

Form 43 2023 Part-year Resident and Nonresident Income Tax Return

Amended Return? Check the box. State Use Only VEEM

For calendar year 2023 or fiscal year beginning , ending

Please Print or Type: Your first name and initial JERRY, Last name VEEMBUKATTU THOMAS, Your Social Security number (required) 719-42-0229, Deceased in 2023, Spouse's first name and initial, Last name, Spouse's Social Security number (required), Deceased in 2023, Current mailing address 85 PATERSON ST APT 2, Forms and instructions available at tax.idaho.gov, City JERSEY CITY, State NJ, ZIP Code 07307, Foreign country (if not U.S.)

If the IRS considers you or your spouse a nonresident alien, check here.

Residency Status: Resident, Idaho Resident on Active Military Duty, Nonresident, Part-year Resident, Military Nonresident. Check one for yourself and one for your spouse, if a joint return.

Enter the full months in Idaho this year. Yourself 0 Spouse. Enter your current state's abbreviation. Yourself NJ Spouse

Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.

- 1. [X] Single 2. [] Married filing jointly 3. [] Married filing separately 4. [] Head of household 5. [] Qualifying surviving spouse with qualifying dependents

See instructions, page 16. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply. 6a. Yourself 1 6b. Spouse 6c. Dependents 6d. Total household 1

Household: List your dependents below. If you have more than four dependents, continue on Form 39NR. Enter total number on line 6c. Table with columns: Dependent's first name, Dependent's last name, Dependent's SSN, Dependent's birthdate (mm/dd/yyyy)

Idaho Income: See instructions, page 16. Table with columns: Description, Idaho Amounts. Rows include Wages, salaries, tips, etc. (4432 00), Taxable interest income (00), Dividend income (00), Alimony received (00), Business income or (loss) (00), Capital gain or (loss) (00), Other gains or (losses) (00), IRA distributions (00), Pensions and annuities (00), Rents, royalties, partnerships, S corporations, trusts, etc. (00), Farm income or (loss) (00), Unemployment compensation (00), Other income (00), Total Income (4432 00)

Continue to page 2.



Idaho Adjustments	See instructions, page 17.		
	21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan	21	00
	22. Moving expenses, alimony paid, and student loan interest	22	00
	23. Deductions for self-employment tax, health insurance, and qualified retirement plans	23	00
	24. Penalty on early withdrawal of savings	24	00
	25. Other deductions. See instructions	25	00
	26. Total Adjustments. Add lines 21 through 25	26	00
27. Adjusted Gross Income. Subtract line 26 from line 20	27	4432 00	

	Column A - Federal		Column B - Idaho	
28. Enter amount from federal Form 1040, line 11. Enter amount from line 27 in Column B	28	26324 00	4432	00
29. Additions from Form 39NR, Part A, line 5. Include Form 39NR	29	00		00
30. Subtractions from Form 39NR, Part B, line 27. Include Form 39NR	30	0		00
31. Total Adjusted Income. Add lines 28 and 29 minus line 30	31	26324 00	4432	00

Standard Deduction for Most People

Single or Married Filing Separately: \$13,850

Head of Household: \$20,800

Married Filing Jointly or Qualifying Surviving Spouse: \$27,700

32. Check —
- a. If age 65 or older Yourself Spouse
 - b. If blind Yourself Spouse
 - c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 63 ..

33. Itemized deductions. Include federal Schedule A. Federal limits apply	33			00
34. State and local income or general sales taxes included on federal Schedule A	34			00
35. Subtract line 34 from line 33. If you don't use federal Schedule A, enter zero	35			00
36. Enter the standard deduction for your filing status. See instructions, page 19, to determine amount if not standard	36		13850	00
37. Enter the larger of line 35 or line 36.....	37		13850	00
38. Idaho percentage. Divide line 31, Column B, by line 31, Column A	38		16.84 %	
39. Multiply amount on line 37 by the percentage on line 38 and enter the result here	39		2332	00
40. Qualified business income deduction. If less than zero, enter zero	40			00
41. Idaho taxable income. Subtract lines 39 and 40 from line 31, Column B	41		2100	00
42. Tax from worksheet. See instructions, page 21	42		0	00

Credits	43. Income tax paid to other states. Include Form 39NR and other states' returns	43		00
	44. Total credits from Form 39NR, Part E, line 4. Include Form 39NR	44		00
	45. Total business income tax credits from Form 44, Part I, line 10. Include Form 44	45		00
	46. Idaho Child Tax Credit. Computed amount from worksheet on page 22	46		0 00
	47. Subtract lines 43 through 46 from line 42. If less than zero, enter zero	47		0 00

Other Taxes	48. Fuels use tax due. Include Form 75	48		00
	49. Sales/use tax due on untaxed purchases (online, mail order, and other)	49		00
	50. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	50		00
	51. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	51		00
	52. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2023..... <input type="checkbox"/>	52		10 00
53. Total Tax. Add lines 47 through 52	53		10 00	

Continue to page 3.



