

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Taxpayer's name<br>SWATHI POGADADANDA | Social security number<br>164-65-5161 |
| Spouse's name                         | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |                                                                         |   |         |
|---|-------------------------------------------------------------------------|---|---------|
| 1 | Adjusted gross income . . . . .                                         | 1 | 40,360. |
| 2 | Total tax . . . . .                                                     | 2 | 0.      |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 5,424.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 5,424.  |
| 5 | Amount you owe . . . . .                                                | 5 |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 5 | 1 | 6 | 1 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial: SWATHI Last name: POGADADANDA Your social security number: 164 65 5161

If joint return, spouse's first name and middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. 1706 GEORGE TOWN DR Apt. no. \_\_\_\_\_  
 City, town, or post office. If you have a foreign address, also complete spaces below. MONROE TOWNSHIP State: NJ ZIP code: 08831  
 Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box.  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name Last name |                             | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |  |
|----------------------------------------------------------------------------------------|--------------------------|-----------------------------|----------------------------|-------------------------|--------------------------------------------------------|--|
|                                                                                        | Child tax credit         | Credit for other dependents |                            |                         |                                                        |  |
|                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |                                                        |  |
|                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |                                                        |  |
|                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |                                                        |  |
|                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |                            |                         |                                                        |  |

|               |                                                                                  |           |         |
|---------------|----------------------------------------------------------------------------------|-----------|---------|
| <b>Income</b> | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)                | <b>1a</b> | 40,360. |
|               | <b>b</b> Household employee wages not reported on Form(s) W-2                    | <b>1b</b> |         |
|               | <b>c</b> Tip income not reported on line 1a (see instructions)                   | <b>1c</b> |         |
|               | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | <b>1d</b> |         |
|               | <b>e</b> Taxable dependent care benefits from Form 2441, line 26                 | <b>1e</b> |         |
|               | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29             | <b>1f</b> |         |
|               | <b>g</b> Wages from Form 8919, line 6                                            | <b>1g</b> |         |
|               | <b>h</b> Other earned income (see instructions)                                  | <b>1h</b> | 0.      |
|               | <b>i</b> Nontaxable combat pay election (see instructions) <b>1i</b>             |           |         |
|               | <b>z</b> Add lines 1a through 1h                                                 | <b>1z</b> | 40,360. |

|                            |                                                                                          |           |  |                             |           |                          |
|----------------------------|------------------------------------------------------------------------------------------|-----------|--|-----------------------------|-----------|--------------------------|
| Attach Sch. B if required. | <b>2a</b> Tax-exempt interest                                                            | <b>2a</b> |  | <b>b</b> Taxable interest   | <b>2b</b> |                          |
|                            | <b>3a</b> Qualified dividends                                                            | <b>3a</b> |  | <b>b</b> Ordinary dividends | <b>3b</b> |                          |
|                            | <b>4a</b> IRA distributions                                                              | <b>4a</b> |  | <b>b</b> Taxable amount     | <b>4b</b> |                          |
|                            | <b>5a</b> Pensions and annuities                                                         | <b>5a</b> |  | <b>b</b> Taxable amount     | <b>5b</b> |                          |
|                            | <b>6a</b> Social security benefits                                                       | <b>6a</b> |  | <b>b</b> Taxable amount     | <b>6b</b> |                          |
|                            | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) |           |  |                             |           | <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                 |                                                                                             |           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------|---------|
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$13,850<br>• Married filing jointly or Qualifying surviving spouse, \$27,700<br>• Head of household, \$20,800<br>• If you checked any box under Standard Deduction, see instructions. | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here | <b>7</b>  |         |
|                                                                                                                                                                                                                                                                 | <b>8</b> Additional income from Schedule 1, line 10                                         | <b>8</b>  |         |
|                                                                                                                                                                                                                                                                 | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>       | <b>9</b>  | 40,360. |
|                                                                                                                                                                                                                                                                 | <b>10</b> Adjustments to income from Schedule 1, line 26                                    | <b>10</b> |         |
|                                                                                                                                                                                                                                                                 | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>           | <b>11</b> | 40,360. |
|                                                                                                                                                                                                                                                                 | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)                | <b>12</b> | 13,850. |
|                                                                                                                                                                                                                                                                 | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A                 | <b>13</b> |         |
| <b>14</b> Add lines 12 and 13                                                                                                                                                                                                                                   | <b>14</b>                                                                                   | 13,850.   |         |
| <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>                                                                                                                                                         | <b>15</b>                                                                                   | 26,510.   |         |

