

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 ASHRAF ALI MOHAMMAD | Social security number 847-08-6713 |
| Spouse's name | Spouse's social security number |

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 | 55,371. |
| 2 | Total tax | 2 | 4,763. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 6,899. |
| 4 | Amount you want refunded to you | 4 | 2,136. |
| 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

| | | | | |
|---|---|---|---|---|
| 8 | 6 | 7 | 1 | 3 |
|---|---|---|---|---|

 as my 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 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 my 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 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 ASHRAF ALI Last name MOHAMMAD Your social security number 847 08 6713

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 169 E RIDGELINE WAY Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. NORTH SALT LAKE State UT ZIP code 84054 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 [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
If you 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 qualifying person is a child but not your dependent:

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 [X] 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. Includes rows for dependents and checkboxes for more than four dependents.

Income table with columns 1a-1z and 1a-1z. Rows include: Total amount from Form(s) W-2, box 1; 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. Rows include: Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Taxable interest; Ordinary dividends; Taxable amount.

Table with columns 7-15. Rows include: Capital gain or (loss); Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; Adjustments to income from Schedule 1, line 26; 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.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 4,763. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 4,763. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 4,763. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 4,763. |

| | | | | |
|-----------------|-----------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 6,899. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 6,899. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 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. These are your total payments | 33 | 6,899. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,136. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,136. |
| Direct deposit? See instructions. | b | Routing number 021100361 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 70987920 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---|-------------------------------------|---|
| Your signature | Date | Your occupation NETWORK ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (475) 298-6203 | Email address ASHRAFALI.MOHAMMAD2@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/05/2024 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 |
| | | | | Firm's EIN 84-3171965 |

**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

ASHRAF ALI MOHAMMAD

Your social security number

847-08-6713

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 | -11,203. |
| 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 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 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 | -11,203. |

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

OMB No. 1545-0074

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

ASHRAF ALI MOHAMMAD

Your social security number

847-08-6713

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 | PLOT 128 A/2 ADDAGUTTA SOCIETY KPHB HYDERABAD TELANGANA IN 500085 |
| 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 | <input type="checkbox"/> |
| A 3 | | 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 | 3 550. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 750. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,748. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,256. | | |
| 15 Supplies | 15 4,155. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,844. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 11,753. | | |
| 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 -11,203. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (11,203.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 550. | | |
| 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 | | |
| e Total of all amounts reported on line 20 for all properties | 23e 11,753. | | |
| 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 (11,203.) | | |
| 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 -11,203. | | |

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; and Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1223V011555



Form CT-1040NR/PY - 2023
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/23)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
847 - 08 - 6713 - -

ASHRAF ALI MOHAMMAD N Dec. N P
N Dec. Y N

169 E RIDGELINE WAY N CT-837 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310

NORTH SALT LAKE UT 84054 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing federal adjusted gross income, deductions, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



NRPY1223V011555

Form CT-1040NR/PY, Page 2 of 4

NRPY1223V021555



• 847086713

19. Amount from Line 18

1 • 585

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

| Col. A - Employer's Federal ID # | Col. B - CT Wages, Tips, etc. | Sch. CT K-1 | Col. C - CT Income Tax Withheld |
|----------------------------------|-------------------------------|-------------|---------------------------------|
| 20a. 22 - 2575929 | • 13869 | • N | 565 |
| 20b. - | • 0 | • | 0 |
| 20c. - | • 0 | • | 0 |
| 20d. - | • 0 | • | 0 |
| 20e. - | • 0 | • | 0 |

20f. Additional Connecticut withholding (from Supplemental Schedule CT-104 WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 565

21. If 2023 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 RC, Line 6) 2 a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 565

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 0

25. Amount of Line 24 you want applied to your 2024 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 0

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type N Ck. N Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 20

