



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 SONALLI KALRA	Last name	Your Social Security number 740443558
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 485 MARIN BLVD APT NO 1422		
City/Town/Post Office JERSEY CITY	State NJ	Zip 07302
Filing status: <input checked="" type="radio"/> Single <input 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)	1	18614
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	646
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	857
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	211
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

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

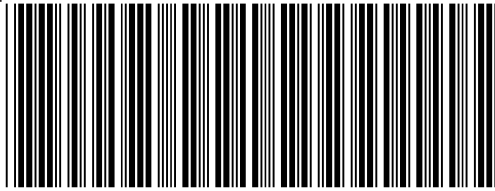
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) 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
	04032024	843171965		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	<input type="radio"/> Fill in if also paid preparer
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	04032024			
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT	E BRUNSWICK	NJ	08816	



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

SONALLI

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740443558

485 MARIN BLVD

JERSEY CITY

NJ 07302
1422

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

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 Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

a. Total federal income 25088
b. Federal adjusted gross income 22588

1. Filing status (select one only): 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 01012023 To 07312023

3. Total days as Massachusetts resident 212 ÷ 365 = .5808 3

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

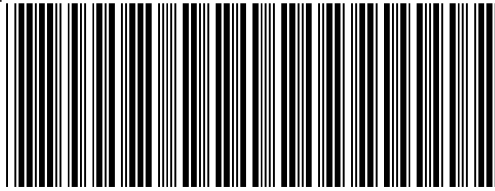
Fill in if noncustodial parent
Fill in if filing Schedule TDS
Fill in if filing Schedule FCI
Fill in if reporting crypto currency

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

781-995-9670

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



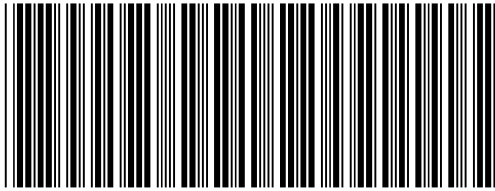
2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
740443558

4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		4b	
	x \$1,000 =		
c. Age 65 or over before 2024	You + Spouse =	4c	
	x \$700 =		
d. Blindness	You + Spouse =	4d	
	x \$2,200 =		
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	18614
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	7	
8. Business/profession income/loss a.	+ b. Farming income/loss	8	
		9	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	18614
13. NONRESIDENT APPORTIONMENT WORKSHEET. 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		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

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

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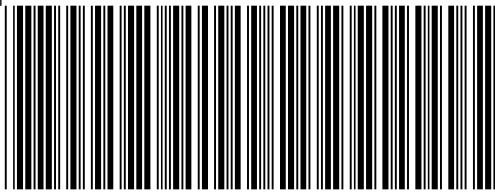
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14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	
e. Non-Massachusetts source income. Not less than "0"	14e	
f. Total income	14f	
g. Deduction and exemption ratio	14g	
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	1469
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.	÷ 2 = 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	1656
20. Total deductions. Add lines 15 through 19	20	3125
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	15489
22. Exemption amount. a. 4400	22	2556
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	12933
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	12933
26. TAX ON 5.0% INCOME. Note: 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	646
27. INCOME FROM SCHEDULE B. Not less than "0."		
a. x .085 = 27a		
b. x .12 = 27b		
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b	27	

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



2023 Schedule Y

MA23SYY011555

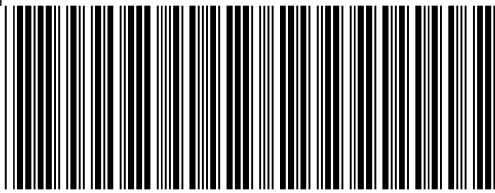
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Schedule Y. Other Deductions

1.	[RESERVED FOR FUTURE USE]	1	
2.	Penalty for early savings withdrawal	2	
3.	Amount of deductible alimony paid	3	
4.	Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5	4	
	Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F		
	Income exempt under U.S. tax treaty		
5.	Moving expenses for members of the Armed Forces	5	
6.	Medical savings account deduction	6	
7.	Self-employed health insurance deduction	7	
8.	Health savings accounts deduction	8	
9a.	Certain qualified deductions from U.S. Form 1040	9a	
9b.	Certain business expenses from U.S. Form 1040	9b	
9c.	Charitable contributions deduction	9c	
10.	Student loan interest	10	1452
11.	College Tuition Deduction (full-year residents only)	11	
12.	Undergraduate student loan interest deduction	12	204
13.	Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	13	
14.	Claim of right deduction	14	
15.	Commuter deduction	15	
16.	Human organ donation deduction (full-year residents only)	16	
17.	Certain gambling losses	17	
18a.	Prepaid tuition or college savings program deduction	18a	
18b.	Student loan repayment assistance deduction	18b	
19.	Total other deductions. Add lines 1 through 18	19	1656



