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.

Submission Identification Number (SID)

T.....

Тахрауе	er's name	Social securi	ity numbe	r
KOU	SHIK JILLA	684-02	-8706	
Spouse	's name	Spouse's so	cial securi	ity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	<u>।</u> r year you a	are auth	orizing.)
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	39,703.
2	Total tax		2	2,885.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,880.
4	Amount you want refunded to you		4	995.
5	Amount you owe		5	
Part			y of yo	our 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

2	8	7	0	6	
Ent dor	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

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

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 s	ignature D	ate 🖡					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	1

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 🕨	
	RO Must Retain This Form — Second This Form This Form to the IRS Unless		
For Denomical's Deduction Act Nation and	en ur tex veture instructions		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/11/24 PRO

For the year Jar	. 1-Dec	2. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20	See se	parate instructions.
Your first name			Last n					-	ocial security number
									02 8706
KOUSHIK	pouse's	s first name and middle initial	JIL Last n						's social security numbe
in joint rotaini, o	p00000		Laorn						
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.	Preside	ential Election Campaigr
524 CLIE	FVI	EW DRIVE							here if you, or your
		ce. If you have a foreign address, also co	omplete	spaces below.	Stat	te	ZIP code		if filing jointly, want \$3
MOAB					UT	.	84532	· · ·	o this fund. Checking a low will not change
Foreign country	/ name			Foreign province/state	/count	у	Foreign postal cod		x or refund.
									You Spouse
Filing Status	; 🗵	Single				Head of ho	ousehold (HOH)		
Check only		Married filing jointly (even if only o	ne had	income)					
one box.		Married filing separately (MFS)				, ,	surviving spous	,	
		ou checked the MFS box, enter the			ou che	ecked the HOH	or QSS box, en	ter the ch	ild's name if the
	qu	alifying person is a child but not you	ur depe	endent:					
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, o	r payn	nent for proper	ty or services); o	or (b) sell,	
Assets	exch	hange, or otherwise dispose of a dig	ital ass	et (or a financial inte	rest in	n a digital asse	t)? (See instructi	ons.)	🗌 Yes 🛛 No
Standard	Som	leone can claim: 🗌 You as a de	pende	nt 🗌 Your spou	se as a	a dependent			
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-status	alien				
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	959	Are blind Sp	ouse:	: 🗌 Was bor	n before January	2, 1959	Is blind
Dependent				(2) Social securit	v	(3) Relationshi	(A) Cheel the		ifies for (see instructions)
If more	•	irst name Last name		number	.y	to you	Child tax	credit	Credit for other dependents
than four	-								
dependents,									
see instruction	5								
here 🗌]								
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .				. 1a	4 8,013.
Attach Form(s)	b	Household employee wages not re	eporteo	d on Form(s) W-2.				. 1b	>
W-2 here. Also	С	Tip income not reported on line 1a	a (see ii	nstructions)				. 10	;
attach Forms W-2G and	d	Medicaid waiver payments not rep	oorted	on Form(s) W-2 (see	instru	ctions)		. 10	1
1099-R if tax	е	Taxable dependent care benefits f						. 1e	
was withheld.	f	Employer-provided adoption bene		-				. <u>1</u> f	
If you did not get a Form	g	•			· ·			. <u>1</u> g	
W-2, see	h	Other earned income (see instruct	,		· ·	· · · ·	$\frac{1}{1}$ · · · ·	. <u>1</u> h	n 0.
instructions.	i	Nontaxable combat pay election (see ins	tructions)	• •	1 i			40.012
	z	Add lines 1a through 1h		· · · · · ·	 			. 1z	
Attach Sch. B if required.	2a	· · -	2a			axable interest		. 2b	
	<u>3a</u>		3a			rdinary divider		. 3b	
standard	4a 5 a		4a			axable amount		. 4b	
Deduction for -	5a 6a		5a			axable amount		. 5b . 6b	
Single or Married filing	6a	,	6a	mothed check here		axable amount			,
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche							
Married filing	8	Additional income from Schedule		•	,			. 8	
jointly or Qualifying	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 0	
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 30, 60, 7 Adjustments to income from Sche						. 10	
Head of	11	Subtract line 10 from line 9. This is						. 11	
household, \$20,800	12	Standard deduction or itemized						. 12	
If you checked any box under	13	Qualified business income deduct				5-A.		. 13	
Standard Deduction,	14							. 14	
see instructions.	15	Subtract line 14 from line 11. If zer				axable incom	e		
					,				

