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)

Taxpay	er's name		Social security	/ numbe	er		
SHR	AVAN POBBATHI PRAKASH	696-62-5168					
Spouse	's name		Spouse's socia	al secu	rity number		
Par	Tax Return Information – Tax Year Ending December 31,	2023 (Enter	year you are	e autl	horizing.)		
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	111,963.		
2	Total tax		[2	16,950.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		[3	20,352.		
4	Amount you want refunded to you		[4	3,402.		
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

				FBO firm name		Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ
-			-			

Ent	as my				
2	5	1	6	8	
	2 Ent	2 5 Enter fiv	2 5 1 Enter five di	2 5 1 6 Enter five digits,	2 5 1 6 8 Enter five digits, but don't enter all zeros

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	ontor	or	generate	mv	DIN
ιο	enter	or	generate	шу	PIIN

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 >	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 >			
Do	ERO Must Retain This F n't Submit This Form to the		
For Deperturely Deduction Act Nativ		 BEV 01/21/24 BBO	Earm 8879 (Pay, 01 2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or staple	in this space.
For the year Jar	n. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate ins	tructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial securi	ity number
SHRAVAN			POB	BATHI	PRAKASH	[696	62 5	5168
	pouse's	s first name and middle initial	Last r									curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Electi	ion Campaign
380 S 40)0 E									Check I	here if you	, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			ntly, want \$3
SALT LA	KE CI	ITY				רט	Г	841	11	0	ow will not	Checking a t change
Foreign countr	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code		k or refund	
											🗌 You	Spouse
Filing Status	3 X	Single										
Check only		Single Line Head of household (HOH) Married filing jointly (even if only one had income)										
one box.		Married filing separately (MFS)										
		ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the										
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	Atar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navr	ment for prope	rtv or	services): or	(h) sell		
Assets		ange, or otherwise dispose of a digi									Yes	🗙 No
Standard		eone can claim: You as a de					a dependent	, ,				
Deduction		Spouse itemizes on a separate retur	n or yo				•					
Age/Blindnes	s You:	Were born before January 2, 1	959	Are bl	lind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 ls b	lind
Dependent				<u> </u>	Social security		(3) Relationsh	14				e instructions):
-		irst name Last name		(2)	number		to you		Child tax c		· ·	, ther dependents
lf more than four												\Box
dependents,												
see instruction and check	s ——											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a	1	26,335.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ns)					. 10	;			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	m Form 8839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	ı	
get a Form W-2, see	h	Other earned income (see instruction	,					· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i					
	Z	Add lines 1a through 1h	• ;		· · · ·					. 1z		26,335.
Attach Sch. B	2a	'	2a				axable interes			. 2b		564.
if required.	<u>3a</u>		3a				Ordinary divide			. 3b		
Standard	4a		4a -				axable amoun			. 4b		
Deduction for –	5a		5a				axable amoun			. 5b	-	
 Single or Married filing 	6a	, _	6a				axable amoun	t	· · ·	. 6b	•	
separately, \$13,850	с 7	If you elect to use the lump-sum e		,		`	,	• •	L	╡┠╸		
 Married filing 	7	Capital gain or (loss). Attach Sche							L			1/ 026
jointly or Qualifying	8	Additional income from Schedule	,							. 8		<u>14,936.</u>
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•				• •	· · ·	. 9		11,963.
 Head of 	10 11	Adjustments to income from Sche						• •		. <u>10</u> . 11		11 060
household, \$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-	-			• •		. 11		<u>11,963.</u> 13,850
 If you checked any box under 	12	Standard deduction or itemized Qualified business income deduction						• •		· 12		13,850.
Standard	13 14	Add lines 12 and 13	011110			099	J-A	• •		. 14		13,850.
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer	· ·	 ss enter	-0- This is v	 	taxable incom	 1e		. 15		98,113.
			5 51 10	55, ontor -	5 . 1113 13 y					. 10		1010

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	16,950.
Credits	17	Amount from Schedule 2, lin	ie3				-	17	
	18	Add lines 16 and 17						18	16,950.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20	21						
	22	Subtract line 21 from line 18	22	16,950.					
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	16,950.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 2	0,352.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c	,					25d	20,352.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	20,352.					
Refund	34	If line 33 is more than line 24	34	3,402.					
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							3,402.
Direct deposit?	b	Routing number 3 2 4							
See instructions.	d	Account number 4 3 3							
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee		structions					Complete	below.	× No
U	De	signee's		Phone			sonal iden	tification	
	na			no.			nber (PIN)		
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							
Here		· · · ·	pioro: Doolaration (, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					WORKING				,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion		nt your spouse an	
Keep a copy for your records.							ection PIN, enter it here		
your records.						e inst.)			
		one no. (385) 732-723		Email address	POBBATHI.SH	RAVAN@GMAIL.C			0
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 01/30/2024	P0208		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Pho	one no.	(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 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.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 696-62-5168 SHRAVAN POBBATHT PRAKASH

