Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	·						
Taxpayer's name	Social security number						
PRASHANTH ABHINAV RAJANALA	065-97-9922						
Spouse's name	Spouse's social security number						
Part I Tax Return Information — Tax Year Ending December 31, 2023 (I	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							
 Total tax							
4 Amount you want refunded to you	4 3,383.						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a							
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amemy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, the to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved it taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	I above are the amounts from the income tax ransmitter, or electronic return originator (ERO) or rejection of the transmission, (b) the reason the U.S. Treasury and its designated Financial nt indicated in the tax preparation software for stitution to debit the entry to this account. This minate the authorization. To revoke (cancel) a n requests must be received no later than 2 in the processing of the electronic payment of the payment. I further acknowledge that the						
Taxpayer's PIN: check one box only ☑ I authorize GLOBAL TAXES LLC to enter or general states.	7 9 9 2 2 as my						
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros						
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN							
Your signature ▶ Date							
Spouse's PIN: check one box only							
I authorize to enter or gene	erate my PIN Enter five digits, but						
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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.	don't enter all zeros am now authorizing. Check this box only						
Spouse's signature ▶ Date	•						
Practitioner PIN Method Returns Only—continue be	elow						
Part III Certification and Authentication — Practitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros						
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incoauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provider	submitting this return in accordance with the						
ERO's signature ▶ Date	•▶						
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Requested							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20						See sep	oarate ir	nstruct	tions.
Your first name	iddle initial	name						Your social security number			ımber		
PRASHANT	BHTNAV	ANALA					065 97 9922						
		s first name and middle initial	Last na						;				y number
										101	74	2381	1
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			A	ot. no.					ampaign
1510 W F	RROOI	KBURY WAY						03	1		nere if yo		
		ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ate	ZIP co				if filing jo		
TAYLORSVILLE					ָט	т	8412	2.3		-	this funo ow will n		_
Foreign country		_		Foreign province/state/	_			postal c			ow will it		rige
											You	u 🗀	Spouse
Filing Status	. [Single				☐ Head of he	ouseho	ld (HOF	<u>'</u> -				
Check only		Married filing jointly (even if only o	ne had	income)				`	,				
one box.	X	Married filing separately (MFS)		•		☐ Qualifying	survivi	ng spou	ıse (C	QSS)			
	lf y	ou checked the MFS box, enter the	e name	of your spouse. If you	u ch	ecked the HOH	or QS	S box, e	enter	the chi	ld's nan	ne if th	те
	qu	alifying person is a child but not you	ur depe	ndent: CRYSTAL MAF	RY T	OLENTINO							
	A+	ti di 2000 did (-)	-! /				.4	'\	(1				
Digital Accets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig	,				•	,	,	,	☐ Ye	ς Σ	No
Assets		eone can claim: You as a de		<u>`</u>			i): (Se	5 IIISII UC	Juone	·.)		<u> </u>	<u> </u>
Standard Deduction		Spouse itemizes on a separate retur	•			•							
Deduction	<u> Ц</u>	Spouse iternizes on a separate retur	ii or yo	u were a duar-status	allei	<u> </u>							
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are blind Spo	ouse	: Was bor	rn befo	e Janua	ary 2,	1959	Is	blind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	_{nip} (4)	Check th	ne box	x if qualif	fies for (s	ee inst	ructions):
If more	(1) F	irst name Last name		number to you				Child tax cr			Credit for	other d	lependents
than four													
dependents, see instructions													
and check	, 												
here L													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .						1a	4	<u>111,</u>	742.
Attach Form(s)	b	Household employee wages not r	eportec	d on Form(s) W-2 .						1b	+		
W-2 here. Also	С	Tip income not reported on line 1a		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep		, ,	nstrı	uctions)				1d			
1099-R if tax	е	Taxable dependent care benefits								1e	_		
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6.								1g			
W-2, see	h	Other earned income (see instruct	,				· ·			1h	-		0.
instructions.	i	Nontaxable combat pay election (see ins	tructions)		<u>1i</u>				-		111	740
	<u>z</u>	Add lines 1a through 1h	· ;	· · · · · i						1z		<u> </u>	742.
Attach Sch. B if required.	2a	· -	2a			axable interest				2b	_		
	3a		3a			Ordinary divider				3b			
Standard	4a	_	4a			axable amoun				4b			
Deduction for—	5a		5a			axable amoun				5b			
Single or Married filing	6a	·	6a			axable amoun	τ			6b	_		
separately, \$13,850	C 7	If you elect to use the lump-sum e				· ·					4		
Married filing	7 8	Capital gain or (loss). Attach Sche Additional income from Schedule							. Ц	8	+		745.
jointly or Qualifying		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	+		997.
surviving spouse, \$27,700	9	Add lines 12, 25, 35, 45, 55, 65, 7 Adjustments to income from Sche		•						10	+	<u> </u>	221.
Head of	10 11	Subtract line 10 from line 9. This is								11	_	0.7	997.
household, [\$20,800	11	Standard deduction or itemized	•							12			850.
If you checked any box under	12 13	Qualified business income deduct		,	,					13	_	,	000.
Standard	14	Add lines 12 and 13								14	_	1 ?	850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze								15			147

