

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name NUTHAN MOSES	Social security number 687-44-1826
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (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	-1,305.
2 Total tax	2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,637.
4 Amount you want refunded to you	4	4,637.
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

4	1	8	2	6
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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**

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: NUTHAN
Last name: MOSES
Your social security number: 687-44-1826
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.
4852 S REDWOOD RD
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
SALT LAKE CITY
State: UT
ZIP code: 84123
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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, sub-rows (a, b, c), and final amounts. Line 1: 27,100. Line 8: -28,405. Line 9: -1,305. Line 11: -1,305. Line 12: 12,400. Line 14: 12,400. Line 15: 0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,637.
b	Form(s) 1099	25b	0.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,637.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	4,637.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,637.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,637.
b	Routing number 021000021	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 0000000707735093		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

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 SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NUTHAN MOSES

Your social security number
687-44-1826

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-34,069.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ <u>Nonemployee compensation from 1099-NEC</u> 5,664.	8	5,664.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-28,405.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NUTHAN MOSES		Social security number (SSN) 687-44-1826
A Principal business or profession, including product or service (see instructions) UBER TAXI SERVICES	B Enter code from instructions ▶ 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank. NUTHAN MOSES SERVICES	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 4852 S REDWOOD RD City, town or post office, state, and ZIP code SALT LAKE CITY, UT 84123		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	9,330.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	9,330.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	9,330.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	9,330.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	3,066.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				6,264.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a **48**

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NUTHAN MOSES		Social security number (SSN) 687-44-1826
A Principal business or profession, including product or service (see instructions) LYFT TAX SERVICES	B Enter code from instructions ▶ 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank. NUTHAN MOSES SERVICES	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 4852 S REDWOOD RD City, town or post office, state, and ZIP code SALT LAKE CITY, UT 84123		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	2,390.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,390.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,390.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,390.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	1,020.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	1,020.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	1,370.	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.					1,370.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
 If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ►

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use?. Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 Total other expenses. Enter here and on line 27a	48

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NUTHAN MOSES		Social security number (SSN) 687-44-1826
A Principal business or profession, including product or service (see instructions) DOORDASH	B Enter code from instructions ▶ 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank. NUTHAN MOSES SERVICES	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 4852 S REDWOOD RD City, town or post office, state, and ZIP code SALT LAKE CITY, UT 84123		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	11,796.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	11,796.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	11,796.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	11,796.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	4,000.
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	1,080.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				6,716.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a **48**

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NUTHAN MOSES		Social security number (SSN) 687-44-1826
A Principal business or profession, including product or service (see instructions) INDIA FOODS SERVICES	B Enter code from instructions ▶ 7 2 2 3 0 0	
C Business name. If no separate business name, leave blank. INDIA FOODS1 L.L.C	D Employer ID number (EIN) (see instr.) 8 5 1 4 1 4 9 7 8	
E Business address (including suite or room no.) ▶ 4852 S REDWOOD RD City, town or post office, state, and ZIP code SALT LAKE CITY, UT 84123		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	197,413.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	197,413.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	197,413.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	197,413.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	5,750.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	19,434.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	1,500.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	190,641.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	28,507.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				-48,419.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ► 05/11/2020

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business 10,000 **b** Commuting (see instructions) 1,000 **c** Other 35,161

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

ELECTRICITY-ROCKY MOUNTAIN POWER CHARGES		6,000.
WIFI-COMCAST CHARGES		300.
GAS CHARGES		1,800.
ADT SECURITY ALARAM CHARGES		300.
NEW POS MACHINE CHARGES		2,500.
PHONE CHARHES		500.
MEAT CHARGES		4,000.
R AND F CHARHES		2,000.
See Line 48 Other Expenses		11,107.
48 Total other expenses. Enter here and on line 27a	48	28,507.