Donations	I want to donate to:		
	54. Idaho Nongame Wildlife Fund	55. Idaho Children's Trust Fund	
	56. Special Olympics Idaho	57. Idaho Guard and Reserve Family ...	
	58. American Red Cross of Idaho Fund ..	59. Veterans Support Fund	
	60. Idaho Food Bank Fund	61. Opportunity Scholarship Program	
	62. Total Tax Plus Donations. See instructions, page 22. Add lines 53 through 61		62 10 00
Payments	63. Grocery Credit. Computed amount from worksheet on page 24		0
	To receive your grocery credit, enter the computed amount on line 63		63 0 00
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 63		<input type="checkbox"/>
	64. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR		64 00
	65. Special fuels tax refund Gasoline tax refund Include Form 75		65 00
	66. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding		66 66 00
	67. 2023 Form 51 estimated payments and amount applied from 2022 return		67 00
	68. Paid by entity Withheld ABE See instructions. Include Form ID K-1s		68 00
	69. Tax Reimbursement Incentive credit Claim of Right credit See instructions		69 00
	70. Total Payments and Other Credits. Add lines 63 through 69		70 66 00
Tax Due	71. Tax Due. If line 62 is more than line 70, subtract line 70 from line 62		71 00
	72. Penalty Interest from the due date Enter total		72 00
	Check the box if penalty is caused by an unqualified Idaho medical savings account withdrawal		<input type="checkbox"/>
	73. Nonrefundable credit from a prior year return. See Form 44 instructions		73
	74. Total Due. Add lines 71 and 72, then subtract line 73. Pay online or make check payable to the Idaho State Tax Commission		74 00
Refund	75. Overpaid. If line 62 is less than 70, subtract lines 62 and 72 from line 70		75 56 00
	76. Refund 56 Apply to 2024		

77. **Direct Deposit. See instructions, page 25.** Check if final deposit destination is outside of the U.S.

Routing No.

0	2	1	2	0	0	3	3	9
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 Checking
 Type of Account:

Account No.

3	8	1	0	6	2	3	7	2	4	3	7				
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 Savings

Amended	78. Total due (line 74) or overpaid (line 75)		78 00
	79. Refund from original return plus additional refunds		79 00
	80. Tax paid with original return plus additional tax paid		80 00
	81. Amended tax due or refund. Add lines 78 and 79 then subtract line 80		81 00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

Sign Here	Your signature (required)	Spouse's signature (if a joint return, both must sign)	Taxpayer's phone number (551) 307-4670
	Paid preparer's signature	Preparer's EIN, SSN, or PTIN 843171965	Preparer's phone number (678) 965-9522
Preparer's address GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK		State NJ	ZIP Code 08816
		Date 04-10-2024	

Return and payment - Mail to: Idaho State Tax Commission, PO Box 83784, Boise, ID 83707-3784
Return only - Mail to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056
Include a complete copy of your federal return.

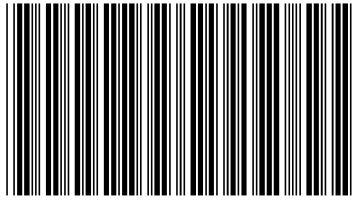


2023 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040
2023
Page 1



040MP01230

Your Social Security Number (required)
719420229

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.)
VEEMBUKATTU THOMAS JERRY

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)
85 PATERSON ST APT 2

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07307

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

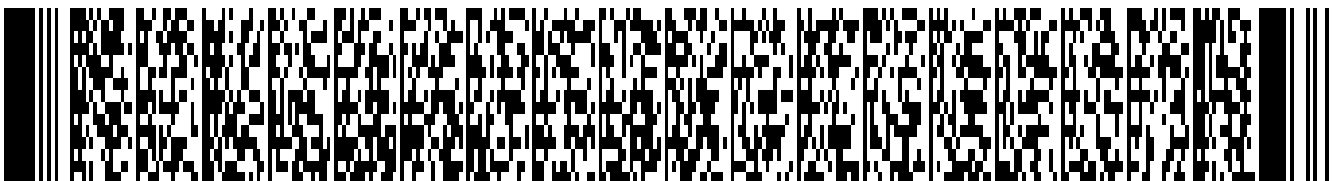
- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

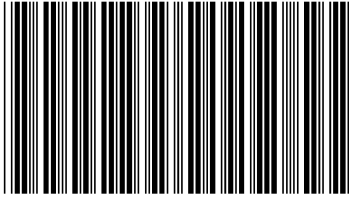
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		021200339
dd5. Account number	dd5.		381062372437





Name(s) as shown on Form NJ-1040
VEEMBUKATTU THOMAS JERRY

Your Social Security Number
719420229

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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

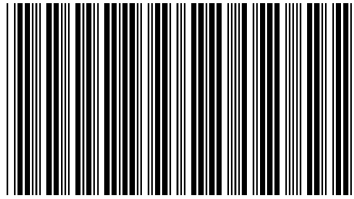
Exemptions

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.	_____			



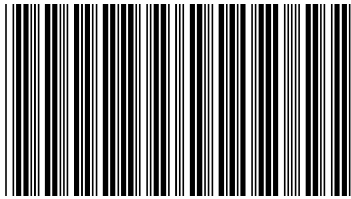
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Name(s) as shown on Form NJ-1040
VEEMBUKATTU THOMAS JERRY

Your Social Security Number
719420229

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	27041 .	
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.	. .	
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.	. .	
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	27041 .	
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.	27041 .	
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.	26041 .	
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	896 .	
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.	26041 .	
43. Tax on amount on line 42 (Tax Table page 52)	43.	385 .	
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	. .	
Enter Code			
45. Balance of Tax (Subtract line 44 from line 43)	45.	385 .	
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.	385 .	
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
VEEMBUKATTU THOMAS JERRY

Your Social Security Number
719420229

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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.	385 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	436 .
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.	486 .
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.	. .
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.	101 .
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.	. .
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	101 .

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 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

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 VEEMBUKATTU THOMAS JERRY	Social Security Number 719-42-0229
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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"/>											