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌 _		16	13,815.		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18	13,815.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	13,815.		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	13,815.		
Payments	25	Federal income tax withheld	d from:								
•	а	Form(s) W-2				25a 17	,198.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	17,198.		
If you have a	26	2023 estimated tax paymen						26	·		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32									
	33	Add lines 25d, 26, and 32. 1						33	17,198.		
Refund	34	If line 33 is more than line 2						34	3,383.		
riciana	35a	Amount of line 34 you want	· ·					35a	3,383.		
Direct deposit?	b	Routing number 1 2 4	-	,							
See instructions.	d	Account number 6 3 0	 		c Type: ☒	Checking	Savings				
	36	Amount of line 34 you want									
Amount	37	Subtract line 33 from line 24				36					
You Owe	31	For details on how to pay, g						37			
	38	Estimated tax penalty (see i				38		0.			
Third Party		you want to allow another									
Designee		structions	•				omplete	below.	⋉ No		
	De	signee's		Phone		onal iden					
		name				oer (PIN)					
Sign		der penalties of perjury, I declare t lief, they are true, correct, and con									
Here	Dei	iler, triey are true, correct, and con	ipiete. Declaration t		. , ,	sed on an imormati			,		
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here		
Joint return?					SOFTWARE E	NGINEER		e inst.)	ira, enter it nore		
See instructions.	——Sp	ouse's signature. If a joint return,	both must sian.	Date	Spouse's occupation		If th	e IRS se	nt vour spouse an		
Keep a copy for	-,-	,					Ide	ntity Prot	ection PIN, enter it here		
your records.							(see	e inst.)			
	Ph	one no.		Email address	RPRASHANTH.A	BHI@GMAIL.CO	M(
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:		
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	P0208	32703	Self-employed			
Use Only	Fin	m's name GLOBAL TA	XES LLC	RAM SAGAR GUPTA TALLAM 03/11/2024 P02					(678) 965-9522		
Jae Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

PRAS	PRASHANTH ABHINAV RAJANALA 065-9									
Par	t I Additional Income									
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.						
2a	Alimony received		2 a							
b	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. Atta	E . 5	-13,745.							
6	Farm income or (loss). Attach Schedule F		6							
7	Unemployment compensation									
8	Other income:									
а	Net operating loss	8a ()							
b	Gambling	8b								
С	Cancellation of debt	8c								
d	Foreign earned income exclusion from Form 2555	8d ()							
е	Income from Form 8853	8e								
f	Income from Form 8889	8f								
g	Alaska Permanent Fund dividends	8g								
h	Jury duty pay	8h								
i	Prizes and awards	8i								
j	Activity not engaged in for profit income	8j								
k	Stock options	8k								
- 1	Income from the rental of personal property if you engaged in the rental									
	for profit but were not in the business of renting such property	81								
m	Olympic and Paralympic medals and USOC prize money (see									
	instructions)	8m								
n	Section 951(a) inclusion (see instructions)	8n								
0	Section 951A(a) inclusion (see instructions)	80								
р	Section 461(I) excess business loss adjustment	8p								
q	Taxable distributions from an ABLE account (see instructions)	8q								
r	Scholarship and fellowship grants not reported on Form W-2	8r								
s	Nontaxable amount of Medicaid waiver payments included on Form									
	1040, line 1a or 1d	8s ()							
t	Pension or annuity from a nonqualifed deferred compensation plan or									
	a nongovernmental section 457 plan	8t								
u	Wages earned while incarcerated	8u								
Z	Other income. List type and amount:									
		8z								
9	Total other income. Add lines 8a through 8z									
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on	Form							
	1040, 1040-SR, or 1040-NR, line 8		. 10	- 13,745.						

