



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 GAYATRI RATNAMALA BELAGAM	Last name	Your Social Security number 090532857
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 3700 CAPITAL CIRCLE S.E		
City/Town/Post Office TALLAHASSEE	State FL	Zip 32311
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	8681
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	68
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	9
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	59

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		
	04152024	843171965		<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816	<input type="radio"/> Fill in if also paid preparer

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		
P02082703	04152024	843171965		<input type="radio"/> Fill in if self-employed
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	

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

DETACH HERE

REV 03/05/24 PRO

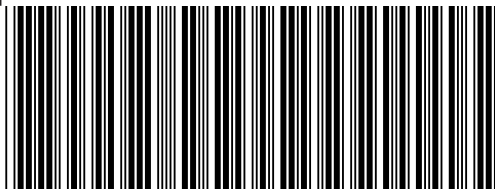
2023 Form PV Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2023	053	01	005	1555
Name of taxpayer	Social Security number		Amount enclosed	
GAYATRI RATNAMALA BELAGAM	090532857		\$ 59.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
Street address	City/Town	State	Zip	
3700 CAPITAL CIRCLE S.E	TALLAHASSEE	FL	32311	
Phone	E-mail	Fill in if name/address changed since 2022		
617-708-7515	GAYATRI B2608@GMAIL.COM	<input type="checkbox"/>		

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



00100090532857 123123 0000000000 053 010051555 00000059004



2023 Form 1

MA23001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

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

Year beginning

Ending

GAYATRI RATNAMAL BELAGAM

090532857

3700 CAPITAL CIRCLE S.E

TALLAHASSEE

FL 32311

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

a. Total federal income 8681
b. Federal adjusted gross income 8681

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. Exemptions

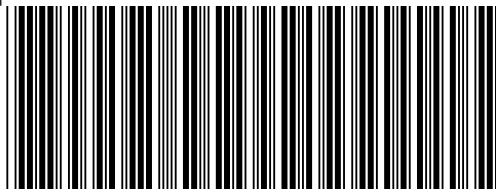
a. Personal exemptions 2a 4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number x \$1,000 = 2b
c. Age 65 or over before 2024 You + Spouse = x \$700 = 2c
d. Blindness You + Spouse = x \$2,200 = 2d
e. Medical/dental 2e
f. Adoption 2f
g. Total exemptions. Add items 2a through 2f. Enter here and on line 18 2g 4400

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

617-708-7515

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

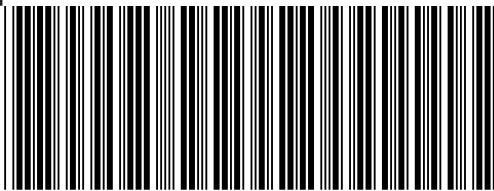


2023 Form 1, pg. 2

MA23001021555
Massachusetts Resident Income Tax Return
090532857

3.	Wages, salaries, tips	3	8681
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a. - b. exemption	= 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	
10.	TOTAL 5.0% INCOME	10	8681
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	664
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a.	÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	664
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	8017
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	3617
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	3617
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	181
23.	INCOME FROM SCHEDULE B. Not less than "0."		
	a. x .085 = 23a		
	b. x .12 = 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

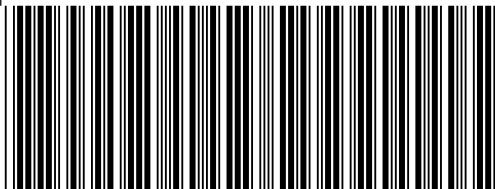
BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2023 Form 1, pg. 3

MA23001031555
Massachusetts Resident Income Tax Return
090532857

24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			24	
Fill in if any excess exemptions were used in calculating lines 20, 23 or 24				
25. Credit recapture amount (from Credit Recapture Schedule)			25	
26. Additional tax on installment sale			26	
27. If you qualify for No Tax Status, fill in and enter "0" on line 28				
28. TOTAL INCOME TAX.				
a. Income tax. Add lines 22 through 26	28a	181		
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b			
c. Total tax. Add lines 28a and 28b			28	181
29. Limited Income Credit			29	113
30. Income tax due to another state or jurisdiction			30	
31. Other credits from Credit Manager Schedule			31	
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"			32	68
33. Voluntary Contributions				
a. Endangered Wildlife Conservation			33a	
b. Organ Transplant Fund			33b	
c. Massachusetts Public Health HIV and Hepatitis Fund			33c	
d. Massachusetts U.S. Olympic Fund			33d	
e. Massachusetts Military Family Relief Fund			33e	
f. Homeless Animal Prevention and Care			33f	
Total. Add lines 33a through 33f			33	
34. Use tax due on Internet, mail order and other out-of-state purchases			34	
35. Health care penalty a. You + b. Spouse			35	
36. Amended return only. Overpayment from original return			36	
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36			37	68
38. a. Massachusetts income tax withheld from Form(s) W-2	38a	9		
b. Massachusetts income tax withheld from Form(s) 1099	38b			
c. Massachusetts income tax withheld from other forms	38c			
Total. Add lines 38a through 38c			38	9