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	2,885.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	2,885.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,885.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	2,885.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	3,880.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	3,880.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, 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 pa	ayments and ref	undable credits		32	1
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	·			33	3,880.
Refund	34	If line 33 is more than line 24						34	995.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	🗆	35a	995.
Direct deposit?	b	Routing number 1 0 3	1 1 3 3	1 5	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 5 2 2	1 0 2 0	0 1 2 2	2 8 3 1 8	7			
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions				🗌 Yes. C	omplete	below.	🗙 No
		signee's		Phone			sonal ident	ification	
0:	nai	der penalties of perjury, I declare th		no.			iber (PIN)	the heat	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity
	10	ar signature		Duic					PIN, enter it here
Joint return?					CLEARK		(see	e inst.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.								ntity Prot e inst.)	ection PIN, enter it here
	b		0				,		-
		one no. (774)994-405 eparer's name	9 Preparer's signat	Email address	AVISUNNYU	2@GMAIL.COI	PTIN		Check if:
Paid								2202	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	02/16/2024	P0208		
Use Only		m's name GLOBAL TAX		NOWTON	T 00016				(678)965-9522
			Y CT E BRU	NSWICK N			Firm	n's EIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2023

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
KOUSHIK JILLA		684-02	-8706

Par	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. Atta	ch Schedule E .	5	-8,310.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С		8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е		8e		
f		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		
I	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			
	,	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο		80		
р		8p		
q		8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		<u>8s</u> ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	•	8t		
u		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			0 010
	1040, 1040-SR, or 1040-NR, line 8		10	-8,310.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

У

Par	t II Adjustments to Income			i
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	nent		
	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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 02/11/24 PRO		Schedule 1 (F	orm 1040) 2023

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

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

JILLA

Income or Loss From Rental

KOUSHIK

Part I

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

2023
Attachment Sequence No. 13

nber

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

gov/ScheduleE for Instructions and the latest information.		Sequence
	Your soci	al security nui
	684-0	2-8706
Real Estate and Royalties		
ng personal property, use Schedule C. See instructions. If you a	are an indi [,]	vidual, report

B If "Yes," did you or will you file required Form(s) 1099?
1a Physical address of each property (street, city, state, ZIP code)

A 5-23-743/2 NAIMNAGAR WARANGAL TELANGANA IN 506002

В							
C							
1b	Type of Property (from list below)	above, report the number of fair rental and			Fair Rental Days	Personal Use Days	QJV
Α	3		personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Α	365	0	
В				В			
С			quaimed joint venture. See instructions.	С			

Type of Property:

1 Single Family Residence

2 Multi-Family Residence

- 3 Vacation/Short-Term Rental4 Commercial
- 5 Land6 Royalties

7 Self-Rental 8 Other (describe)

			Properties				
Incom	e:		Α		В		С
3	Rents received	3	4	80.			
4	Royalties received	4					
Exper							
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	8	30.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,5	40.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	1,9	70.			
15	Supplies	15	2,1	50.			
16	Taxes	16					
17	Utilities	17	2,3	00.			
18	Depreciation expense or depletion	18					
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	8,7	90.			
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	-8,3	10.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22	(8,31	LO.)	·)	()
23a	Total of all amounts reported on line 3 for all rental proper			23a	48	80.	
b	Total of all amounts reported on line 4 for all royalty prope			23b			
С	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			
е	Total of all amounts reported on line 20 for all properties			23e	8,79		
24	Income. Add positive amounts shown on line 21. Do not					24	
25	Losses. Add royalty losses from line 21 and rental real estate					25	(8,310.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, and IV, and line 40 on page 2 do not						
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	noun	t in the total on li	ine 41	on page 2 .	26	-8,310.