Page 2 Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade	274			
C		24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful	9			
••		24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 03/	04/24 PRO	Schedule	e 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment Sequence No. 13

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

OMB No. 1545-0074

PRAS	SHANTH ABHINAV RAJANALA						065-9	7-9922	
Par									
	Note: If you are in the business of renting personal proper	rty, use	Schedule	e C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.		- ()	10000					571 11
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> Y</u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code))						
Α	12-11-202/1, BAPANBASTHI WARASIGUDA, S	SEC-E	BAD TE	LENGAI	NA I	N 500061			
В									
С									
1b	Type of Property 2 For each rental real estate property	ertv list	ed		Fa	ir Rental	Persor	nal Use	2.07
	(from list below) above, report the number of fair					Days	1	ıys	QJV
Α	personal use days. Check the Q			Α		365		0	П
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	uctions	j.	С					
Tvpe	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land	d	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
	,	-							
_						Propert	ies:		
Incor				Α		В			С
3	Rents received	3		-/	80.				
4	Royalties received	4							
	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		890.					
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	49.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,541.					
15	Supplies	15		4,1	55.				
16	Taxes	16		1,952.					
17	Utilities	17		1,9	52.				
18	Depreciation expense or depletion	18							
19	Other (list)	19		10 0	0.7				
20	Total expenses. Add lines 5 through 19	20		12,3	∀ /.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file Form 6198			- 11 , 6	07				
00		21		тт, о	0/.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		/	11 60	\ 7 \	,	,	,	,
22-	Total of all amounts reported on line 3 for all rental prope	22 ortios	l	11,60		(<u>)</u> 780.	(
23a				•	23a		700.		
b	Total of all amounts reported on line 4 for all proportion				23b				
q	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	1 /	2,387.		
e 24	Total of all amounts reported on line 20 for all properties				23e		. 24		
24 25	Income. Add positive amounts shown on line 21. Do not		-		· ·	tal lacaca ha		/	11 607
25 26	Losses. Add royalty losses from line 21 and rental real estat							1	11,607.
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						26		- 11 , 607.
	concessor (i orini 10-10), inic or orini wise, include tills a	····ouiit		.a. on II	1	on page 2	20	l	, 00/.

Name(s) shown on return. Do not enter name and social security number if shown on other side.	our social security number
PRASHANTH ABHINAV RAJANALA 06)65-97-9922

