

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2023**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Due April 15, 2024  
Place "X" in box   
if amending

Your Social Security Number  709  97  1325

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  POOJA KULDEEP  Initial  Last name  UPADHYAY  Suffix

If filing a joint return, spouse's first name  Initial  Last name  Suffix

Present address (number and street or rural route)  150 S 200 E 3309  Place "X" in box if you are married filing separately.

City  SALT LAKE CITY State  UT ZIP/Postal code  84111

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2023.

County where you lived  79 County where you worked  79 County where spouse lived  County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A \_\_\_\_\_ **Indiana Income**  1  4800  .00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2   .00
3. Add line 1 and line 2 \_\_\_\_\_  3  4800  .00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4   .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  4800  .00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  75  .00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  4725  .00
8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) \_\_\_\_\_  8  149  .00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) \_\_\_\_\_  9  60  .00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) \_\_\_\_\_  10   .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  209  .00



12. Enter credits from Schedule F, line 13 (enclose schedule)

13. Enter offset credits from Schedule G, line 8 (enclose schedule)

14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits**

15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment**

19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).

Enter your county code  county tax to be applied \$

Spouse's county code  county tax to be applied \$

Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_

20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A \_\_\_\_\_

a. Enter code A if annualizing. Enter Code F if Farmer or Fisherman

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions \_\_\_\_\_ **Your Refund**

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type:  Checking  Savings  Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) \_\_\_\_\_

24. Penalty if filed after due date (see instructions) \_\_\_\_\_

25. Interest if filed after due date (see instructions) \_\_\_\_\_

26. **Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe**

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. See instructions if paying by credit card.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

\_\_\_\_\_  
Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40PNR

Your Social Security Number

POOJA KULDEEP UPADHYAY

709 97 1325

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2023 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A			Column B		
	Income from Federal Return			Income Taxed by Indiana		
1. Your wages, salaries, tips, commissions, etc _____	1A	64213	.00	1B	4800	.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A		.00	2B		.00
3. Taxable interest income _____	3A		.00	3B		.00
4. Dividend income _____	4A		.00	4B		.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A		.00	5B		.00
6. Alimony received _____	6A		.00	6B		.00
7. Business income or loss from federal Schedule C _____	7A		.00	7B		.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A		.00	8B		.00
9. Other gains or (losses) from Form 4797 _____	9A		.00	9B		.00
10. Taxable IRA distribution _____	10A		.00	10B		.00
11. Taxable pensions and annuities _____	11A		.00	11B		.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	0	.00	12B	0	.00
13. Income or loss from partnerships _____	13A		.00	13B		.00
14. Income or loss from trusts and estates _____	14A		.00	14B		.00
15. Income or loss from S corporations _____	15A		.00	15B		.00
16. Farm income or loss from federal Schedule F _____	16A		.00	16B		.00
17. Unemployment compensation _____	17A		.00	17B		.00
18. Taxable Social Security benefits _____	18A		.00	18B		.00
19. Indiana apportioned income from Schedule IT-40PNRA _____				19B		.00
20. Other income reported on your federal return _____	20A		.00	20B		.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)						
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
21. Subtotal: add lines 1 through 20 _____	21A	64213	.00	21B	4800	.00



**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet  21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 8  21D 0.075

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2023 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	2 A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26 A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32 A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> .00	35B	<input type="text"/> .00

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1  36A 64213 .00  36B 4800 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

POOJA KULDEEP UPADHYAY

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Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000    1  1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5  x \$1000   2  .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
  - who was under the age of 19 by Dec. 31, 2023; or
  - who is a full-time student who was under the age of 24 by Dec. 31, 2023; and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 6.  x \$1500   3  .00

4. Place "X" in box(es) below if, by December 31, 2023

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000   4  .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500   5  .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6  x \$3000   6  .00  
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6    7  1000 .00

8. Enter the number from Schedule A, Proration Section, line 21D   8  0.075

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6  **Total Exemptions**   9  75 .00

