



NJ-1040
2024
Page 1

Your Social Security Number (required)
309499944

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.)
KHAN MOHD ASIM & ARIF NISHAT

Spouse's/CU Partner's SSN (if filing jointly)
902568124

Home Address (Number and Street, including apartment number)
18 PARK VIEW AVE 720

County/Municipality Code (See Table page 52)
0906

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07302

Driver's License Number (Voluntary) (See instructions)
K31755600007901

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.

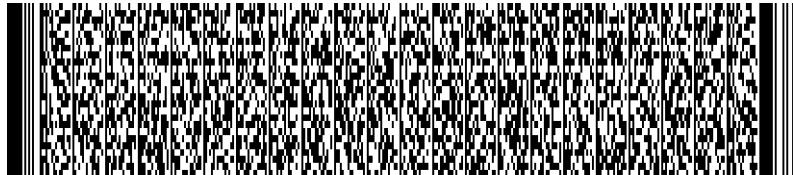
DO NOT FILE

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/CU partner 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. <input type="text" value="1"/>
dd2. Account type (C for checking, S for savings)	dd2. <input type="text" value="C"/>
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3. <input type="checkbox"/>
dd4. Routing number	dd4. <input type="text" value="021202337"/>
dd5. Account number	dd5. <input type="text" value="736390326"/>



NJ-1040
2024
Page 2



040MP02240

Name(s) as shown on Form NJ-1040
KHAN MOHD ASIM & ARIF NISHAT

Your Social Security Number
309499944

1032

Part-year residents, provide months/days you were a New Jersey resident during 2024:

From: **24** To: **24**

Fiscal year filers only:
Enter month of your year end

2025

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: **2022** **2023**

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	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 = 2000
7. Senior 65+ (Born in 1959 or earlier)		Self		Spouse/CU Partner			x \$1,000 = _____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 = _____
9. Veteran		Self		Spouse/CU Partner			x \$6,000 = _____
10. Qualified Dependent Children							x \$1,500 = _____
11. Other Dependents							x \$1,500 = _____
12. Dependents Attending Colleges (See instructions)							x \$1,000 = _____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	2000 .

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. _____

NJ-1040
2024
Page 3



040MP03240

Name(s) as shown on Form NJ-1040
KHAN MOHD ASIM & ARIF NISHAT

Your Social Security Number
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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	227090 .		
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	3386 .		
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.		
17.	Dividends	17.	476 .		
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.	1011 .		
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.	231963 .		
28a.	Pension/Retirement Exclusion (See instructions)	28a.	.		
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 20-21)	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.	231963 .		
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000 .		
31.	Medical Expenses (See Worksheet F and instructions)	31.	.		
32.	Alimony and separate maintenance payments (See instructions)	32.	.		
33.	Qualified Conservation Contribution	33.	.		
34.	Health Enterprise Zone Deduction	34.	.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.		
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.		
37a.	NJBEST Deduction	37a.	.		
37b.	NJCLASS Deduction	37b.	.		
37c.	NJ Higher Ed. Tuition Deduction	37c.	.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000 .		
39.	Taxable Income (Subtract line 38 from line 29)	39.	229963 .		
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.		
40b.	Indicate your residency status during 2024 (fill in only one)	Homeowner	Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)			41.	.
42.	New Jersey Taxable Income (Subtract line 41 from line 39)			42.	229963 .
43.	Tax on amount on line 42 (Tax Table page 54)			43.	10606 .
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.	10606 .
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.	10606 .
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.	.



040MP04240

Name(s) as shown on Form NJ-1040
KHAN MOHD ASIM & ARIF NISHAT

Your Social Security Number
309499944

1032

53b.	If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)	53b.	
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC and fill in	X
54.	Total Tax Due (Add lines 50 through 53c)	54.	10606 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	15111 .
56.	Property Tax Credit (See instructions page 25)	56.	.
57.	New Jersey Estimated Tax Payments/Credit from 2023 tax return	57.	.
58.	New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62.	Wounded Warrior Caregivers Credit (See instructions)	62.	.
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64.	Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	.
65.	New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2024	65.	.
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	15111 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	.
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	4505 .
69.	Amount from line 68 you want to credit to your 2025 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.	4505 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature _____ Date _____ Spouse's/CU Partner's Signature (required if filing jointly) _____ Date _____

Paid Preparer's Signature _____ Federal Identification Number _____

Vijay K Koukuntla P01946338

Firm's Name _____ Firm's Federal Employer Identification Number _____
MetaFin Consulting, LLC **474861613**
206 Harmon Cove Towers Secaucus, NJ 07094

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

Division Use: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

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

MOHD ASIM KHAN AND NISHAT ARIF

Social Security Number

309-49-9944

Schedule NJ-HCC

Health Care Coverage

2024

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 2024? (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"/>
-------------------	----------------------	--