		return. Do not enter name an ABHINAV RAJANAI		urity number	if shown	on other s	ide.					cial security 97–9922	
		IRS compares amounts		on vour ta	ax retur	n with a	mounts	shown	on S	Schedule(s) K			•
Part	II In No th	ncome or Loss From ote: If you report a loss, re e box in column (e) on line nount is not at risk, you m	Partner ceive a dis 28 and att	rships an tribution, di tach the rec	nd S C ispose o quired b	orpora of stock, of asis comp	tions or receiv outation	e a loan . If you re	repay	ment from an s a loss from an	S corporat-risk a		
27	passive	u reporting any loss not e activity (if that loss wa tructions before comple	as not rep	orted on		3582), or	unreim	nbursed	part		nses? I	f you ansv	
28		(a) Name			partne	iter P for ership; S orporation	(c) Che foreig partner	gn		l) Employer fication number	(e) Check if basis computation is required		(f) Check if any amount is not at risk
Α	SJ M	ART LLC			1	Р	partifici]	92-	-3020105	131		
В													
С													
D					<u> </u>								
	10	Passive Income		assive income		(i) Nonno	oolus los		-	sive Income			
		Passive loss allowed Form 8582 if required)		ssive income Schedule K-		(i) Nonpa (see \$	ssive loss Schedule			(j) Section 179 execution from Fo			assive income chedule K-1
Α							2	,138.					
В													
С													
D													
29a	Totals							100					
b	Totals	lumps (b) and (b) of line	200					,138.			20		
30 31		lumns (h) and (k) of line lumns (g), (i), and (j) of li									. 30	1	2 120)
32		eartnership and S corp									. 32	1	2,138.) -2,138.
Part		come or Loss From				001110111	10 111100	oo ana			. 02		<u> </u>
33					Name							(b) Emplidentification	
A													
В		Passiva	Income a	nd Loss					N	lonpassive l	acome	and Lose	
	(c)	Passive deduction or loss allo (attach Form 8582 if required	owed	(d)	Passive in Sched				Deduc	ction or loss nedule K-1	lectifie	(f) Other inc Schedu	come from
Α													
В							_						
	Totals												
	Totals	lumana (d) and (f) of line	240								25		
35 36		lumns (d) and (f) of line lumns (c) and (e) of line									. 35	1	
37		state and trust income		 L Combin	 e lines	35 and 3	 36				. 37	1	
Part		come or Loss From		<u>, </u>								al Holde	 er
38		(a) Name			(a) Name (describing number Schedules Q, line 2c (net los				nclusion from (d) Taxable in (s Q, line 2c (net loss) from			(e) In	come from
							(see in	structions	P)	Schedules Q	, iiile ID	+	•
39	Combir	ne columns (d) and (e) o	nly. Enter	the result	here a	and inclu	de in th	ne total	on lin	ie 41 be l ow	. 39	1	
Part '		ummary											
40	Net far	m rental income or (loss	from Fo	rm 4835.	Also, c	omplete	line 42	below			. 40		
41		ncome or (loss). Combin 1040), line 5	ne lines 2 · · ·	6, 32, 37,	39, and	d 40. Ent	er the r	esu l t he	re an	d on Schedu	le 41		-13 , 745.
42	Recon	ciliation of farming a		•		•	_						
		065), box 14, code B; S											
		d Schedule K-1 (Form 10	-					42					
43	profess	ciliation for real estate sional (see instructions d anywhere on Form	s), enter	the net i	ncome	or (los	s) you						
		l rental real estate activ											

43

403011555

Utah State Tax Commission

Utah Individual Income Tax Return

All state income tax dollars support education, children and individuals with disabilities.

Amended Return - enter code: (see instructions)

• 22

4557

2023 TC-40

INTUIT

Full-yr Resident?

Your last name Your Social Security No. Your first name Y/N RAJANALA 065979922 Y PRASHANTH ABHINAV Spouse's Soc. Sec. No. Spouse's first name Spouse's last name 101742381 CRYSTAL MARY TOLENTINO Ν Telephone number Address 1510 W BROOKBURY WAY, APT 203 If deceased, complete Foreign country (if not U.S.) page 3, Part 1 TAYLORSVILLE UT 84123 Filing Status - enter code • 2 **Qualifying Dependents** 3 Election Campaign Fund 1 = Single а Dependents age 16 and under Does not increase your tax or reduce your refund. 2 = Married filing jointly b Other dependents Enter the code for the Yourself Spouse 3 = Married filing separately Dependents born in 2023 С party of your choice. 4 = Head of household d () Total (add lines a, b and c) See instructions for 5 = Qualifying surviving spouse code letters or go to incometax.utah.gov/elect. If using code 2 or 3, enter spouse's name and SSN above See instructions. If no contribution, enter N. Federal adjusted gross income from federal return 97997 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1) Total income - add line 4 and line 5 6 6 97997 State tax refund included on federal form 1040, Schedule 1, line 1 (if any) 0 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1) Utah taxable income/loss - subtract the sum of lines 7 and 8 from line 6 97997 • 10 10 Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero) 4557 11 Utah personal exemption (multiply line 2d by \$1,941) • 11 0 **Electronic filing** 13850 12 Federal standard or itemized deductions • 12 is quick, easy and free, and will 13 Add line 11 and line 12 13 13850 speed up your refund. 14 State income tax included in federal itemized deductions • 14 To learn more, go to 15 Subtract line 14 from line 13 15 13850 tap.utah.gov 16 Initial credit before phase-out - multiply line 15 by 6% (.06) • 16 831 17 Enter: \$16,742 (single or married filing separately); \$25,114 (head of • 17 16742 household); or \$33,484 (married filing jointly or qualifying surviving spouse) 18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero) 18 81255 19 Phase-out amount - multiply line 18 by 1.3% (.013) • 19 1056 • 20 20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero) 0 21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)