Name(s) shown on Form IT-40PNR

Your Social Security Number

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**Round all entries**

1. Indiana state tax withheld: See instructions _____	1	151	.00
2. Indiana county tax withheld: See instructions _____	2	61	.00
3. Pass Through Entity Tax Credit _____	3		.00
4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____	4		.00
5. Unified tax credit for the elderly _____	5		.00
6. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line <b>A-3</b> _____ Box A <input type="text"/> .00 Enter number from Schedule A, Proration Section, line 21D ___ Box B <input type="text"/> . Multiply Box A by Box B, enter total here _____	6		.00
7. Lake County residential income tax credit _____	7		.00
8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	8		.00
9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	9		.00
10. Headquarters relocation credit (refundable portion - see instructions) _____	10		.00
11. Adoption Credit _____	11		.00
12. Reserved for future use _____	12		.00
13. Add lines 1 through 12. Enter total here and on Form IT-40PNR, line 12 _____ <b>Total Credits</b>	13	212	.00

**Schedule IN-DONATE**

**Important:** The amount on line 2 cannot exceed the amount on Form IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name <input type="text"/>	code no. <input type="text"/>	1a	<input type="text"/>	.00
b. Enter fund name <input type="text"/>	code no. <input type="text"/>	1b	<input type="text"/>	.00
c. Enter fund name <input type="text"/>	code no. <input type="text"/>	1c	<input type="text"/>	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40PNR, line 17 <b>Total Donations</b>		2	<input type="text"/>	.00



Name(s) shown on Form IT-40PNR

Your Social Security Number

POOJA KULDEEP UPADHYAY

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**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2023. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2023	06 01 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2023	12 31 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	UT	06 01 2023	12 31 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	IN	01 01 2023	05 31 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2

Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes  No

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.   
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2023, enter date of death (MM/DD).

Taxpayer's date of death   2023 Spouse's date of death   2023

Authorization: Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State  ZIP Code

Preparer's signature





Name(s) shown on Form IT-40PNR

Your Social Security Number

POOJA KULDEEP UPADHYAY

709

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**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2023.**

	Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40PNR, line 7 (see instructions if you lived in a reciprocal state but worked in Indiana). <b>Note:</b> If both you and your spouse lived in the same county on January 1, enter the entire amount on line 1A only (see instructions) _____	1A 4725 .00	1B .00
2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2023 _____	2A .0128000	2B .
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____	3A 60 .00	3B .00
4. Add lines 3A and 3B. Enter the total here. <b>Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.</b> Otherwise, enter the total here and on line 7 below. _____	4 60 .00	5 .00
5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____	6 .00	7 60 .00
6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here _____		
7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____		

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2023, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2023**

	Column A - Yourself	Column B - Spouse's
1. Enter your principal employment income (see instructions) _____	1A .00	1B .00
2. Enter deductions. See the complete list of allowable deductions in the instructions _____	2A .00	2B .00
3. Subtract line 2 from line 1 _____	3A .00	3B .00
4. Enter some or all of the exemptions from line 9 of Schedule D (see instructions) _____	4A .00	4B .00
5. Subtract line 4 from line 3 (if less than zero, leave blank) _____	5A .00	5B .00
6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2023 _____	6A .	6B .
7. Multiply the income on line 5 by the rate on line 6 _____	7A .00	7B .00
8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____		8 .00

Indiana Individual Income Tax  
**DECLARATION OF ELECTRONIC FILING**  
Income Tax for the Tax Year January 1 - December 31, 2023

**Do Not Mail  
This Form  
To DOR**

Submission ID 

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First Name and Middle Initial POOJA KULDEEP			Last Name UPADHYAY			Your Social Security Number 709 97 1325		
Spouse's First Name and Middle Initial			Spouse's Last Name			Spouse's Social Security Number		
Street Address 150 S 200 E 3309		City SALT LAKE CITY		State UT	ZIP Code 84111	Daytime Telephone Number 765 746 9831		

**Part I. Tax Return Information** (See instructions on next page)

1. Federal Adjusted Gross Income .....	1.	64213.
2. Indiana Adjusted Gross Income .....	2.	4725.
3. Total Indiana Tax .....	3.	209.
4. Total State Tax Withheld .....	4.	151.
5. Total County Tax Withheld .....	5.	61.
6. Total Indiana Tax Credits .....	6.	212.
7. Refund .....	7.	3.
8. Amount You Owe .....	8.	