29. If late: Penalty entered. Line 28 multiplied by 10% (.10) 0

30. If late: Interest entered. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31 0

32. Total amount due: Add Lines 28 through 31. 32. 20.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | |
|--------------------------------------|----------------------|----------------------------|
| Your signature | Date | Home/cell telephone number |
| • | • | 4752986203 |
| Spouse's signature (if joint return) | Date | Daytime telephone number |
| • | • | • |
| Paid preparer's signature | Date | Telephone number |
| • SYAM PRIYA RAM SAGAR GU | • 020524 | • 6789659522 |
| Paid preparer's name | Paid Preparer's PTIN | |
| SYAM PRIYA RAM SAGAR GUPTA TALL | P02082703 | |
| Firm's name, address and ZIP code | FEIN | |
| GLOBAL TAXES LLC | 843171965 | |
| 245 ROONEY CT | Self-employed | |
| E BRUNSWI NJ 08816 - | N | |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

| | | |
|-----------------|------------------|--------------------------------------|
| Designee's name | Telephone number | Personal identification number (PIN) |
| • | • | • |

NRPY1223V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1223V031555



• 847086713

Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|---|------|---|
| 33. Interest on state and local government obligations other than Connecticut | 33. | 0 |
| 34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 34. | 0 |
| 35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 35. | 0 |
| 36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 36. | 0 |
| 37. Loss on sale of Connecticut state and local government bonds | 37. | 0 |
| 38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 38. | 0 |
| 38a. 80% of Section 179 federal deduction. | a. | 0 |
| 39. Other - specify • | 39. | 0 |
| 40. Total additions: Add Lines 33 through 39. | 40. | 0 |
| 41. Interest on U.S. government obligations | 41. | 0 |
| 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 42. | 0 |
| 43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 43. | 0 |
| 44. Refunds of state and local income taxes | 44. | 0 |
| 45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 45. | 0 |
| 46. Military retirement pay | 46. | 0 |
| 47. 50% of income received from Connecticut Teachers' Retirement System | 47. | 0 |
| 48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 48. | 0 |
| 49. Gain on sale of Connecticut state and local government bonds | 49. | 0 |
| 50. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. # | 50. | 0 |
| 50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years. | a. | 0 |
| 50b. 100% of pension or annuity income. | 50b. | 0 |
| 50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes. | 50c. | 0 |
| 51. Other - specify • | 51. | 0 |
| 52. Total subtractions: Add Lines 41 through 51. | 52. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|---------------|---------------|
| 53. Connecticut AGI during residency portion of taxable year | 53. | 0 |
| | Col. A | Col. B |
| 54. Qualifying jurisdiction's name and two-letter code | 54. • | • |
| 55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) | 55. | 0 |
| 56. Line 55 divided by Line 53. May not exceed 1.0000. | 56. | 0.0000 |
| 57. Apportioned income tax | 57. | 0 |
| 58. Line 56 multiplied by Line 57 | 58. | 0 |
| 59. Allowable income tax paid to a qualifying jurisdiction | 59. | 0 |
| 60. Lesser of Line 58 or Line 59 | 60. | 0 |
| 61. Total credit: Add Line 60, all columns. | 61. | 0 |

NRPY1223V031555

NRPY1223V041555



• 847086713

Schedule 3 - Individual Use Tax

| | | |
|--|-------|---|
| 62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | 6 a. | 0 |
| 62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 6 b. | 0 |
| 62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 62c. | 0 |
| 62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 62d. | 0 |
| 62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d. | 62. • | 0 |

Schedule 4 - Contributions to Designated Charities

| | | |
|--|------|---|
| 63a. R | 63a. | 0 |
| 63b. OT | 6 b. | 0 |
| 63c. ES/W | 63c. | 0 |
| 63d. BCR | 63d. | 0 |
| 63e. SNS | 63e. | 0 |
| 63f. MR | 63f. | 0 |
| 63g. CBS | 63g. | 0 |
| 63h. MHCIA | 63h. | 0 |
| 63. Total Contributions: Add Lines 63a through 63h. | 63. | 0 |

Taxpayer email

NRPY1223V041555

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources



2023

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

| | | |
|---|-----------------------|--|
| Your first name and middle initial ASHRAF ALI | Last name MOHAMMAD | Your Social Security Number 8 4 7 : 0 8 : 6 7 1 3 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number |