2023 Schedule INC

MA23INC011555

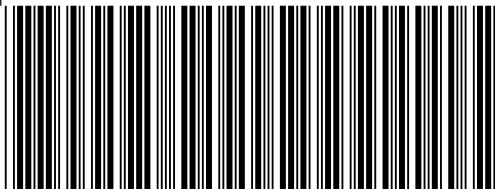
GAYATRI RATNAMAL BELAGAM

090532857

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
391833695	9	8681	664		W2

TOTALS	9	8681	664		
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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.

GAYATRI RATNAMAL BELAGAM

090532857

1a. Date of birth 08261999 1b. Spouse's date of birth 1c. Family size 1

2. Federal adjusted gross income 2 8681

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.

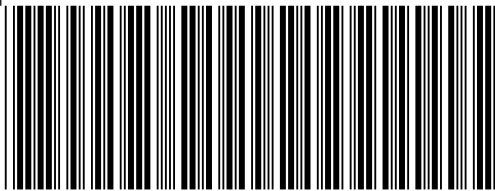
4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	You	Spouse
4b. MassHealth. Fill in and go to line 5	<input checked="" type="checkbox"/> You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including 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.

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

090532857 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

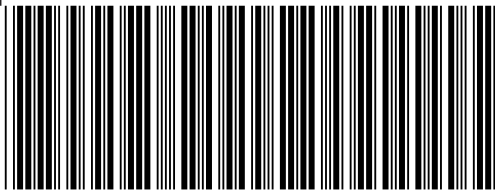
If you answer Yes, go to line 8b. If you answer No, go to line 9.

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

GAYATRI RATNAMAL

BELAGAM

090532857

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.

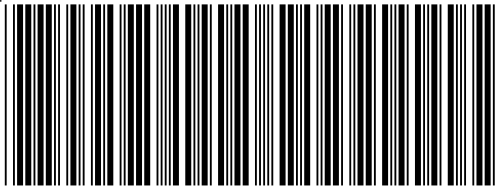
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing 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 M-2210 pg. 2

MA23653021555

Underpayment of Massachusetts Estimated
Income Tax

AREA RESERVED
FOR 2-D BARCODE

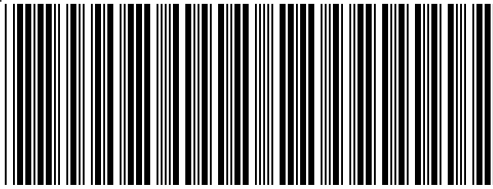
GAYATRI RATNAMALA BELAGAM

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Part 2. Figuring your underpayment penalty

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

SEE STMT



2023 M-2210 pg. 3

MA23653031555

Underpayment of Massachusetts Estimated
Income Tax

GAYATRI RATNAMALA BELAGAM

090532857

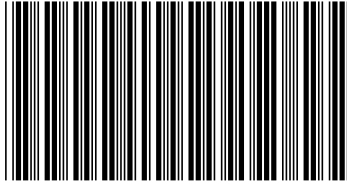
Part 3. Annualized income installment method

		Installment due dates			
		Jan. 1–March 31	Jan. 1–May 31	Jan. 1–August 31	Jan. 1–Dec. 31
1. Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1				
2. Annualization amount	2	4	2.4	1.5	1
3. Multiply line 1 by line 2	3				
4. Tax on amount in line 3. Multiply line 3 by .05	4				
5. Taxable 8.5% income each period	5				
6. Annualization amount	6	4	2.4	1.5	1
7. Multiply line 5 by line 6	7				
8. Tax on amount in line 7. Multiply line 7 by .085	8				
9. Taxable 12% income each period	9				
10. Annualization amount	10	4	2.4	1.5	1
11. Multiply line 9 by line 10	11				
12. Tax on amount in line 11. Multiply line 11 by .12	12				
13. Total tax. Add lines 4, 8, and 12	13				
14. Total credits	14				
15. Total tax after credits	15				
16. Applicable percentage	16	20%	40%	60%	80%
17. Multiply line 15 by line 16	17				
18. Enter the combined amounts of line 17 from all preceding periods	18				
19. Subtract line 18 from line 17. Not less than "0"	19				
20. Divide line 6 of Form M-2210 by 4 and enter result in each column	20				
21. Enter the amount from line 20 of this worksheet for the preceding column	21				
22. Add lines 20 and 21	22				
23. If line 22 is more than line 19, subtract line 19 from line 22. Otherwise enter "0"	23				
24. Enter the smaller of line 19 or line 22 here and on Form M-2210, line 8	24				

