Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Taxpayer's name		Social securi	ty numb	er
SINDHU MADHAVI MANUKONDA		713-91	-1212	2
Spouse's name		Spouse's soc	ial secu	rity number
Part I Tax Return Information – Tax Year Ending December 31, 2020) (Enter	year you a	re aut	horizing.)
Enter whole dollars only on lines 1 through 5.	- . (<u> </u>		0 /
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income			1	62,114.
2 Total tax			2	6,730.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	9,084.
4 Amount you want refunded to you			4	2,354.
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 periury. 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

GLOBAL	TAXES	LLC	to enter or generate my PIN	

1	1	2	1	2	as mv
Ent don	asiny				

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

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

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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 ►								 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Metho	d Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8				 6 all zer	 9	8 9	Э

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 🕨								
	ust Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So								
For Denember / Deduction Act Nation and Vouston		Earm 8879 (Payr 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/13/21 PRO

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.	
Filing Statu Check only one box.	lf yc	Single Married filing jointly Checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate your spouse. If yo				. ,		, 0	low(er) (QW) ne qualifying	
Your first name	e and m	iddle initial	Last na	me					Your so	cial securi	ty number	
SINDHU	MADH.	AVI	MANU	KONDA					713-	91-121	2	
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social se	curity number	
Home address 23642 S	`	er and street). If you have a P.O. box, see ISH SQ	instructio	ons.			A	vpt. no.	Check	here if you,		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de			ntly, want \$3	
ASHBURN					V	A	201	48		ow will not	Checking a change	
Foreign countr	y name		F	oreign province/st	ate/cour	nty	Foreig	n postal code	_	your tax or refund.		
										You	Spouse	
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	uire any	financial intere	est in a	ny virtual c	urrency?	Yes	X No	
Standard Deduction	_	eone can claim:	•	— ·		a dependent						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	🗌 ls bl	lind	
Dependent	s (see	instructions):		(2) Social sec	uritv	(3) Relationsh	air	(4) ✔ if (oualifies fo	r (see instru	uctions):	
If more		irst name Last name		number	,	to you	·	Child tax		1	her dependents	
than four												
dependents,								<u> </u>			<u> </u>	
see instruction and check	IS ——											
here												
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1		67,104.	
Attach	2a		2a			Faxable interes	+		21			
Sch. B if	3a	· -	3a			Ordinary divide						
required.	√ 4a		4a			Faxable amoun			. 46			
	5a		5a			Faxable amoun			. 5b			
Standard	6a		6a		-	Faxable amoun			. 6b			
Deduction for –	7	Capital gain or (loss). Attach Scher		required If not					. 0.			
Single or	8	Other income from Schedule 1. lin			•	,	• •	•	. 8	-	-4,990.	
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					• •		· 0		62,114.	
\$12,400Married filing	10	Adjustments to income:	anu 0. i		mcome		• •				02,111.	
jointly or		,				10	2					
Qualifying widow(er),	a b	Charitable contributions if you take							_			
\$24,800		Add lines 10a and 10b. These are				I	-		N 10			
 Head of household, 	C		-	-							62,114.	
\$18,650	11	Subtract line 10c from line 9. This							► <u>11</u>			
 If you checked any box under 	12	Standard deduction or itemized		,	,	 2005 A					12,400.	
Standard Deduction,	13	Qualified business income deducti									12 100	
see instructions.	14	Add lines 12 and 13									<u>12,400.</u> 49,714.	
	15	Taxable income. Subtract line 14			ss, ente	er-U			. 15		49,714. 1010 (mm)	

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

Form **1040** (2020)