	VAN FOBDATHT FRANASH				
Par	t 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. Att			5	-14,936
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	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			
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				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	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			9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and	on Form	-	
-	1040, 1040-SR, or 1040-NR, line 8			10	-14,936

Part	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				
-	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		24a			
-	Deductible expenses related to income reported on line 81 from the	2.10			
N		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 10		-	
Ŭ	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		-	
e	Repayment of supplemental unemployment benefits under the Trade	2.10		-	
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
q	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	2-TY		 -	
	discrimination claims (see instructions)	24h			
:		2411		-	
	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			
:	Housing deduction from Form 2555	24i 24j			
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			
ĸ		24k			
-	Other adjustments. List type and amount:	24N		-	
z	Other aujustitients. List type and antount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			 23	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		01/21/24 P		le 1 (Form 1040) 202

	DULE E				Supplementa	l Inc	ome an	d Los	S			OMB No. 1545-0074	
(Form	1040)	(From	n rental re	al estate, r	oyalties, partnersl	hips, S	corporati	ions, es	tates,	trusts, REM	Cs, etc.)	20)23
Departm	ent of the Treasury			Att	ach to Form 1040,	1040-	SR, 1040-	NR, or 1	041.			Attachn	
	Revenue Service		Go to	o www.irs.	gov/ScheduleE for	r instru	uctions an	d the la	test in	formation.		Sequen	ce No. 13
Name(s)	shown on return										Your soci	al security	number
SHRA	VAN POBBA	THI H	PRAKASH	ł							696-6	2-5168	
Part		or Lo	ss From	n Rental	Real Estate an	d Ro	yalties				1		
	Note: If yo	ou are ir	n the busin	ess of renti	ing personal proper	ty, use	Schedule	C. See	instruc	ctions. If you	are an indi [,]	vidual, rep	ort farm
A [on page 2, line 40.	1 - Cl -	F =	0000 0	!				
					vould require you								
B If					orm(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical addr	ress of	each pro	perty (stre	et, city, state, ZIF	^{>} code	e)						
Α	#2 , 1 CR	oss s	SHANKAR	RPURAM	BASVANGUDI	,BAN	IGALORE	KARI	NATAR	KA IN 5	60004		
В													
С													
1b	Type of Prope	erty 2	2 For ea	ach rental	real estate prope	erty list	ted		Fai	ir Rental	Persor		
	(from list below		above	e, report th	ne number of fair	rental	and			Days	Da	iys	QJV
Α	3				ays. Check the Q			Α		365		0	
В					requirements to f enture. See instru			В					
С			quaim			ICTIONS	.	С					
Туре о	of Property:	•									•		
1 :	Single Family R	esiden	ice 3	Vacation	/Short-Term Ren	tal	5 Land		7	Self-Rental			
2	Multi-Family Re	sidenc	e 4	Commer	cial		6 Roya	lties	8	Other (desc	ribe)		
										Propert			
1								Α		B	les.		С
Incom 3		4				3			10.	D			0
3 4	Rents received					4		/	10.				
	Royalties rece	iveu .				4							
Expen						E							
5						5 6							
6 7	Auto and trave Cleaning and r					7		0	58.				
						8		9	50.				
8 9	Commissions					9							
9 10	Insurance .					10							
11	Legal and othe Management f					11		1 0	55				
12					ee instructions)	12		1,8	55.				
12	00			, ,	,	13							
14	Other interest	• •				14		3,4	71				
15	Repairs Supplies					14		4,1					
16				· · · ·		16		4,1	52.				
17	Utilities					17		1,8	85				
18	Depreciation e					18		3,3					
19	Other (list)		-			19		5,5	23.				
20	Total expense					20		15,6	46				
21				•	or 4 (royalties). If	20		10,0	-0.				
21					out if you must								
	file Form 6198					21	-	-14,9	36.				
22					imitation, if any,			, ,					
	on Form 8582					22	(14,93	6. 10)	(
23a				-	or all rental prope		р. 		23a		710.		
b			-		or all royalty prop				23b				
c					for all properties				23c				
d					for all properties				23d		3,325.		
e					for all properties				23e		5,646.		
24					on line 21. Do not						. 24		
25					nd rental real estate		-			al losses he		(14,936.
26					come or (loss).								,
						1		-1		1			

 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

 For Paperwork Reduction Act Notice, see the separate instructions.

 NPA

 -14,936.

26

-14,936.