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

| | | | |
|--|-------|--------|----|
| 1. Wages, salaries, tips, etc. | ▶ 1. | 13,869 | |
| 2. Taxable interest | ▶ 2. | | |
| 3. Ordinary dividends | ▶ 3. | | |
| 4. Alimony received | ▶ 4. | | |
| 5. Business income or (loss) | ▶ 5. | | |
| 6. Capital gain or (loss) | ▶ 6. | | |
| 7. Other gains or (losses) | ▶ 7. | | |
| 8. Taxable amount of IRA distributions | ▶ 8. | | |
| 9. Taxable amounts of pension and annuities | ▶ 9. | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | ▶ 10. | 0 | |
| 11. Farm income or (loss) | ▶ 11. | | |
| 12. Unemployment compensation | ▶ 12. | | |
| 13. Taxable amount of social security benefits | ▶ 13. | | |
| 14. Other income: See instructions. | ▶ 14. | | |
| 15. Gross income from Connecticut sources: Add Lines 1 through 14. | ▶ 15. | 13,869 | 00 |

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

| | | | |
|--|-------|--------|----|
| 16. Educator expenses..... | ▶ 16. | | |
| 17. Certain business expenses of reservists, performing artists, and fee-basis government officials..... | ▶ 17. | | |
| 18. Health savings account deduction..... | ▶ 18. | | |
| 19. Moving expenses for members of the armed forces | ▶ 19. | | |
| 20. Deductible part of self-employment tax | ▶ 20. | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans | ▶ 21. | | |
| 22. Self-employed health insurance deduction | ▶ 22. | | |
| 23. Penalty on early withdrawal of savings | ▶ 23. | | |
| 24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ | ▶ 24. | | |
| 25. IRA deduction | ▶ 25. | | |
| 26. Student loan interest deduction | ▶ 26. | | |
| 27. Archer MSA deduction..... | ▶ 27. | | |
| 28. Other adjustments | ▶ 28. | | |
| 29. Total adjustments: Add Lines 16 through 28. | ▶ 29. | | |
| 30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6. | ▶ 30. | 13,869 | 00 |

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines through G if you know the exact amount of your Connecticut-sourced income.**

| | | | |
|--|---|--|--|
| A. Working days (or other basis) outside Connecticut | | | |
| B. Working days (or other basis) inside Connecticut | B | | |
| C. Total working days: Add Line A and Line B. | C | | |
| D. Nonworking days (Holidays, weekends, etc.)..... | D | | |
| E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. | E | | |
| F. Total income being apportioned | F | | |
| G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____ | G | | |

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. 847086713 | Your first name ASHRAF ALI | Your last name MOHAMMAD | Y/N Y |
| Spouse's Soc. Sec. No. | Spouse's first name | Spouse's last name | |

If deceased, complete page 3, Part 1

| | |
|--------------------------------|----------------------------------|
| Address 169 E RIDGELINE WAY | Telephone number 475-298-6203 |
| City NORTH SALT LAKE | Foreign country (if not U.S.) |
| State UT | ZIP+4 84054 |

| | | | | | | |
|--|--|---|------------|----------|---|---|
| 1 Filing Status - enter code 1 = Single • 1 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying surviving spouse <small>If using code 2 or 3, enter spouse's name and SSN above</small> | • 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. <table border="0" style="margin-left: 20px;"> <tr> <td>• Yourself</td> <td>• Spouse</td> </tr> <tr> <td>•</td> <td>•</td> </tr> </table> See instructions for code letters or go to incometax.utah.gov/elect . If no contribution, enter N . | • Yourself | • Spouse | • | • |
| • Yourself | • Spouse | | | | | |
| • | • | | | | | |

| | | |
|--|------|-------|
| 4 Federal adjusted gross income from federal return | • 4 | 55371 |
| 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 | 55371 |
| 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 | 55371 |
| 10 Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero) | • 10 | 2575 |
| 11 Utah personal exemption (multiply line 2d by \$1,941) | • 11 | 0 |
| 12 Federal standard or itemized deductions | • 12 | 13850 |
| 13 Add line 11 and line 12 | 13 | 13850 |
| 14 State income tax included in federal itemized deductions | • 14 | |
| 15 Subtract line 14 from line 13 | 15 | 13850 |
| 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 household); or \$33,484 (married filing jointly or qualifying surviving spouse) | • 17 | 16742 |
| 18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero) | 18 | 38629 |
| 19 Phase-out amount - multiply line 18 by 1.3% (.013) | • 19 | 502 |
| 20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero) | • 20 | 329 |
| 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 | 2246 |