Form 1040 (2020))										Page	2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	6,730	
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	6,730	
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		_
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	6,730	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0	
	24	Add lines 22 and 23. This is	your total tax						.)	▶ 24	6,730	
	25	Federal income tax withheld	from:									_
	а	Form(s) W-2					25a	9	,084			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	9,084	
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)			1	٩ö	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	able cr	redits	.)	▶ 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 1	▶ 33	9,084	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is t	he amoui	nt you	overpaid		34	2,354	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	hed, cheo	ck here	э		35a	2,354	
Direct deposit?	►b	Routing number 0 2 1			► c Ty		Chec		Saving	s		
See instructions.	►d	Account number 3 8 1						ľ	0			
	36	Amount of line 34 you want a				. ►	36	T.				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now .				. •	37		
You Owe		Note: Schedule H and Sch		-						or 📃		
For details on		2020. See Schedule 3, line 1						taxee yea	0110 10			
how to pay, see instructions.	38	Estimated tax penalty (see ir				. 🕨	38					
Third Party	Do	you want to allow another					See					_
Designee		tructions	•					Yes. C	omplet	e below.	🗙 No	
		signee's		Phone						ntification		_
		ne 🕨		no. 🕨					ber (PIN	,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here								an intornatio			nt you an Identity	2.
	, TO	ur signature		Date	Your occ	Supation					IN, enter it here	
Joint return?					SOFT	WARE E	ENGI	NEER	(s	ee inst.) 🕨		٦
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	ion				nt your spouse an	_
Keep a copy for your records.	*										ection PIN, enter it he	re
your recorde.									(S	ee inst.) 🕨		
		one no.	Dura and 1 1	Email address					יאידם		Objects if	
Paid		parer's name	Preparer's signat		a		Date		PTIN	00505	Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	03/	23/2021		82703	Self-employed	
Use Only		m's name ► GLOBAL TA		~ '	<i>c</i>						(678)965-9522	
		m's address ► 2530 Pebb		n Cummin	-				Fi	rm's EIN 🖡		_
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		B/	٩A	RE\	/ 03/13/21 PRO)		Form 1040 (20	20)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

soc	ial security number
	Attachment Sequence No. 01
	2020

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SINDHU MADHAVI MANUKONDA	713-91-1212
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2 a	Alimony received	2 a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,990.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,990.
Par	line 8	9	-4,990.
10		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		
с	Date of original divorce or separation agreement (see instructions)		
19		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/13/21 PRO	Schedule	1 (Form 1040) 2020

(Form 1	040)	(From	rental real estate, roy	alties, partners	nips, S	corpora	ations, e	estates,	trusts, REM	AICs, e	etc.)	തെ	20
Department of the Treasury			► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.										
Internal Revenue Service (99) Go to www.irs.gov/ScheduleE fo			or instructions and the latest information.					AS	Attachment Sequence No. 13				
Name(s)	shown on return									You	r social se	curity nu	mber
1	HU MADHAVI										3-91-1		
Part			s From Rental Real		-						01	• •	rty, use
			instructions. If you are a										
			ents in 2020 that would										🗙 No
	Yes," did you o	or will y	ou file required Form	(s) 1099?							[_ Yes	No
<u>1a</u>			each property (street			,							
	KRISHNA N	AGAR ,	ARYAPURAM P RA	AJAHMUNDRY	ANI	DHRA I	PRADE	SH IN	533104				
<u>C</u>	Turne of Due	a a who i	0					Foir	Rental	Dor	onallia	•	
1b Type of Property (from list below) 2 For each rental real estate above, report the number of		real estate prop	perty listed				ays	Personal Use Days		e	QJV		
		1000)	personal use da	avs. Check the (QJV b	ox only	•		•		•		
 	3		If you meet the	requirements to enture. See inst	o file a ructio	sa ns	A B		365		0		
	+						C						
	of Property:						C						
	le Family Resid	lanca	3 Vacation/Shor	t-Term Rental	5 1 21	hd		7 Self-	Rontal				
	i-Family Reside		4 Commercial	renninentai		valties			r (describe				
Incom	,	01100		Properties:			Α			9 B		C	
3	Rents received	k		-	3			350.		_		-	
					4								
Expen													
-					5								
	-		nstructions)		6								
		-	nance		7			970.					
	-				8								
9	Insurance				9								
10	Legal and othe	er profe	essional fees		10								
11	Management f	ees .			11			900.					
12	Mortgage inter	rest pa	id to banks, etc. (see	instructions)	12								
13	Other interest.				13								
14	Repairs				14			300.					
15	Supplies				15		1,	100.					
16					16								
					17		1,	070.					
18		expense	e or depletion		18								
	Other (list) ►				19								
			lines 5 through 19 .		20		5,	340.					
			line 3 (rents) and/or										
			instructions to find o	•	21		_4	990.					
			I estate loss after lim		21		ч,	<i>JJ</i> 0.					
			structions)		22	(_4 9	90.)	(,
		-	eported on line 3 for			<u> </u>		23a	(31	50.		,
			eported on line 4 for					23b					
			eported on line 12 for					23c					
d			eported on line 18 for					23d					
			eported on line 20 fo					23e		5,34	40.		
			e amounts shown on								24		
		•	osses from line 21 and i					nter tota	al losses he	re.	25 (4	L,990.)
			ate and royalty inco							- F			
			V, and line 40 on p										
			40), line 5. Otherwise								26	-	4,990.