40301 1555			Utah Indiv All state ind	come tax dol	Commission COME TAX R lars support educa uals with disabilitie	tion,	2023 TC-40	
			• Ame	ended Return -	enter code: (see instructions		
Your Social Security No. 696625168 Spouse's Soc. Sec. No.	Your first name SHRAVAN Spouse's first name		Your last name POBBATHI Spouse's last nam		H		Full-yr Resident? Y/N Y	
If deceased, complete page 3, Part 1	Address 380 S 400 City SALT LAKE		State UT	ZIP+4 84111		number 732 – 7235 untry (if not U.S.		
1 Filing Status - enter	code	• 2 Qualifying	Dependents		3 Election Can	npaign Fund		
 1 = Single 2 = Married filin 3 = Married filin 4 = Head of hou 5 = Qualifying s If using code 2 or 3, enter spouse 	ndents age 16 and dependents ndents born in 202 (add lines a, b and ns.	Enter the code for the party of your choice.Yourself •Spouse						
4 Federal adjusted gro	ss income from feder	al return				• 4	111963	
5 Additions to income f	rom TC-40A, Part 1 (attach TC-40A, pa	ge 1)			• 5		
6 Total income - add lir	ne 4 and line 5					6	111963	
7 State tax refund inclu								
8 Subtractions from inc								
9 Utah taxable incom	e/loss - subtract the	sum of lines 7 and			• 9	111963		
10 Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero) • 10 52 (5206	
11 Utah personal exemp	tion (multiply line 2d k		• 11	0				
12 Federal standard or i	temized deductions		• 12	13850	is qu	ctronic filing lick, easy and ee, and will		
13 Add line 11 and line	12		13	13850		up your refund.		
14 State income tax incl	uded in federal itemiz	ed deductions		• 14		То	learn more,	
15 Subtract line 14 from	line 13		15	13850	ta	go to p.utah.gov		
16 Initial credit before pl	16 Initial credit before phase-out - multiply line 15 by 6% (.06) •					L		
17 Enter: \$16,742 (singl		• 17 se)	16742		•			
	household); or \$33,484 (married filing jointly or qualifying surviving s 18 Income subject to phase-out - subtract line 17 from line 9 (not less than zer							
19 Phase-out amount - I	19 Phase-out amount - multiply line 18 by 1.3% (.013)							
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero) • 20						0		
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.) • 21								
22 Utah income tax - si REV 11/30/23 PRO	ubtract line 20 from li	ne 10 (not less tha	n zero)		-	• 22	5206	

403		l tah sn	Individual Income T 696625168		•	ntinued) POBBATHI	PRAKASH	INTUIT	TC-4 2023	-	Pg. 2
23	Enter tax f	from ⁻	TC-40, page 1, line 22	•					23		5206
24	24 Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1) • 24										
25	25 Full-year resident, subtract line 24 from line 23 (not less than zero) • 25 5206 Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41 • 25 5206							5206			
26	26 Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1) • 26										
27	27 Subtract line 26 from line 25 (not less than zero)27520							5206			
28	28 Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3) • 28										
29	AMENDED) RE	TURN ONLY - previous refun	d					• 29		
30	Recapture	e of lo	w-income housing credit						• 30		
31	Utah use t	ax							• 31		
32	Total tax,	use	tax and additions to tax (ad	d lines 27 thro	ough 31))			32		5206
33			ng - If you have mineral produ 3, Part 5. If not, enter on line				withholding,		• 33		6254
34	Credit for l	Utah	income taxes prepaid from T	C-546 and 20	22 refun	d applied to 2023			• 34		
35	35 AMENDED RETURN ONLY - previous payments • 35										
36	6 Nonapportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2) • 36										
37	Apportiona	able r	refundable credits from TC-40	A, Part 6, line	c (attac	ch TC-40A, page 2)		• 37		
38	Total withh	noldin	ng and refundable credits - ad	d lines 33 thro	ough 37				38		6254
39	TAX DUE	- sub	otract line 38 from line 32 (not	less than zero	o)				• 39		
40	Penalty an	nd int	erest (see instructions)						40		
41	TOTAL DU	JE - I	PAY THIS AMOUNT - add line	e 39 and line 4	40				• 41		
42	REFUND	- sub	tract line 32 from line 38 (not	less than zero))				• 42		1048
43	5		actions from refund (not grea from page 3, Part 6	ter than line 4	2)				• 43		
44		NG R	EFUND DIRECT DEPOSIT -	your account Account no 		tion (see instruction 43308907	ons for foreign a	ccounts) Type:	checking • X	savings •	foreign •

Under penalti	es of perjury, I decla	re to the best of my knowledge and	belief, this return a	nd accompa	inying schedules are true, correc	t and complete.	
SIGN Your signature		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 signatur	re	Date		Preparer's telephone number	Preparer's PTIN	l
Paid	SYAM PRI	IYA RAM SAGAR G	01/30/2	4	6789659522	•	P02082703
Preparer's	Firm's name	GLOBAL TAXES I	LC			Preparer's EIN	
Section	and address	245 ROONEY CT				•	843171965
		E BRUNSWICK		Ν	IJ 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 40309

Last name POBBATHI PRAKASH

Pg. 1

TC-40W

2023

Line Explanations	IMPORTANT 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.				
 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 					
First W-2 or 1099	Second W-2 or 1099				
1 133937419	1				
2 14354290003WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)				
³ GOLDMAN SACHS SERVICES LLC 30 HUDSON STREET 4TH FLOOR	3				
JERSEY CITY NJ07302					
4	4				
⁵ 696625168	5				
6 126335	6				
7 6254	7				
Third W-2 or 1099 1	Fourth W-2 or 1099				
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.

6254

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.

REV 11/30/23 PRO