2023 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2023
Page 1



040NV01230

For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year
Beginning _____, 2023 Ending _____, 2024

1555

Your Social Security Number
090532857

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
BELAGAM GAYATRI RATNAMALA

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
MASSACHUSETTS

Home Address (Number and Street, incl. apt. # or rural route)
3700 CAPITAL CIRCLE SE

Driver's License # (Voluntary)

State

City, Town, Post Office

State

ZIP Code

TALLAHASSEE

FL

32311

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions)

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

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

To:

Gubernatorial Elections Fund Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

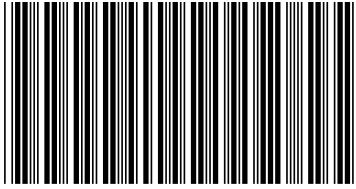
Yes

No

Yes

No





040NV02230

Name(s) as shown on Form NJ-1040NR
BELAGAM GAYATRI RATNAMALA

Your Social Security Number
090532857

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

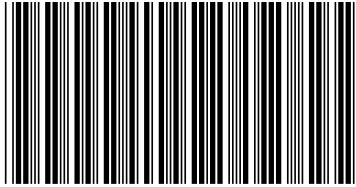
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents						11.	
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	1	13b.	13c.

Dependent Information

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	8681	.	15.	8681	.
16. Interest	16.	.	.	16.	.	.
17. Dividends	17.	.	.	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	.	18.	.	.
19. Net gains or income from disposition of property (From line 68)	19.	.	.	19.	.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	.	20.	.	.
21. Net gambling winnings (See Instructions)	21.	.	.	21.	.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.	.	22.	.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	.	23.	.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	.	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.	25.	.	.
26. Other – State Nature and Source _____	26.	.	.	26.	.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	8681	.	27.	8681	.



040NV03230

Name(s) as shown on Form NJ-1040NR
BELAGAM GAYATRI RATNAMALA

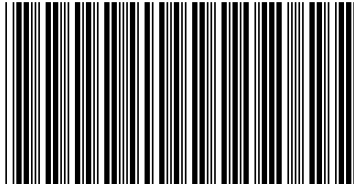
Your Social Security Number
090532857

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	8681	29. 8681 .
30. Total Exemption Amount (See Instructions)	30.	1000	.
31. Medical Expenses (See Worksheet and Instructions)	31.	.	.
32. Alimony and separate maintenance payments	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 Education Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	.
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	7681	.
40. Tax on amount on line 39 (From Tax Table)	40.	.	.
41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.	.	.
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.	.	.
44. Gold Star Family Counseling Credit (See Instructions)	44.	.	.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.	.	.
46. Total Credits (Add lines 43, 44, and 45)	46.	.	.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.	0	.
48. Interest on Underpayment of Estimated Tax.	48.	.	.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.	0	.
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	503	.
51. New Jersey Estimated Tax Payments/Credit from 2022 return	51.	.	.
52. Tax paid on your behalf by Partnership(s)	52.	.	.
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	.
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	.
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	.

Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder



040NV04230

Name(s) as shown on Form NJ-1040NR
BELAGAM GAYATRI RATNAMALA

Your Social Security Number
090532857

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	503	.
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58.		.
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	503	.
60.	Amount from line 59 you want to credit to your 2024 tax	60.		.
61.	Amount you want to credit to:			
	(A) N.J. Endangered Wildlife Fund	61A.		.
	(B) N.J. Children's Trust Fund	61B.		.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.		.
	(D) N.J. Breast Cancer Research Fund	61D.		.
	(E) U.S.S. N.J. Educational Museum Fund	61E.		.
	(F) Designated Contribution	Code	61F.	.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.		.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.		.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	503	.

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

Under 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. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA

P02082703

Firm's Federal Employer Identification Number

Firm's Name **GLOBAL TAXES LLC**

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

