

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name KIRAN MAHATO	Social security number 850-97-2491
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	35,463.
2	Total tax . . . . .	2	2,375.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	3,809.
4	Amount you want refunded to you . . . . .	4	1,434.
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 

7	2	4	9	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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 KIRAN Last name MAHATO Your social security number 850 97 2491

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. Apt. no. 204 W 2100 S EXPY, 21 LUX A224 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SALT LAKE CITY UT 84115 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.

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

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

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 table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with a checkbox for 'Yes' and 'No', and fields for name, phone number, and PIN.

Sign Here section with a declaration of truthfulness and signature lines for the preparer and spouse, including occupation and date fields.

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

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
850-97-2491

KIRAN MAHATO

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

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

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

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

<b>14a</b>	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .	14a 110.
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
<b>c</b>	Subtract line 14b from line 14a . . . . .	14c 110.
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15 110.
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16 0.
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

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

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

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. 850972491	Your first name KIRAN	Your last name MAHATO	Y/N Y
Spouse's Soc. Sec. No.	Spouse's first name	Spouse's last name	

If deceased, complete page 3, Part 1

Address	Telephone number
204 W 2100 S EXPY, 21 LU, APT A224	801-608-9426
City State ZIP+4	Foreign country (if not U.S.)
SALT LAKE CITY UT 84115	

<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" 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 <a href="http://incometax.utah.gov/elect">incometax.utah.gov/elect</a> . If no contribution, enter <b>N</b> .	• Yourself	• Spouse	•	•
• Yourself	• Spouse					
•	•					

4 Federal adjusted gross income from federal return	• 4	35463
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	35463
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	35463
10 <b>Utah tax</b> - multiply line 9 by 4.65% (.0465) (not less than zero)	• 10	1649
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	18721
19 Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	243
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	588
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	1061

**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)**

INTUIT

**TC-40  
2023**

Pg. 2

**40302** SSN 850972491 Last name MAHATO

23	Enter tax from TC-40, page 1, line 22	23	1061	
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	1061	
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	1061	
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	1061	
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	1636	
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	1636	
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	575	
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 519685302	Type: • <input checked="" type="checkbox"/>	• <input type="checkbox"/>	• <input 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	Date	Preparer's telephone number	Preparer's PTIN
	SYAM PRIYA RAM SAGAR G	04/07/24	6789659522	• P02082703
	Firm's name and address			Preparer's EIN
	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			• 843171965

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

**Part 1 - Utah Withholding Tax Schedule**

40309 SSN 850-97-2491

Last name MAHATO

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 <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 581760235  2 12490481003WTH (14 characters, no hyphens)  3 INFOSYS LIMITED 2400 N GLENVILLE DR C150  RICHARDSON TX75082  4  5 850972491  6 35463  7 1636	<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:**

1636

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.**