**Part II. Estimated Payments**

9. Estimated Payments:	Payment 1:	Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>
	Payment 2:	Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>
	Payment 3:	Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>
	Payment 4:	Amount	<input type="text"/>	Date of Withdrawal	<input type="text"/>

**Part III. Electronic Settlement**

10. Type of settlement:  Direct Deposit of Refund  
 Direct Debit of Amount Owed     Amount      Date of Withdrawal

11. Routing number: 

1	2	4	0	0	1	5	4	5
---	---	---	---	---	---	---	---	---

*Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

12. Account number: 

5	2	0	1	9	5	2	2	6										
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

13. Type of account:  Checking    Savings    Hoosier Works MC

14. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail  
This Form  
To DOR**

My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

**Part IV. Declaration**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

I  
N  
D  
I  
A  
N  
A

**Your PIN:** Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 

--	--	--	--	--

 as my signature on my tax year 2023 electronically filed income tax return.   
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's PIN:** Check one box only

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

 as my signature on my tax year 2023 electronically filed income tax return.   
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part V. Practitioner 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
<small>Do not enter all zeros</small>										

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► \_\_\_\_\_ Date \_\_\_\_\_

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. 709971325  
 Your first name POOJA KULDEEP  
 Your last name UPADHYAY  
 Spouse's Soc. Sec. No. Spouse's first name Spouse's last name

Y/N  
N

If deceased, complete page 3, Part 1

Address 150 S 200 E, APT 3309  
 City SALT LAKE CITY State UT ZIP+4 84111  
 Telephone number 765-746-9831  
 Foreign country (if not U.S.)

<b>1 Filing Status - enter code</b> 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>	<b>• 2 Qualifying Dependents</b> a Dependents age 16 and under b Other dependents c Dependents born in 2023 d 0 Total (add lines a, b and c) <b>See instructions.</b>	<b>3 Election Campaign Fund</b> Does not increase your tax or reduce your refund. Enter the code for the party of your choice. <table border="0"> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> </table> See instructions for code letters or go to <a href="http://incometax.utah.gov/elect">incometax.utah.gov/elect</a> . If no contribution, enter <b>N</b> .	•	•	•	•	•	•
•	•	•						
•	•	•						

4	Federal adjusted gross income from federal return	• 4	64213
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	64213
7	State tax refund included on federal form <b>1040, Schedule 1, line 1</b> (if any)	• 7	
8	Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8	
9	<b>Utah taxable income/loss</b> - subtract the sum of lines 7 and 8 from line 6	• 9	64213
10	<b>Utah tax</b> - multiply line 9 by 4.65% (.0465) (not less than zero)	• 10	2986
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: <b>\$16,742</b> (single or married filing separately); <b>\$25,114</b> (head of household); or <b>\$33,484</b> (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	47471
19	Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	617
20	Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	214
21	If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21	
22	<b>Utah income tax</b> - subtract line 20 from line 10 (not less than zero)	• 22	2772

**Electronic filing is quick, easy and free, and will speed up your refund.**

**To learn more, go to [tap.utah.gov](http://tap.utah.gov)**

**Utah Individual Income Tax Return (continued)**

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**TC-40  
2023**

Pg. 2

**40302** SSN 709971325 Last name UPADHYAY

23	Enter tax from TC-40, page 1, line 22	23	2772	
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	2565	
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	2565	
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	<b>Total tax, use tax and additions to tax</b> (add lines 27 through 31)	32	2565	
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	2941	
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	2941	
39	<b>TAX DUE</b> - subtract line 38 from line 32 (not less than zero)	• 39		
40	Penalty and interest (see instructions)	40		
41	<b>TOTAL DUE - PAY THIS AMOUNT</b> - add line 39 and line 40	• 41		
42	<b>REFUND</b> - subtract line 32 from line 38 (not less than zero)	• 42	376	
43	Voluntary subtractions from refund (not greater than line 42) Enter the total from page 3, Part 6	• 43		
44	<b>REMAINING REFUND DIRECT DEPOSIT</b> - your account information (see instructions for foreign accounts)	checking	savings	foreign
	• Routing number 124001545 • Account number 520195226	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 Date 04/04/24 Firm's name GLOBAL TAXES LLC and address 245 ROONEY CT E BRUNSWICK	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.