Supplemental Income and Loss

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074

40001 1555		Utah Indi All State I	vidual In	Commission COME TAX Re collars Fund Educati	on	2020 TC-40 INTUIT
Your Social Security No. 713911212 Spouse's Soc. Sec. No.	Your first name SINDHU MA Spouse's first name	Your last name	A	enter code: (si	ee instructions)	Full-yr Resident? Y/N Y
If deceased, complete page 3, Part 1	Address 23642 SAI ^{City} ASHBURN	LFISH SQ ^{State} VA	ZIP+4 20148		number 83 – 8782 ntry (if not U.S.)	
 Filing Status - enter 1 = Single 2 = Married filir 3 = Married filir 4 = Head of ho 5 = Qualifying with the second s	ng jointly ng separately usehold widow(er)	 2 Qualifying Dependents a Dependents age 16 and b Other dependents c 0 Total (add lines a and b) Dependents must be claimed for the credit on your federal return. See in 	ne child tax	3 Election Camp Does not increas Enter the code for party of your choid See instructions code letters or g If no contribution, o	the your tax or red the Yours e. for o to incometa	-
4 Federal adjusted gro	ss income from feder	al return			• 4	62114
5 Additions to income	from TC-40A, Part 1 (attach TC-40A, page 1)			• 5	
6 Total income - add lir	ne 4 and line 5				6	62114
7 State tax refund inclu	uded on federal form f	1040, Schedule 1, line 1 (if any)			• 7	0
8 Subtractions from inc	come from TC-40A, P	art 2 (attach TC-40A, page 1)			• 8	
9 Utah taxable incom	e (loss) - subtract the	sum of lines 7 and 8 from line 6			• 9	62114
10 Utah tax - multiply lii	ne 9 by 4.95% (.0495)) (not less than zero)			• 10	3075
11 Utah personal exemp	otion (multiply line 2c b	y \$590)	• 11	0		
12 Federal standard or i	temized deductions		• 12	12400		tronic filing ck, easy and
13 Add line 11 and line	12		13	12400	free	e, and will p your refund.
14 State income tax dec	lucted on federal Sch	edule A, line 5a (if any)	• 14			earn more,
15 Subtract line 14 from	line 13		15	12400		go to .utah.gov
16 Initial credit before pl	hase-out - multiply line	e 15 by 6% (.06)	• 16	744		3
17 Enter: \$14,879 (if sir	ngle or married filing s	eparately); \$22,318 (if head	• 17	14879		
		d filing jointly or qualifying widower) e 17 from line 9 (not less than zero)	18	47235		
19 Phase-out amount -	9 Phase-out amount - multiply line 18 by 1.3% (.013)			614		
20 Taxpayer tax credit -	subtract line 19 from	line 16 (not less than zero)			• 20	130
21 If you are a qualified	exempt taxpayer, ent	er "X" (complete worksheet in instr.)	• 21			
22 Utah income tax - s REV 03/16/21 PRO	ubtract line 20 from lir	ne 10 (not less than zero)			• 22	2945