22 Utah income tax - subtract line 20 from line 10 (not less than zero)

403	302	Utah Individual Income Tax Return (continued) SSN 065979922 Last name RAJANALA	TC-40 2023	Pg. 2
23	Enter ta	x from TC-40, page 1, line 22	23	4557
24	Apporti	onable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
	Non or	Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41	2526	4557
		t line 26 from line 25 (not less than zero)	27	4557
28	Volunta	ry contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMEND	ED RETURN ONLY - previous refund	• 29	
30	Recapt	ure of low-income housing credit	• 30	
31	Utah us	e tax	• 31	
32	Total ta	x, use tax and additions to tax (add lines 27 through 31)	32	4557
33			• 33	5296
34		re page 3, Part 5. If not, enter on line 33 the total of TC-40W, Part 1. or Utah income taxes prepaid from TC-546 and 2022 refund applied to 2023	• 34	
35	AMEND	ED RETURN ONLY - previous payments	• 35	
36	Nonapp	ortionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 36	
37	Apporti	onable refundable credits from TC-40A, Part 6, line c (attach TC-40A, page 2)	• 37	
38	Total wi	thholding and refundable credits - add lines 33 through 37	38	5296
39	TAX DU	JE - subtract line 38 from line 32 (not less than zero)	• 39	
40	Penalty	and interest (see instructions)	40	
41	TOTAL	DUE - PAY THIS AMOUNT - add line 39 and line 40	• 41	
42	REFUN	D - subtract line 32 from line 38 (not less than zero)	• 42	739
43	Volunta	ry subtractions from refund (not greater than line 42)	• 43	
44	REMAI	e total from page 3, Part 6 NING REFUND DIRECT DEPOSIT - your account information (see instructions for foreign accounts) ng number 124001545 • Account number 630197025 Type:	checking saving	s foreign
	er penaltie N Your s	es of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct a signature Date Spouse's signature (if filing jointly)	and complete.	Date
HER	RE			
	d Party signee	Name of designee (if any) you authorize to discuss this return Designee's telephone number	Designee PIN •	
	oid		Preparer's PTIN	2002702
	aid parer's	SYAM PRIYA RAM SAGAR G 03/11/24 6789659522 Firm's name GLOBAL TAXES LLC	• PO	2082703
Sec	ction	and address 245 ROONEY CT	• 84	3171965
Attach	h nage 3 i	E BRUNSWICK NJ 08816 f you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making contributions, war	nt to deposit into a my	529 account

Pg. 1

Line Explanations

SSN 065-97-9922

Last name RAJANALA

IMPORTANT

1 Employer/payer ID number from W-2 box "b" or 1099 Do not send your W-2s or 1099s with your return. Instead enter Utah withholding ID number from W-2 box "15" or 1099 W-2 or 1099 information below, but only if there is Utah withholding (14 characters, ending in WTH, no hyphens) on the form. Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Use additional forms TC-40W if you have more than four W-2s and/or 5 Employee's Social Security number from W-2 box "a" or 1099 1099s with Utah withholding tax. Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 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 320131107 204187766 (14 characters, no hyphens) (14 characters, no hyphens) 12947256002WTH 15763689002WTH IT CATS LLC VERINOVA TECHNOLOGIES LLC 388 WASHINGTON RD 4080 MCGINNIS FERRY RD STE 1301 NJ08872 GA30005 SAYREVILLE ALPHARETTA 4 065979922 065979922 6 6 31824 79918 1543 7 3753 Third W-2 or 1099 Fourth W-2 or 1099 1 (14 characters, no hyphens) 2 2 (14 characters, no hyphens) 3 3 4 4 5 5 6 6 7 7

Total Utah withholding tax from all lines 7:

If you have nothing to enter on TC-40W, page 2, enter this total on TC-40, page 2, line 33. If you have entries on TC-40W, page 2, enter this total on TC-40, page 3, Part 5, line 1.

5296