|                        |           |                                                                                                                                                            |           |        |
|------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 2,963. |
|                        | <b>17</b> | Amount from Schedule 2, line 3                                                                                                                             | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17                                                                                                                                        | <b>18</b> | 2,963. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812                                                                                         | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8                                                                                                                             | <b>20</b> | 2,963. |
|                        | <b>21</b> | Add lines 19 and 20                                                                                                                                        | <b>21</b> | 2,963. |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                                  | <b>22</b> | 0.     |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                       | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                         | <b>24</b> | 0.     |

|                 |           |                                                                                                 |            |        |
|-----------------|-----------|-------------------------------------------------------------------------------------------------|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:                                                               |            |        |
|                 | <b>a</b>  | Form(s) W-2                                                                                     | <b>25a</b> | 5,424. |
|                 | <b>b</b>  | Form(s) 1099                                                                                    | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)                                                                  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c                                                                       | <b>25d</b> | 5,424. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO                                          | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812                                                  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8                                              | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use                                                                         | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15                                                                 | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 5,424. |

|                                      |            |                                                                                                                       |            |        |
|--------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                | <b>34</b>  | 5,424. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>     | <b>35a</b> | 5,424. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 021200025 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 5236657325                                                                                             |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>                                                  | <b>36</b>  |        |

|                       |           |                                                                                                                                                                                           |           |  |
|-----------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)                                                                                                                                                  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                                                               |                                     |                                      |                                                                                   |
|---------------------------------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------|
| Your signature                                                | Date                                | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (260) 564-7679                                      | Email address MANUAMBATI5@GMAIL.COM |                                      |                                                                                   |

**Paid Preparer Use Only**

|                                               |                                                      |                    |                   |                                                     |
|-----------------------------------------------|------------------------------------------------------|--------------------|-------------------|-----------------------------------------------------|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA   | Date<br>04/16/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC               | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816 |                    |                   | Phone no. (678) 965-9522                            |
|                                               |                                                      |                    |                   | Firm's EIN 84-3171965                               |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SWATHI POGADADANDA

Your social security number  
164-65-5161

**Part I Nonrefundable Credits**

|           |                                                                                                           |           |        |
|-----------|-----------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .                                                | <b>1</b>  |        |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  |        |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .                                                       | <b>3</b>  |        |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  |        |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .                                         | <b>5a</b> |        |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |        |
| <b>6</b>  | Other nonrefundable credits:                                                                              |           |        |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .                                                       | <b>6a</b> |        |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                             | <b>6b</b> |        |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .                                                               | <b>6c</b> |        |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .                                           | <b>6d</b> |        |
| <b>e</b>  | Reserved for future use . . . . .                                                                         | <b>6e</b> |        |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .                                                          | <b>6f</b> | 2,963. |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .                                                      | <b>6g</b> |        |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |        |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                             | <b>6i</b> |        |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |        |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                         | <b>6k</b> |        |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .                                                  | <b>6l</b> |        |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |        |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____<br>_____                                         | <b>6z</b> |        |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  | 2,963. |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 2,963. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |                                                                                                    |            |           |  |
|-----------|----------------------------------------------------------------------------------------------------|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .                                                 |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .                                        |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:                                                              |            |           |  |
| <b>a</b>  | Form 2439 . . . . .                                                                                | <b>13a</b> |           |  |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |           |  |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |           |  |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br>_____                               | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . |            | <b>15</b> |  |

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **69**

Name(s) shown on return

SWATHI POGADADANDA

Identifying number

164-65-5161

**Notes:** • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.  
• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

**Part I Modified Adjusted Gross Income Amount**

|           |                                                                           |           |         |         |
|-----------|---------------------------------------------------------------------------|-----------|---------|---------|
| <b>1a</b> | Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR | <b>1a</b> | 40,360. |         |
| <b>b</b>  | Enter any income from Puerto Rico you excluded                            | <b>1b</b> |         |         |
| <b>c</b>  | Enter any amount from Form 2555, line 45                                  | <b>1c</b> |         |         |
| <b>d</b>  | Enter any amount from Form 2555, line 50                                  | <b>1d</b> |         |         |
| <b>e</b>  | Enter any amount from Form 4563, line 15                                  | <b>1e</b> |         |         |
| <b>2</b>  | Add lines 1a through 1e                                                   | <b>2</b>  |         | 40,360. |
| <b>3a</b> | Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR | <b>3a</b> |         |         |
| <b>b</b>  | Enter any income from Puerto Rico you excluded                            | <b>3b</b> |         |         |
| <b>c</b>  | Enter any amount from Form 2555, line 45                                  | <b>3c</b> |         |         |
| <b>d</b>  | Enter any amount from Form 2555, line 50                                  | <b>3d</b> |         |         |
| <b>e</b>  | Enter any amount from Form 4563, line 15                                  | <b>3e</b> |         |         |
| <b>4</b>  | Add lines 3a through 3e                                                   | <b>4</b>  |         |         |
| <b>5</b>  | Enter the <b>smaller</b> of line 2 or line 4                              | <b>5</b>  |         | 40,360. |