Additional information from your 2020 Federal Tax Return

Schedule C (UBER TAXI SERVICES): Profit or Loss from Business

Line 23

Itemization Statement

Description	Amount
FEES AND TAX	3,065.62
Total	3,066.

Schedule C (LYFT TAX SERVICES): Profit or Loss from Business

Line 10

Itemization Statement

Description	Amount
PLATFORM FEES	542.35
SERVICES FEES	445.25
THIRD PARTY FEES	32.50
Total	1,020.

Schedule C (DOORDASH): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
PHONE(12M*\$40 P.M)	480.
INTERNET(12M*\$50 P.M)	600.
Total	1,080.

Schedule C (INDIA FOODS SERVICES): Profit or Loss from Business

Line 20b

Itemization Statement

Description	Amount
RENT(6M*\$3239)	19,434.
Total	19,434.

Schedule C (INDIA FOODS SERVICES): Profit or Loss from Business

Line 22

Itemization Statement

Description	Amount
FOOD INGREDIENTS-HATHI BRAND FOODS INC-INVOICE NO-0032731-IN	12,348.91
FOOD INGREDIENTS-DEVINE SUPPLIES-INVOICE NO:-54477	4,240.
FOOD INGREDIENTS-HALDIRAMS-INVOICE NO;-5434	4,442.20
FOOD INGREDIENTS-SHRINATH TARDING LLC-INVOICE NO:37513	3,439.31
FOOD INGREDIENTS-SHRINATH TARDING LLC-INVOICE NO:37986	5,273.19
FOOD INGREDIENTS-DHANRAJ-INVOICE NO:69525	3,168.78
FOOD INGREDIENTS-DESI TASTE INC-INVOICE NO:20-3924	3,404.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:179166	456.90
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:179085	716.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:179025	356.25
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178951	282.

Schedule C (INDIA FOODS SERVICES): Profit or Loss from Business

Line 22

Itemization Statement

Description	Amount
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178899	411.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178827	339.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178782	422.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178713	396.80
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178610	652.40
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178546	391.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178494	463.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178433	313.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178370	427.60
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178298	296.94
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178182	231.80
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178115	304.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:178062	387.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177997	212.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177934	490.20
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177873	308.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177758	292.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177705	291.10
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177634	257.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177523	380.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177463	195.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177414	263.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177341	431.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177319	299.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177237	452.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177148	344.60
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:177046	621.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176990	388.50
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176928	292.80
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176871	369.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176792	183.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176752	392.50
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176663	271.50
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176605	305.60
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176537	373.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176477	263.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176396	384.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176352	253.
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176062	450.50
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176135	242.80