40301 1555		All state in	come tax dol	Commission COME TAX R Ilars support educa uals with disabilities	tion,	2023 TC-40	
		• An	ended Return -	enter code: (s	see instructions)	- Full vr Booidopt?	
Your Social Security No. 684028706 Spouse's Soc. Sec. No.	Your first name KOUSHIK Spouse's first name	Your last name JILLA Spouse's last nar	ne			Full-yr Resident? Y/N Y	
If deceased, complete page 3, Part 1	Address 524 CLIFF ^{City} MOAB	VIEW DRIVE ^{State} UT	ZIP+4 84532	-	number 994 – 4059 untry (if not U.S.)		
1 Filing Status - enter	r code	• 2 Qualifying Dependents		3 Election Carr	npaign Fund		
 1 = Single 2 = Married fili 3 = Married fili 4 = Head of ho 5 = Qualifying If using code 2 or 3, enter spouse 	ng separately busehold surviving spouse	 a Dependents age 16 and b Other dependents c Dependents born in 202 d () Total (add lines a, b and See instructions. 	23	Enter the code fo party of your choi See instruction	r the You ce. • s for go to incomet a	duce your refund. rself Spouse • ax.utah.gov/elect.	
4 Federal adjusted gro	oss income from feder	al return			• 4	39703	
5 Additions to income	from TC-40A, Part 1 (attach TC-40A, page 1)			• 5		
6 Total income - add li	ne 4 and line 5				6	39703	
7 State tax refund incl	uded on federal form '	1040, Schedule 1, line 1 (if any)			• 7		
8 Subtractions from in	8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)						
9 Utah taxable incom	ne/loss - subtract the	sum of lines 7 and 8 from line 6			• 9	39703	
10 Utah tax - multiply li	ine 9 by 4.65% (.0465) (not less than zero)			• 10	1846	
11 Utah personal exem	ption (multiply line 2d b	by \$1,941)	• 11	0			
12 Federal standard or	itemized deductions		• 12	13850	is qu	etronic filing ick, easy and ee, and will	
13 Add line 11 and line	12		13	13850		up your refund.	
14 State income tax inc	luded in federal itemiz	zed deductions	• 14		To I	earn more, go to	
15 Subtract line 14 fron	n line 13		15	13850	ta	o.utah.gov	
16 Initial credit before p	hase-out - multiply lin	e 15 by 6% (.06)	• 16	831	L		
		parately); \$25,114 (head of ng jointly or qualifying surviving spo	• 17 use)	16742		-	
18 Income subject to pl	18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero) 18 22961						
19 Phase-out amount -	multiply line 18 by 1.3	% (.013)	• 19	298			
20 Taxpayer tax credit -	- subtract line 19 from	line 16 (not less than zero)			• 20	533	
21 If you are a qualified	l exempt taxpayer, ent	er "X" (complete worksheet in instr.)	• 21				
22 Utah income tax - s REV 11/30/23 PRO	22 Utah income tax - subtract line 20 from line 10 (not less than zero) • 22 1313 REV 11/30/23 PRO						

403	Utah Individual Income Tax Return (continued) 302 SSN 684028706 Last name JILLA	INTUIT	TC-40 2023	Pg. 2
23	Enter tax from TC-40, page 1, line 22		23	1313
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	1313
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	1313
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	1313
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	2280
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	2280
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	967
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 at • Routing number 103113315 • Account number 5221020012283187 	ccounts) Type:	checking savings	foreign •

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			Date	Spouse's s	signature (if filing jointly)		Date
HERE							
Third Party	Name of designee (if	any) you authorize to discuss this	s return		Designee's telephone number	Designee PIN	
Designee						•	
	Preparer's signature		Date		Preparer's telephone number	Preparer's PTIN	
Paid	SYAM PRI	YA RAM SAGAR G	02/16/2	4	6789659522	•	P02082703
Preparer's	Firm's name	GLOBAL TAXES I	ЪГС			Preparer's EIN	
Section	and address	245 ROONEY CT				•	843171965
		E BRUNSWICK		N	J 08816		

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. REV 11/30/23 PRO Last name JILLA

INTUIT

Pg. 1

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 205637217	1
² 12469016004WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)
³ MAA KRUPA HOSPITALITY, LLC 426 N MAIN	3
MOAB UT84532	
4	4
⁵ 684028706	5
6 48013	6
7 2280	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

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.

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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.