**Part II Credit for Business/Investment Use Part of New Clean Vehicles**

**Note:** Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

|          |                                                                                                                                                                                                                   |          |  |    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|----|
| <b>6</b> | Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)                                                                                                                                     | <b>6</b> |  | 0. |
| <b>7</b> | New clean vehicle credit from partnerships and S corporations (see instructions)                                                                                                                                  | <b>7</b> |  |    |
| <b>8</b> | <b>Business/investment use part of credit.</b> Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | <b>8</b> |  | 0. |

**Part III Credit for Personal Use Part of New Clean Vehicles**

**Note:** You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

|           |                                                                                                                                                                                    |           |  |        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--------|
| <b>9</b>  | Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)                                                                                                     | <b>9</b>  |  | 7,500. |
| <b>10</b> | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18                                                                                                                      | <b>10</b> |  | 2,963. |
| <b>11</b> | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)                                                                                                            | <b>11</b> |  |        |
| <b>12</b> | Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit                                                       | <b>12</b> |  | 2,963. |
| <b>13</b> | <b>Personal use part of credit.</b> Enter the <b>smaller</b> of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions | <b>13</b> |  | 2,963. |

**Part IV Credit for Previously Owned Clean Vehicles**

**Note:** You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

|           |                                                                                                                                                  |           |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>14</b> | Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)                                                                    | <b>14</b> |  |  |
| <b>15</b> | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18                                                                                    | <b>15</b> |  |  |
| <b>16</b> | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)                                                                          | <b>16</b> |  |  |
| <b>17</b> | Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit                                      | <b>17</b> |  |  |
| <b>18</b> | Enter the <b>smaller</b> of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions | <b>18</b> |  |  |

**Part V Credit for Qualified Commercial Clean Vehicles**

|           |                                                                                                                                                                       |           |  |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>19</b> | Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)                                                                                          | <b>19</b> |  |  |
| <b>20</b> | Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions)                                                                     | <b>20</b> |  |  |
| <b>21</b> | Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa | <b>21</b> |  |  |

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Attachment Sequence No. 69A

Name(s) shown on return

SWATHI POGADADANDA

Identifying number

164-65-5161

Part I Vehicle Details

- 1a Year 2023
b Make TESLA
c Model MODEL Y
2 Vehicle identification number (VIN) 7 S A Y G D E E 4 P F 8 6 6 3 1 1
3 Enter date vehicle was placed in service (MM/DD/YYYY) 08/30/2023
4 Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions. [X] No.
5 Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax year? See instructions for definitions. [X] Yes. Go to Part II.
6 Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.
7 Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.

Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle

- 8 Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person. [X] Yes.
9 Tentative credit amount (see instructions) 9 7,500.
10 Business/investment use percentage (see instructions) 10 %
11 Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below. 11 0.

Part III Credit Amount for Personal Use Part of New Clean Vehicle

- 12 Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936. 12 7,500.

**Part IV Credit Amount for Previously Owned Clean Vehicle**

- 13a** Is the sales price of the vehicle more than \$25,000?
  - Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.
  - No.**
  
- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.
  
- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?
  - Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.
  - No.**
  
- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.
  - Yes.**
  - No.**

|                                                                                                                                          |           |        |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Enter the sales price of the vehicle . . . . .                                                                                 | <b>14</b> |        |
| <b>15</b> Multiply line 14 by 30% (0.30) . . . . .                                                                                       | <b>15</b> |        |
| <b>16</b> Maximum vehicle credit amount . . . . .                                                                                        | <b>16</b> | 4,000. |
| <b>17</b> Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 . . . . . | <b>17</b> |        |

**Part V Credit Amount for Qualified Commercial Clean Vehicle**

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.
  - Yes.**
  - No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.
  
- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
  
- c** Is the vehicle also powered by gas or diesel? See instructions.
  - Yes.**
  - No.**

|                                                                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>19</b> Enter the cost or other basis of the vehicle. See instructions . . . . .                                                               | <b>19</b> |  |
| <b>20</b> Section 179 expense deduction (see instructions) . . . . .                                                                             | <b>20</b> |  |
| <b>21</b> Subtract line 20 from line 19 . . . . .                                                                                                | <b>21</b> |  |
| <b>22</b> Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"] . . . . .                                          | <b>22</b> |  |
| <b>23</b> Enter the incremental cost of the vehicle. See instructions . . . . .                                                                  | <b>23</b> |  |
| <b>24</b> Enter the smaller of line 22 or line 23 . . . . .                                                                                      | <b>24</b> |  |
| <b>25</b> <b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more) . . . . . | <b>25</b> |  |
| <b>26</b> Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936 . . . . .                        | <b>26</b> |  |

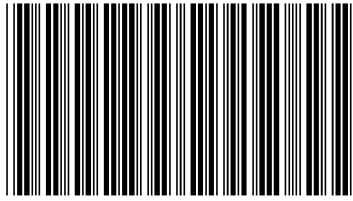


2023 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2023  
Page 1



040MP01230

Your Social Security Number (required)  
164655161

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.)  
POGADADANDA SWATHI

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

County/Municipality Code (See Table page 50)  
1212

Home Address (Number and Street, including apartment number)  
1706 GEORGE TOWN DR

City, Town, Post Office State ZIP Code  
MONROE TOWNSHIP NJ 08831

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.