Schedule C (INDIA FOODS SERVICES): Profit or Loss from Business

Line 22

Itemization Statement

Description	Amount
FOOD INGREDIENTS-SAMRA PRODUCE-INVOICE NO:176209	313.50
FOOD INGREDIENTS-HATHI BRAND FOODS INC -INVOICE NO:40806	5,788.63
FOOD INGREDIENTS-HATHI BRAND FOODS INC -INVOICE NO:0034037-IN	129.
FOOD INGREDIENTS-HATHI BRAND FOODS INC -INVOICE NO:0031096-IN	8,505.46
FOOD INGREDIENTS-SHRINATH TRADING,LLC -INVOICE NO:37038	2,128.66
FOOD INGREDIENTS-SHRINATH TRADING,LLC -INVOICE NO:36582	6,772.25
FOOD INGREDIENTS-SHRINATH TRADING,LLC -INVOICE NO:35981	2,851.10
FOOD INGREDIENTS-Meenaxi Enterprise Inc -INVOICE NO:27991	5,001.95
FOOD INGREDIENTS-Meenaxi Enterprise Inc -INVOICE NO:27312	7,039.40
FOOD INGREDIENTS-Meenaxi Enterprise Inc -INVOICE NO:21711	8,048.65
FOOD INGREDIENTS-DESI TASTE INC-INVOICE NO:20-3153	2,966.50
FOOD INGREDIENTS-DESI TASTE INC-INVOICE NO:20-2488	3,704.80
FOOD INGREDIENTS-RAJSHREE INTERNATIONAL INC-INVOICE NO:5618	4,594.53
FOOD INGREDIENTS-X'pressions -INVOICE NO:5434	4,442.20
FOOD INGREDIENTS-X'pressions -INVOICE NO:3907	9,592.50
FOOD INGREDIENTS-X'pressions -INVOICE NO:3457	4,320.20
FOOD INGREDIENTS-RAJSHREE INTERNATIONAL INC-INVOICE NO:5811	7,101.62
FOOD INGREDIENTS-HOUSE OF SPICES-INVOICE NO:PSI158283	2,274.86
FOOD INGREDIENTS-HOUSE OF SPICES-INVOICE NO:PSI153274	6,148.20
FOOD INGREDIENTS-HOUSE OF SPICES-INVOICE NO:PSI146856	3,806.19
FOOD INGREDIENTS-HOUSE OF SPICES-INVOICE NO:PSI142690	1,204.38
FOOD INGREDIENTS-HEMANI GENERAL TRADING-INVOICE NO:3302	2,915.38
FOOD INGREDIENTS-HEMANI GENERAL TRADING-INVOICE NO:3552	2,351.44
FOOD INGREDIENTS-HEMANI GENERAL TRADING-INVOICE NO:3722	4,120.20
FOOD INGREDIENTS-CHETAK LLC-INVOICE NO:274230	239.04
FOOD INGREDIENTS-CHETAK LLC-INVOICE NO:274102	11,203.
FOOD INGREDIENTS-CHETAK LLC-INVOICE NO:272623	12,959.77
FOOD INGREDIENTS-CHETAK LLC-INVOICE NO:270949	4,646.37
FOOD INGREDIENTS-HEMANI GENERAL TEADING-INVOICE NO:2041	3,303.42

Schedule C (INDIA FOODS SERVICES): Profit or Loss from Business

Line 22

Itemization Statement

Description	Amount
Total	190,641.

Schedule C (INDIA FOODS SERVICES): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

Description	Amount
CASH AND CARRY CHARGES	2,000.
CHRIS-VEGITABLE SHIPPING	2,400.
WONSHIP-PALLET SHIPPING	4,800.
RAJBHOG	1,907.
Total	11,107.

40001

1555

Utah State Tax Commission
Utah Individual Income Tax Return
 All State Income Tax Dollars Fund Education

2020
TC-40
 INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

Your Social Security No.	Your first name	Your last name	Y/N
687441826	NUTHAN	MOSES	Y
Spouse's Soc. Sec. No.	Spouse's first name	Spouse's last name	

If deceased, complete page 3, Part 1

Address	Telephone number
4852 S REDWOOD RD	
City	Foreign country (if not U.S.)
SALT LAKE CITY	
State	ZIP+4
UT	84123

1 Filing Status - enter code 1 = Single • <u>1</u> 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er) <small>If using code 2 or 3, enter spouse's name and SSN above</small>	2 Qualifying Dependents a Dependents age 16 and under b Other dependents c 0 Total (add lines a and b) Dependents must be claimed for the child tax credit on your federal return. See instructions.	3 Election Campaign Fund Does not increase your tax or reduce your refund. Enter the code for the party of your choice. <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Yourself</td> <td style="width: 33%; text-align: center;">Spouse</td> </tr> <tr> <td></td> <td style="text-align: center;">•</td> <td style="text-align: center;">•</td> </tr> </table> See instructions for code letters or go to incometax.utah.gov/elect . If no contribution, enter N .		Yourself	Spouse		•	•
	Yourself	Spouse						
	•	•						

