

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 MANIKANTAN PONNUSWAMY | Social security number 684-61-6115 |
| Spouse's name PAVITHRA MANI | Spouse's social security number 726-92-9870 |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|----------|
| 1 Adjusted gross income | 1 | 131,096. |
| 2 Total tax | 2 | 13,362. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 20,934. |
| 4 Amount you want refunded to you | 4 | 7,572. |
| 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

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

 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 ▶ 02/15/2024

Spouse's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 2 | 9 | 8 | 7 | 0 |
|---|---|---|---|---|

 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.

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial MANIKANTAN Last name PONNUSWAMY Your social security number 684 61 6115

If joint return, spouse's first name and middle initial PAVITHRA Last name MANI Spouse's social security number 726 92 9870

Home address (number and street). If you have a P.O. box, see instructions. 4935 S MARIANNA DR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. Salt Lake City State UT ZIP code 84129 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Includes rows for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax: 13,362.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments: 20,934.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of refund: 7,572.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed: 7,572.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return with the IRS.

Sign Here section. Declaration of preparer: 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.

Signature table with 4 columns: Signature, Date, Occupation, and PIN. Includes fields for preparer and spouse.

Paid Preparer Use Only section. Fields for Preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**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

2023

Attachment
Sequence No. **01**

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

MANIKANTAN PONNUSWAMY & PAVITHRA MANI

Your social security number

684-61-6115

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 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -12,484. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLÉ 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 nonqualified 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 | | 9 | |
| 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 | -12,484. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | |
|------------|--|------------|------------|
| 11 | Educator expenses | | 11 |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government 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 | | |
| c | 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: | | |
| a | Jury duty pay (see instructions) | 24a | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d | Reforestation amortization and expenses | 24d | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 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 1041) | 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 . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 |

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

MANIKANTAN PONNUSWAMY & PAVITHRA MANI

Your social security number

684-61-6115

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A #69, Sri Lakshmi Narayana Nilayam, MN Layout R T NAGAR BANGALORE, KARNATAKA IN 560032

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 2 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 1,558. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 600. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 810. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 3,218. | | |
| 14 Repairs | 14 1,128. | | |
| 15 Supplies | 15 2,517. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 803. | | |
| 18 Depreciation expense or depletion | 18 4,966. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 14,042. | | |
| 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 | 21 -12,484. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (12,484.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 1,558. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c 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 4,966. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 14,042. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (12,484.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | 26 -12,484. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-12,484.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
684-61-6115

MANIKANTAN PONNUSWAMY

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|----|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter | 3 7,750. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 7,750. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | 6 7,750. |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions | 7 |
| 8 | Add lines 6 and 7 | 8 7,750. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 1,000. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 1,000. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 6,750. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|-----|--|-----|
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|----|--|----|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. 179

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: MANIKANTAN PONNUSWAMY & PAVITHRA MANI, Sch E #69, Sri Lakshmi Narayana, 684-61-6115

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns for lines 1-13. Line 1: 1,160,000. Line 3: 2,890,000. Line 13: 13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 2 columns for lines 14-16. Line 14: 14, Line 15: 15, Line 16: 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns for lines 17-18. Line 17: 17, Line 18: 18

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property and residential/nonresidential real property.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs., (f) 30 yrs., (g) 40 yrs., (h) MM, (i) S/L

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 21: 21, Line 22: 4,966, Line 23: 23

40301

1555

Utah State Tax Commission
Utah Individual Income Tax Return
 All state income tax dollars support education,
 children and individuals with disabilities.

2023
TC-40

INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

| | | | |
|--------------------------|---------------------|-------------------------------|-------|
| Your Social Security No. | Your first name | Your last name | Y/N |
| 684616115 | MANIKANTAN | PONNUSWAMY | Y |
| Spouse's Soc. Sec. No. | Spouse's first name | Spouse's last name | |
| 726929870 | PAVITHRA | MANI | Y |
| | Address | Telephone number | |
| | 4935 S MARIANNA DR | 801-900-8972 | |
| | City | State | ZIP+4 |
| | SALT LAKE CITY | UT | 84129 |
| | | Foreign country (if not U.S.) | |

If deceased, complete page 3, Part 1

1 Filing Status - enter code

- 1 = Single
- 2 = Married filing jointly
- 3 = Married filing separately
- 4 = Head of household
- 5 = Qualifying surviving spouse

If using code 2 or 3, enter spouse's name and SSN above

• 2 Qualifying Dependents

- a Dependents age 16 and under
- b Other dependents
- c Dependents born in 2023
- d 0 Total (add lines a, b and c)

See instructions.