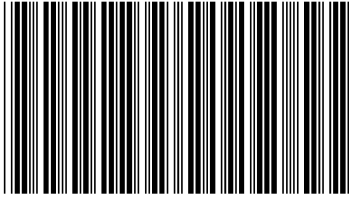
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

|                                                                   |                   |     |    |
|-------------------------------------------------------------------|-------------------|-----|----|
| 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. |   | 021200025  |
| dd5. Account number                                                                              | dd5. |   | 5236657325 |





Name(s) as shown on Form NJ-1040  
POGADADANDA SWATHI

Your Social Security Number  
164655161

1555

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

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

**Filing Status**  
Fill in only one.

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

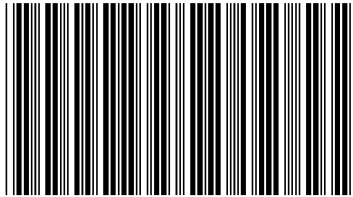
**Exemptions**

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

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

14. Dependent Information. Provide the following information for each dependent.

|    | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____                                 |                        |            |                     |
| b. | _____                                 |                        |            |                     |
| c. | _____                                 |                        |            |                     |
| d. | _____                                 |                        |            |                     |



040MP03230

Name(s) as shown on Form NJ-1040  
POGADADANDA SWATHI

Your Social Security Number  
164655161

1555

|      |                                                                                                                                    |        |       |   |
|------|------------------------------------------------------------------------------------------------------------------------------------|--------|-------|---|
| 15.  | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.    | 40360 | . |
| 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.    | 40360 | . |
| 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.    | 40360 | . |
| 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.    | 39360 | . |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25)                                                                 | 40a.   | 1440  | . |
| 40b. | Indicate your residency status during 2023 (fill in only one)                                                                      |        |       |   |
|      | Homeowner                                                                                                                          | Tenant | Both  |   |
| 41.  | Property Tax Deduction (From Worksheet H) (See instructions)                                                                       | 41.    | 1440  | . |
| 42.  | New Jersey Taxable Income (Subtract line 41 from line 39)                                                                          | 42.    | 37920 | . |
| 43.  | Tax on amount on line 42 (Tax Table page 52)                                                                                       | 43.    | 645   | . |
| 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.    | 645   | . |
| 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.    | 645   | . |
| 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.   | .     | . |



Name(s) as shown on Form NJ-1040  
POGADADANDA SWATHI

Your Social Security Number  
164655161

1555

|                                                                                                                                                                                                                 |      |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|
| 53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)               | 53b. |        |
| 53c. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule NJ-HCC and fill in <b>X</b>                                                                                              | 53c. | 0 .    |
| 54. Total Tax Due (Add lines 50 through 53c)                                                                                                                                                                    | 54.  | 645 .  |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)                                                                                                           | 55.  | 1801 . |
| 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)<br>Fill in if you had the IRS calculate your federal earned income credit<br>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)<br>Fill in if you are a CU couple claiming the Child and Dependent Care Credit                                                                           | 64.  | . .    |
| 65. New Jersey Child Tax Credit (See instructions)<br>Number of dependents age 5 or younger on 12/31/2023                                                                                                       | 65.  | . .    |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)                                                                                                                                         | 66.  | 1801 . |
| 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<br>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.  | 1156 . |
| 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.  | 1156 . |

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.

|                            |               |                                                                       |               |
|----------------------------|---------------|-----------------------------------------------------------------------|---------------|
| _____<br>Your Signature    | _____<br>Date | _____<br>Spouse's/CU Partner's Signature (required if filing jointly) | _____<br>Date |
| Paid Preparer's Signature  |               | Federal Identification Number                                         |               |
| SYAM PRIYA RAM SAGAR GUPTA |               | P02082703                                                             |               |

|                      |                                                        |
|----------------------|--------------------------------------------------------|
| _____<br>Firm's Name | _____<br>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<br>POGADADANDA SWATHI | Social Security Number<br>164-65-5161 |
|--------------------------------------------------------|---------------------------------------|

## 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"/> |     |     |     |     |     |     |     |     |     |     |     |