4 Federal adjusted gross income from federal return	• 4	-1305
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	• 5	
6 Total income - add line 4 and line 5	6	-1305
7 State tax refund included on federal form 1040, Schedule 1, line 1 (if any)	• 7	
8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8	
9 Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6	• 9	-1305
10 Utah tax - multiply line 9 by 4.95% (.0495) (not less than zero)	• 10	0
11 Utah personal exemption (multiply line 2c by \$590)	• 11	0
12 Federal standard or itemized deductions	• 12	12400
13 Add line 11 and line 12	13	12400
14 State income tax deducted on federal Schedule A, line 5a (if any)	• 14	
15 Subtract line 14 from line 13	15	12400
16 Initial credit before phase-out - multiply line 15 by 6% (.06)	• 16	744
17 Enter: \$14,879 (if single or married filing separately); \$22,318 (if head of household); or \$29,758 (if married filing jointly or qualifying widow)	• 17	14879
18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	0
19 Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	0
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	744
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21	X
22 Utah income tax - subtract line 20 from line 10 (not less than zero)	• 22	0

Electronic filing is quick, easy and free, and will speed up your refund.

To learn more, go to tap.utah.gov

Utah Individual Income Tax Return (continued)

40002 SSN 687441826 Last name MOSES

23	Enter tax from TC-40, page 1, line 22	23	0
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 37	• 25	0
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	
27	Subtract line 26 from line 25 (not less than zero)	27	0
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMENDED RETURN ONLY - previous refund	• 29	
30	Recapture of low-income housing credit	• 30	
31	Utah use tax	• 31	
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	0
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	1328
34	Credit for Utah income taxes prepaid from TC-546 and 2019 refund applied to 2020	• 34	
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2)	• 35	
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2)	• 36	
37	AMENDED RETURN ONLY - previous payments	• 37	
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38	
39	Total withholding and refundable credits - add lines 33 through 38	39	1328
40	TAX DUE - subtract line 39 from line 32 (not less than zero)	• 40	
41	Penalty and interest (see instructions)	41	
42	TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41	• 42	
43	REFUND - subtract line 32 from line 39 (not less than zero)	• 43	1328
44	Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5	• 44	
45	DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts)	checking	savings
	• Routing number 021000021 • Account number 000000707735093	Account type: • <input checked="" type="checkbox"/>	• <input type="checkbox"/>

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN Your signature _____ Date _____ Spouse's signature (if filing jointly) _____ Date _____
HERE

Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN
Paid Preparer's Section	Preparer's signature SYAM PRIYA RAM SAGAR G Date 03/09/21 Firm's name and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's telephone number 6789659522	Preparer's PTIN • P02082703 Preparer's EIN • 301017196

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

Part 1 - Utah Withholding Tax Schedule

INTUIT

**TC-40W
2020**

Pg. 1

40009 SSN 687-44-1826

Last name MOSES

Line Explanations	IMPORTANT
1 Employer/payer ID number from W-2 box "b" or 1099 2 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) 3 Employer/payer name and address from W-2 box "c" or 1099 4 Enter "X" if reporting Utah withholding from form 1099 5 Employee's Social Security number from W-2 box "a" or 1099 6 Utah wages or income from W-2 box "16" or 1099 7 Utah withholding tax from W-2 box "17" or 1099	<p>Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form.</p> <p>Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.</p> <p>Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.</p>
<p>First W-2 or 1099</p> 1 223604017 2 14183042003WTH (14 characters, no hyphens) 3 BIRLASOFT SOLUTIONS INC 399 THORNALL ST 8TH FL EDISON NJ08837 4 5 687441826 6 26685. 7 1320.	<p>Second W-2 or 1099</p> 1 820544687 2 14474835003WTH (14 characters, no hyphens) 3 AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA98108 4 5 687441826 6 415. 7 8.
<p>Third W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7	<p>Fourth W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 1328.

**Submit page ONLY if data entered.
 Attach completed schedule to your Utah Income Tax Return.
 Do not attach W-2s or 1099s to your Utah return.**