**Residency Status:** • Nonresident: Home state abbreviation: •  Part-year resident from: 06/01/23 to 12/31/23  
mm/dd/yy mm/dd/yy

Income	Col. A - UTAH	Col. B - TOTAL
1 Wages, salaries, tips, etc. (1040, line 1z)	59413	64213
2 Taxable interest income (1040, line 2b)		
3 Ordinary dividends (1040, line 3b)		
4 IRAs, pensions and annuities - taxable amount (1040, lines 4b and 5b)		
5 Social Security benefits - taxable amount (1040, line 6b)		
6 Taxable refunds/credits/offsets of state/local income taxes (1040, Schedule 1, line 1)		
7 Alimony received (1040, Schedule 1, line 2a)		
8 Business income or loss (1040, Schedule 1, line 3)		
9 Capital gain or loss (1040, line 7)		
10 Other gains or losses (1040, Schedule 1, line 4)		
11 Rental real estate, royalties, partnerships, S corps, trusts, etc. (1040, Schd 1, line 5)	0	0
12 Farm income or loss (1040, Schedule 1, line 6)		
13 Unemployment compensation (1040, Schedule 1, line 7)		
14 Other income (1040, Schedule 1, line 9)		
15 Additions to income from TC-40A, Part 1 (Utah portion only in Utah column)		
16 Reserved		
17 Reserved		
18 Total income/loss - add lines 1 through 17 for both columns A and B	59413	64213

Adjustments	Col. A - UTAH	Col. B - TOTAL
19 Educator expenses (1040, Schedule 1, line 11)		
20 Certain bus. expenses of reservists, performing artists, etc. (1040, Schd 1, line 12)		
21 Health savings account deduction (1040, Schedule 1, line 13)		
22 Moving expenses (1040, Schedule 1, line 14) - col. A only expenses moving into Utah		
23 Deductible part of self-employment tax (1040, Schedule 1, line 15)		
24 Self-employed SEP, SIMPLE and qualified plans (1040, Schedule 1, line 16)		
25 Self-employed health insurance deduction (1040, Schedule 1, line 17)		
26 Penalty on early withdrawal of savings (1040, Schedule 1, line 18)		
27 Alimony paid (1040, Schedule 1, line 19a)		
28 IRA deduction (1040, Schedule 1, line 20)		
29 Student loan interest deduction (1040, Schedule 1, line 21)		
30 Reserved		
31 Reserved		
32 State tax refund included on federal form 1040, Schedule 1, line 1		
33 Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column)		
34 Reserved		
35 Reserved		
36 (see instructions):		
37 Total adjustments - add lines 19 through 36 for both columns A and B		

38 Subtract line 37 from line 18 for both columns A and B Line 38, column B must equal TC-40, line 9	59413	64213
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Non or Part-year Resident Utah Tax		
39 Divide line 38 column A by line 38 column B (to 4 decimal places, not more than 1.0000 or less than 0.0000)	39	0.9252
40 Subtract TC-40, line 24 from TC-40, line 23 and enter the result (not less than zero) here	40	2772
41 <b>UTAH TAX</b> - Multiply line 40 by the decimal on line 39. Enter on TC-40, page 2, line 25	• 41	2565

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

**Part 1 - Utah Withholding Tax Schedule**

40309 SSN 709-97-1325

Last name UPADHYAY

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**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 <b>(14 characters, ending in WTH, no hyphens)</b> 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><b>Do not send your W-2s or 1099s with your return.</b> Instead enter W-2 or 1099 information below, but <b>only</b> 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><b>First W-2 or 1099</b></p> 1 135108880 2 12249890004WTH (14 characters, no hyphens) 3 GOLDMAN SACHS & CO LLC 30 HUDSON STREET 4TH FLOOR JERSEY CITY NJ07302 4 5 709971325 6 59413 7 2941	<p><b>Second W-2 or 1099</b></p> 1 2 (14 characters, no hyphens) 3 4 5 6 7
<p><b>Third W-2 or 1099</b></p> 1 2 (14 characters, no hyphens) 3 4 5 6 7	<p><b>Fourth W-2 or 1099</b></p> 1 2 (14 characters, no hyphens) 3 4 5 6 7

**Total Utah withholding tax from all lines 7:**

2941

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.**