
LADDHA SHUBHAM

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

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
25 RIVER DR S APT 309

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07310

Driver's License Number (Voluntary) (See instructions)
116629623

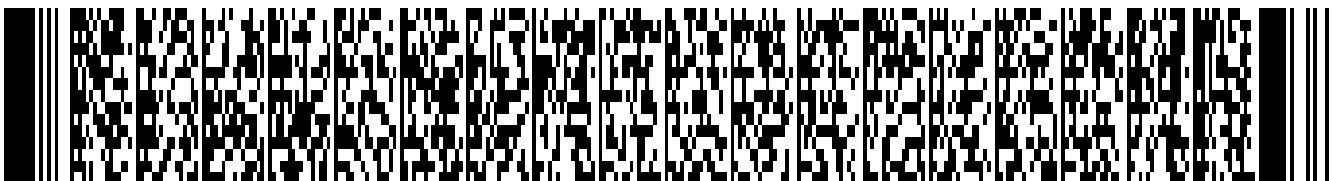
- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

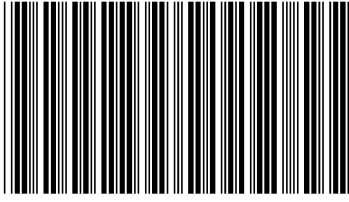
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| 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
LADDHA SHUBHAM

Your Social Security Number
861772331

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

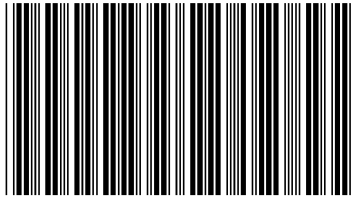
Exemptions

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 | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1958 or earlier) | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | <input type="checkbox"/> | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | 1000 . |

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. | _____ | | | |



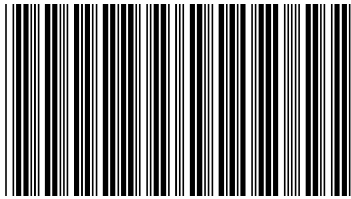
040MP03230

Name(s) as shown on Form NJ-1040
LADDHA SHUBHAM

Your Social Security Number
861772331

1555

| | | | |
|--|-----------|--------|------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 139016 | . |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | 548 | . |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a | 16b. | . | . |
| 17. Dividends | 17. | . | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) | 18. | . | . |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) | 19. | . | . |
| 20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions) | 20a. | . | . |
| 20b. Excludable pension, annuity, and IRA distributions/withdrawals | 20b. | . | . |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) | 21. | . | . |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22. | . | . |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) | 23. | . | . |
| 24. Net gambling winnings (See instructions) | 24. | . | . |
| 25. Alimony and separate maintenance payments received | 25. | . | . |
| 26. Other (Enclose documents) (See instructions) | 26. | 600 | . |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 140164 | . |
| 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. | 140164 | . |
| 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. | 139164 | . |
| 40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) | 40a. | 4415 | . |
| 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. | 139164 | . |
| 43. Tax on amount on line 42 (Tax Table page 52) | 43. | 6738 | . |
| 44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 44. | 6569 | . |
| Enter Code | | 32 | |
| 45. Balance of Tax (Subtract line 44 from line 43) | 45. | 169 | . |
| 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. | 169 | . |
| 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. | | |



040MP04230

Name(s) as shown on Form NJ-1040
LADDHA SHUBHAM

Your Social Security Number
861772331

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) REQUIRED Enclose Schedule NJ-HCC and fill in X | 53c. | 0 . |
| 54. Total Tax Due (Add lines 50 through 53c) | 54. | 169 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions) | 55. | 3 . |
| 56. Property Tax Credit (See instructions page 24) | 56. | 50 . |
| 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. | . . |
| 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. | 53 . |
| 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. | 116 . |
| 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. | 116 . |
| 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 Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA P02082703

Firm's Name Firm's Federal Employer Identification Number
GLOBAL TAXES LLC

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

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 LADDHA SHUBHAM | Social Security Number 861-77-2331 |
|--|---------------------------------------|

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 LADDHA SHUBHAM | Social Security No. 861-77-2331 |
|------------------------|------------------------------------|

| | Income from all sources | Income attributed to New Jersey (part-year resident or non-resident only) |
|---|-------------------------|---|
| 1 Prizes and awards (enter source): _____ _____ | | |
| 2 Income in respect of a decedent (Enter name and social security number of the deceased): _____ _____ | | |
| 3 Income from estates and trusts: _____ _____ | | |
| 4 Scholarships and fellowships (Enter name and identification number of grantor): _____ _____ | | |
| 5 Alternative Trade Adjustment Assistance payments: _____ _____ | | |
| 6 Residential rental value or allowance paid by employer (enter name and identification number): _____ _____ | | |
| 7 Jury duty pay | | |
| 8 Bartering income | | |
| 9 Other income on Form 1099-K (payment network transactions) . . | | |
| 10 Substitute payments | | |
| 11 Income from REMICS | | |
| 12 Reimbursement for deducted medical expenses | | |
| 13 Recoveries of bad debts | | |
| 14 Income from the rental of personal property | | |
| 15 Income from "not for profit" activities (hobbies): | | |
| 16 Other: AMERICAN EXPRESS NATIONAL BANK | 600. | |
| 17 Total Enter on line 26 of NJ-1040 or NJ-1040NR | 600. | |

Additional Information From 2023 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return

Other Contributions**Continuation Statement**

| NatureOfPrizeSource | Amount |
|--------------------------------|---------------|
| AMERICAN EXPRESS NATIONAL BANK | 600 |

Form NJ-1040: Income Tax Resident Return -- Smart Worksheet

Rent Paid**Itemization Statement**

| Description | Amount |
|--------------------|---------------|
| RENT (2230PM*11M) | 24,530 |
| Total | 24,530 |