400	Uta 002 SSN	h Individual Income 713911212	•	tinued) MANUKOND <i>I</i>			ГС-40 2020	Pg. 2
23	Enter tax fror	n TC-40, page 1, line 22				23		2945
24	Apportionable	e nonrefundable credits from	TC-40A, Part 3 (attach T	C-40A, page 1)		• 24		
25		ident, subtract line 24 from lin /ear resident, complete and e	· · · · · · · · · · · · · · · · · · ·	TC-40B line 37		• 25	i	2945
26	-	nable nonrefundable credits fr			1)	• 26	i	
27	Subtract line	26 from line 25 (not less than	zero)			27		2945
28	Voluntary cor	ntributions from TC-40, page 3	3, Part 4 (attach TC-40, p	bage 3)		• 28	;	
29		RETURN ONLY - previous refu	Ind			• 29)	
30	Recapture of	low-income housing credit				• 30)	
31	Utah use tax					• 31		
32	Total tax, us	e tax and additions to tax (a	dd lines 27 through 31)			32	2	2945
33	Utah income	tax withheld shown on TC-40	W, Part 1 (attach TC-40\	W, page 1)		• 33		3322
34	Credit for Uta	ah income taxes prepaid from	TC-546 and 2019 refund	applied to 2020		• 34	L	
35	Pass-through	n entity withholding tax shown	on TC-40W, Part 3 (atta	ch TC-40W, page	2)	• 35	i	
36	Mineral produ	uction withholding tax shown o	on TC-40W, Part 2 (attac	ch TC-40W, page	2)	• 36	i	
37	AMENDED F	RETURN ONLY - previous pay	ments			• 37		
38	Refundable o	credits from TC-40A, Part 5 (a	ttach TC-40A,page 2)			• 38		
39	Total withhold	ding and refundable credits - a	add lines 33 through 38			39)	3322
40 41		ubtract line 39 from line 32 (n interest (see instructions)	ot less than zero)	2	1	• 40)	
	•	- PAY THIS AMOUNT - add li	ne 40 and line 41			• 42		
43	REFUND - su	ubtract line 32 from line 39 (no	ot less than zero)			• 43	i	377
44	•	otractions from refund (not gre al from page 3, Part 5	ater than line 43)			• 44		
45		POSIT YOUR REMAINING R	• Account number	nt information (see 38103919) checking t type: • _X	savings •

Under penaltie	es of perjury, I declare	e to the best of my knowledge and	belief, this return a	nd accompa	nying schedules are true, correc	t and complete.	
SIGN Your signature			Date	Spouse's signature (if filing jointly)			Date
HERE							
Third Party	Name of designee (i	f any) you authorize to discuss thi	s return		Designee's telephone number	Designee PIN	
Designee						•	
	Preparer's signature	•	Date		Preparer's telephone number	Preparer's PTIN	l
Paid	SYAM PRI	YA RAM SAGAR G	03/23/2	21	6789659522	•	P02082703
Preparer's	Firm's name	GLOBAL TAXES 1	LLC			Preparer's EIN	
Section	and address	2530 PEBBLE CH	REEK LN			•	301017196
		CUMMING		C	GA 30041		

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. REV 03/16/21 PRO Last name MANUKONDA

Pg. 1

TC-40W

2020

Line Explanations	IMPORTANT				
 Employer/payer ID number from W-2 box "b" or 1099 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Employee's Social Security number from W-2 box "a" or 1099 Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 	 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. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W. 				
First W-2 or 1099	Second W-2 or 1099				
1 223532357	1				
² 14502892003WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)				
³ RELYCOM INC 666 PLAINSBORO RD STE 1271	3				
PLAINSBORO NJ08536					
4	4				
5 713911212	5				
6 67104.	6				
7 3322.	7				
Third W-2 or 1099 1	Fourth W-2 or 1099 1				
2 (14 characters, no hyphens)	2 (14 characters, no hyphens)				
3	3				
4	4				
5	5				
6	6				
7	7				

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 3322.

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.

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