Keep a copy of this schedule for your records

Schedule NJ-DOP
**Net Gains or Income From
Disposition of Property**
2024

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	See Statement 1					1,011
2.	Capital Gains Distributions.....					
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.).....					1,011

DO NOT FILE

Keep a copy of this schedule for your records

NJIA1501L 11/18/24

TY2024 Tax Synopsis

PERSONAL INFORMATION	
Name	MOHD ASIM KHAN
File #	TAX91642
SSN	309-49-9944
Residential Status	RESIDENT
Filing Status	Married Filing Jointly(MFJ)
Filing Type	Paper Filing
REFUND/LIABILITY STATUS	
FEDERAL	(\$3,010.00)
NJ (State Return)	\$4,505.00
Total Refund/Due	\$14,105.00
FEES DETAILS	
BASIC PREPARATION FEE	
Federal Return (Form 1040)	\$24.99
State Return	\$29.99
SPECIFIC INCOME COMPUTATION FEE	
Schedule D Computation(Capital Gains/Losses) - Crypto Currency	\$39.99
ANCILLARY/OTHER CHARGES	
ITIN Application (Form W7)	\$19.99
Non-Resident Spouse Election	\$39.99
CA/DC/NJ/RI/VT Health Coverage Exemption	\$19.99
Total Amount	\$174.94
NET FEES PAYABLE	
Total Estimated Tax Refund/Due you receive for TY2024: (Amount in Brackets denotes Tax Due amount)	\$14,105.00

TY2024 Tax Synopsis

PERSONAL INFORMATION	
Name	MOHD ASIM KHAN
File #	TAX91642
SSN	309-49-9944
Residential Status	RESIDENT
Filing Status	Married Filing Jointly(MFJ)
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REFUND/LIABILITY STATUS	
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Your Social Security Number (required)
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KHAN MOHD ASIM & ARIF NISHAT

Spouse's/CU Partner's SSN (if filing jointly)
902568124

Home Address (Number and Street, including apartment number)
18 PARK VIEW AVE 720

County/Municipality Code (See Table page 52)
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Federal extension filed.
The address above is a foreign address.
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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.

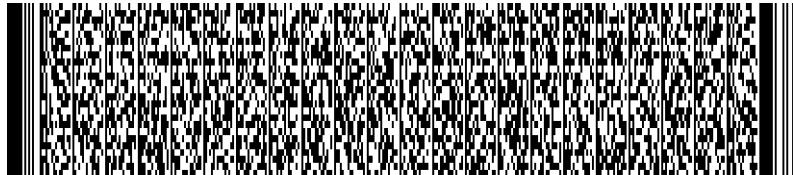
DO NOT FILE

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/CU partner 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. <input type="text" value="1"/>
dd2. Account type (C for checking, S for savings)	dd2. <input type="text" value="C"/>
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12. Dependents Attending Colleges (See instructions)							x \$1,000 = _____
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Social Security Number

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- a. _____
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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.	.



040MP04240

Name(s) as shown on Form NJ-1040
KHAN MOHD ASIM & ARIF NISHAT

Your Social Security Number
309499944

1032

53b.	If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)	53b.	
53c.	Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule NJ-HCC and fill in	X
54.	Total Tax Due (Add lines 50 through 53c)	54.	10606 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	15111 .
56.	Property Tax Credit (See instructions page 25)	56.	.
57.	New Jersey Estimated Tax Payments/Credit from 2023 tax return	57.	.
58.	New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62.	Wounded Warrior Caregivers Credit (See instructions)	62.	.
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64.	Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	.
65.	New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2024	65.	.
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	15111 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	.
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	4505 .
69.	Amount from line 68 you want to credit to your 2025 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.	4505 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature _____ Date _____ Spouse's/CU Partner's Signature (required if filing jointly) _____ Date _____

Paid Preparer's Signature _____ Federal Identification Number _____

Vijay K Koukuntla P01946338

Firm's Name _____ Firm's Federal Employer Identification Number _____
MetaFin Consulting, LLC **474861613**
206 Harmon Cove Towers Secaucus, NJ 07094

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

Division Use: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

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

MOHD ASIM KHAN AND NISHAT ARIF

Social Security Number

309-49-9944

Schedule NJ-HCC

Health Care Coverage

2024

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 2024? (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"/>
-------------------	----------------------	--

Keep a copy of this schedule for your records

Schedule NJ-DOP
**Net Gains or Income From
Disposition of Property**
2024

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	See Statement 1					1,011
2.	Capital Gains Distributions.....					
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.).....					1,011

DO NOT FILE

Keep a copy of this schedule for your records

NJIA1501L 11/18/24