3 Election Campaign Fund

Does not increase your tax or reduce your refund.
 Enter the code for the party of your choice.

| | | |
|---|---|---|
| • | • | • |
| • | • | • |

See instructions for code letters or go to incometax.utah.gov/elect.
 If no contribution, enter **N**.

| | | | |
|----|---|------|--------|
| 4 | Federal adjusted gross income from federal return | • 4 | 131096 |
| 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 | 131096 |
| 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 | 131096 |
| 10 | Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero) | • 10 | 6096 |
| 11 | Utah personal exemption (multiply line 2d by \$1,941) | • 11 | 0 |
| 12 | Federal standard or itemized deductions | • 12 | 27700 |
| 13 | Add line 11 and line 12 | 13 | 27700 |
| 14 | State income tax included in federal itemized deductions | • 14 | |
| 15 | Subtract line 14 from line 13 | 15 | 27700 |
| 16 | Initial credit before phase-out - multiply line 15 by 6% (.06) | • 16 | 1662 |
| 17 | Enter: \$16,742 (single or married filing separately); \$25,114 (head of household); or \$33,484 (married filing jointly or qualifying surviving spouse) | • 17 | 33484 |
| 18 | Income subject to phase-out - subtract line 17 from line 9 (not less than zero) | 18 | 97612 |
| 19 | Phase-out amount - multiply line 18 by 1.3% (.013) | • 19 | 1269 |
| 20 | Taxpayer tax credit - subtract line 19 from line 16 (not less than zero) | • 20 | 393 |
| 21 | If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.) | • 21 | |
| 22 | Utah income tax - subtract line 20 from line 10 (not less than zero) | • 22 | 5703 |

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)

INTUIT

**TC-40
2023**

Pg. 2

40302 SSN 684616115 Last name PONNUSWAMY

| | | | | |
|----|---|-----------|---------|---------|
| 23 | Enter tax from TC-40, page 1, line 22 | 23 | 5703 | |
| 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 41 | • 25 | 5703 | |
| 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 | 5703 | |
| 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 | 5703 | |
| 33 | Total withholding - If you have mineral production withholding or pass-through entity withholding, complete page 3, Part 5. If not, enter on line 33 the total of TC-40W, Part 1. | • 33 | 6821 | |
| 34 | Credit for Utah income taxes prepaid from TC-546 and 2022 refund applied to 2023 | • 34 | | |
| 35 | AMENDED RETURN ONLY - previous payments | • 35 | | |
| 36 | Nonapportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2) | • 36 | | |
| 37 | Apportionable refundable credits from TC-40A, Part 6, line c (attach TC-40A, page 2) | • 37 | | |
| 38 | Total withholding and refundable credits - add lines 33 through 37 | 38 | 6821 | |
| 39 | TAX DUE - 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 | REFUND - subtract line 32 from line 38 (not less than zero) | • 42 | 1118 | |
| 43 | Voluntary subtractions from refund (not greater than line 42) Enter the total from page 3, Part 6 | • 43 | | |
| 44 | REMAINING REFUND DIRECT DEPOSIT - your account information (see instructions for foreign accounts) | checking | savings | foreign |
| | • Routing number 123103716 • Account number 139105120390 | Type: • X | • | • |

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 Firm's name and address GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK | Date 02/14/24 Preparer's telephone number 6789659522 NJ 08816 | Preparer's PTIN P02082703 Preparer's EIN 843171965 |

Attach page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, have mineral production or pass-through entity withholding, or no longer qualify for a homeowner's exemption.

Part 1 - Utah Withholding Tax Schedule

40309 SSN 684-61-6115

Last name PONNUSWAMY

INTUIT

**TC-40W
2023**

Pg. 1

| 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 133937419 2 14354290003WTH (14 characters, no hyphens) 3 GOLDMAN SACHS SERVICES LLC 30 HUDSON STREET 4TH FLOOR JERSEY CITY NJ07302 4 5 684616115 6 127042 7 6289 | <p>Second W-2 or 1099</p> 1 900657615 2 12953942003WTH (14 characters, no hyphens) 3 SPROUTS FARMERS MARKET (SFN) 5455 E HIGH ST PHOENIX AZ850545464 4 5 726929870 6 9873 7 376 |
| <p>Third W-2 or 1099</p> 1 320378957 2 12901882003WTH (14 characters, no hyphens) 3 PAYDAY BENEFITS IV LLC 3051 W MAPLE LOOP DR STE 101 LEHI UT84043 4 5 726929870 6 6313 7 156 | <p>Fourth W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7 |

Total Utah withholding tax from all lines 7:

6821

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.

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.