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 847086713 Last name MOHAMMAD

| | | | | |
|----|---|---|---------|---------|
| 23 | Enter tax from TC-40, page 1, line 22 | 23 | 2246 | |
| 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 | 2246 | |
| 26 | Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1) | • 26 | 563 | |
| 27 | Subtract line 26 from line 25 (not less than zero) | 27 | 1683 | |
| 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 | 1683 | |
| 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 | 2614 | |
| 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 | 2614 | |
| 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 | 931 | |
| 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 021100361 • Account number 70987920 | Type: • <input checked="" type="checkbox"/> | • | • |

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 02/05/24 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 5 - Nonapportionable Refundable Credits (enter the code and amount of each credit) | Code | Amount |
|--|-------------|---------------|
| See instructions or incometax.utah.gov for codes. | • | |
| | • | |
| | • | |
| | • | |
| | • | |
| Total nonapportionable refundable credits (add all Part 5 credits and enter total here and on TC-40, line 36) | | |

| Part 6 - Apportionable Refundable Credits (enter the code and amount of each credit) | Code | Amount |
|---|-------------|---------------|
| See instructions or incometax.utah.gov for codes. | • | |
| | • | |
| | • | |
| | • | |
| a. Total apportionable refundable credits (add all Part 6 credits and enter total here) | a. | |
| b. If you are a nonresident or a part-year resident, enter the apportionment fraction from TC-40B, line 39: If you are a full-year Utah resident, enter "1". | b. | |
| c. Apportioned refundable credits (multiply line a by line b and enter the total here) Enter this amount on TC-40, line 37. | c. | |

Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.

Credit for Income Tax Paid to Another State

INTUIT

**TC-40S
2023****40308**

SSN 847-08-6713

Last name MOHAMMAD

NOTE: Part-year residents rarely qualify for this credit. Nonresidents do not qualify for this credit. See instructions.**FIRST STATE**

| | | | | |
|---|--|---|-------|----------|
| 1 | Enter federal adjusted gross income taxed by both Utah and state of: CT | 1 | 13869 | |
| 2 | Federal adjusted gross income from TC-40, line 4 (see instructions) | 2 | 55371 | |
| 3 | Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000. | | | 3 0.2505 |
| 4 | Utah income tax from TC-40, line 22. Part-year residents, see instructions. | 4 | 2246 | |
| 5 | Credit limitation - multiply line 4 by decimal on line 3 | 5 | 563 | |
| 6 | Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1. | 6 | 585 | |
| 7 | Credit for tax paid another state - lesser of line 5 or line 6 | | | 7 563 |

SECOND STATE

| | | | | |
|---|--|---|--|---|
| 1 | Enter federal adjusted gross income taxed by both Utah and state of: | 1 | | |
| 2 | Federal adjusted gross income from TC-40, line 4 (see instructions) | 2 | | |
| 3 | Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000. | | | 3 |
| 4 | Utah income tax from TC-40, line 22. Part-year residents, see instructions. | 4 | | |
| 5 | Credit limitation - multiply line 4 by decimal on line 3 | 5 | | |
| 6 | Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1. | 6 | | |
| 7 | Credit for tax paid another state - lesser of line 5 or line 6 | | | 7 |

THIRD STATE

| | | | | |
|---|--|---|--|---|
| 1 | Enter federal adjusted gross income taxed by both Utah and state of: | 1 | | |
| 2 | Federal adjusted gross income from TC-40, line 4 (see instructions) | 2 | | |
| 3 | Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000. | | | 3 |
| 4 | Utah income tax from TC-40, line 22. Part-year residents, see instructions. | 4 | | |
| 5 | Credit limitation - multiply line 4 by decimal on line 3 | 5 | | |
| 6 | Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1. | 6 | | |
| 7 | Credit for tax paid another state - lesser of line 5 or line 6 | | | 7 |

REV 11/30/23 PRO

**Use additional forms TC-40S if claiming credits for more than three states.
Enter the total of all amounts shown on line 7 above on TC-40A, Part 4, using code 17.
Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Part 1 - Utah Withholding Tax Schedule

40309 SSN 847-08-6713

Last name MOHAMMAD

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 222575929 2 13027195003WTH (14 characters, no hyphens) 3 CAPGEMINI AMERICA INC 10100 INNOVATION DR 200 DAYTON OH45342 4 5 847086713 6 55421 7 2614 | <p>Second W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7 |
| <p>Third W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7 | <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:

2614

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.