2023 Schedule INC

MA23INC011555

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Form W-2 and 1099 Information

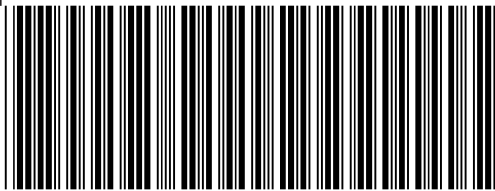
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
951780067	857	18614	1469		W2

TOTALS

857

18614

1469



2023 Schedule HC

MA23029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1a. Date of birth 10201997 1b. Spouse's date of birth 1c. Family size 1

2. Federal adjusted gross income 2 22588

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

3a You:	<input checked="" type="checkbox"/>	Full-year MCC	Part-year MCC	No MCC/None
3a Spouse:		Full-year MCC	Part-year MCC	No MCC/None

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/>	You	Spouse
4b. MassHealth. Fill in and go to line 5		You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.		You	Spouse

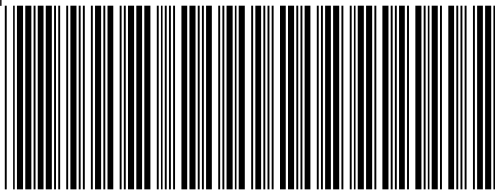
4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

ANTHEM BLUE CROSS 954331852 550W1770920

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2023 Schedule HC, pg. 2

740443558 MA23029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2023 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only if** you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2023, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No
Spouse Yes No

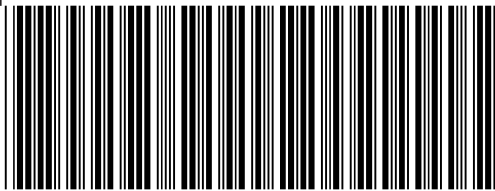
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2023 tax year? 8b You Yes No
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2023 tax year? 9 You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2023 Schedule HC, pg. 3

MA23029031555

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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2023 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	10 You	Yes	No
	Spouse	Yes	No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions?	11 You	Yes	No
	Spouse	Yes	No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	12 You	Yes	No
	Spouse	Yes	No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

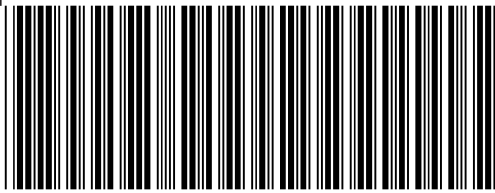
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.



2023 Schedule NTS-L-NRPY

MA23021011555

No Tax Status and Limited Income Credit

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

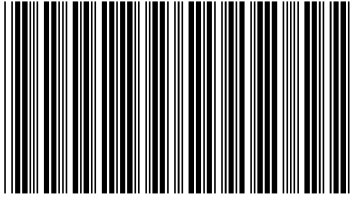
1. Total 5.0% income	1	18614
2. Adjustments to income	2	1452
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	17162
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	6474
8. Total income. Combine lines 3 through 7	8	23636
9. Additional adjustments to income while a nonresident/part-year resident	9	1048
10. Massachusetts Adjusted Gross Income (AGI)	10	22588
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	
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	
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 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)
740443558

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.)
KALRA SONALLI

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)
485 MARIN BLVD APT 1422

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07302

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.

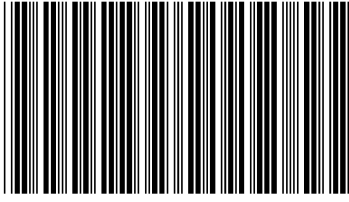
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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.		021000021
dd5. Account number	dd5.		3887561935





Name(s) as shown on Form NJ-1040
KALRA SONALLI

Your Social Security Number
740443558

1555

Part-year residents, provide months/days you were a New Jersey resident during 2023:
From: 080123 To: 123123

Fiscal year filers only:
Enter month of your year end 2024

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

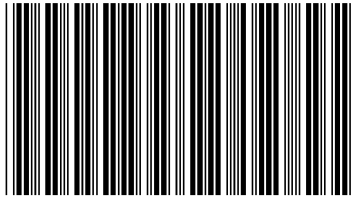
Exemptions

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
KALRA SONALLI

Your Social Security Number
740443558

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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.	6474	.
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.	6474	.
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.	6474	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	.	.
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.	.	.
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.	.	.
39. Taxable Income (Subtract line 38 from line 29)	39.	.	.
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.	.	.
43. Tax on amount on line 42 (Tax Table page 52)	43.	.	.
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.	.	.
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.	.	.
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.	.	.



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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	53c.	0 .
54. Total Tax Due (Add lines 50 through 53c)	54.	0 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	98 .
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.	. .
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.	98 .
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.	98 .
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.	98 .

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