Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)						
Taxpayer's name	Social security number					
SHAHELA AFROZ	654-25-1638					
Spouse's name	Spouse's social security number					
MAHBUB MAYAN	178-81-4055					
	(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	4 27 502					
1 Adjusted gross income						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099						
4 Amount you want refunded to you	333.					
5 Amount you owe						
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	t 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 amy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellar business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amen Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing.	rt I above are the amounts from the income tax, transmitter, or electronic return originator (ERO) in for rejection of the transmission, (b) the reason ze the U.S. Treasury and its designated Financial ount indicated in the tax preparation software for institution to debit the entry to this account. This erminate the authorization. To revoke (cancel) a tion requests must be received no later than 2 d in the processing of the electronic payment of to the payment. I further acknowledge that the					
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.	N method. The ERO must complete Part III					
Your signature ► Da	ate ►					
Spouse's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or ge	nerate my PIN 1 4 0 5 5 as my					
ERO firm name	Enter five digits, but don't enter all zeros					
signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.	I am now authorizing. Check this box only					
1 0	ate ►					
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 in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the provided in	m submitting this return in accordance with the					
ERO's signature ► Da	ate ▶					
ERO Must Retain This Form — See Instructi						
Don't Submit This Form to the IRS Unless Requeste						

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



		<u> </u>				CIVID 110: 10 10	007 1 11.0 000 0	, Bo not	write or etaple in the opaser		
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See s	eparate instructions.		
Your first name	and m	iddle initial	Last name Y					Yours	Your social security number		
SHAHELA			AFROZ					654	25 1638		
If joint return, s	pouse's	s first name and middle initial							e's social security number		
MAHBUB			MAYA	AN				178	8 81 4055		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Presid	lential Election Campaigr		
_1343 UNI	IVER	SITY VILLAGE							k here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code		se if filing jointly, want \$3 to this fund. Checking a		
SALT LA	KE C	ITY			IU	1	84108	1 0	elow will not change		
Foreign country	y name			Foreign province/state/o		:y	Foreign postal co	de your ta	ax or refund.		
									You Spouse		
Filing Status	; <u> </u>	Single				☐ Head of he	ousehold (HOH))			
Check only	×	Married filing jointly (even if only or									
one box.	L	Married filing separately (MFS)					surviving spous				
		you checked the MFS box, enter the			u che	ecked the HOF	l or QSS box, e	nter the c	hild's name if the		
	qu	alifying person is a child but not you	ır depe	ndent:							
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payn	nent for prope	rty or services);	or (b) sell	,		
Assets	exch	nange, or otherwise dispose of a digi	ital asse	et (or a financial inter	est ir	n a digital asse	t)? (See instruc	tions.)	☐ Yes ☐ No		
Standard	Som	neone can claim: You as a de	penden	it 🗌 Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spe	ouse	· 🗆 Was bor	n before Janua	rv 2 1959	☐ Is blind		
Dependent		•		T .		(3) Relationsh	(4) (1)	-	alifies for (see instructions):		
-	•	(1) First name Last name		(2) Social security number		to you	Child ta		Credit for other dependents		
If more than four]			
dependents,								<u> </u>			
see instruction and check	s —										
here]										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .				. 1	27,502.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .				. 1	b		
W-2 here. Also	С	Tip income not reported on line 1a	. 1	lc							
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							d		
W-2G and 1099-R if tax	е								le		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						. 1	lf		
If you did not	g	Wages from Form 8919, line 6 .						. 1	g		
get a Form W-2, see	h	Other earned income (see instructi	,					. 1	<u>0.</u>		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1</u> i			07.500		
	z	Add lines 1a through 1h		<u>.</u>					27,502.		
Attach Sch. B if required.	2a	'	2a			axable interest			2b		
ii required.	3a		3a			rdinary divider			Bb		
Standard	4a	-	4a			axable amoun		_	lb		
Deduction for—	5a		5a			axable amoun			ib		
 Single or Married filing 	6a	,	6a			axable amoun		. 6	Sb		
separately, \$13,850	c	If you elect to use the lump-sum election method, check here (see instructions)							-		
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
jointly or Qualifying	8	Additional income from Schedule 1, line 10							8 9 27,502.		
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-					10		
Head of	11	Subtract line 10 from line 9. This is							27,502.		
household, \$20,800	12		-						11 27,302. 12 27,700.		
If you checked any box under	13	Standard deduction or itemized deductions (from Schedule A)							13		
Standard	14	Add lines 12 and 13							27,700.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer					e		15 0.		
	_			,					· 1		

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	0.	
Credits	17	Amount from Schedule 2, line 3							17		
	18	Add lines 16 and 17								0.	
	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	0.		
	23	Other taxes, including self-e							23	0.	
	24	_							24	0.	
Payments	25										
· aymonic	а	5 () 10 ()									
	b	Form(s) 1099				25b					
	C	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						25d	830.	
	26	2023 estimated tax paymen							26		
If you have a \ \l qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .		•		30					
	31	Amount from Schedule 3, lir				31			_		
	32						o orodite		32		
		Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							_	830.	
D. (33	Add lines 25d, 26, and 32. These are your total payments						33	830.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	830.		
Divost denseit?	35a								35a	050.	
Direct deposit? See instructions.	b							5			
	d					00					
	36	Amount of line 34 you want				36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See					
Designee	ins	instructions								⋈ No	
		signee's	Phone Personal								
<u></u>		name no. number (PIN)									
Sign	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.										
Here			Date Your occupation				If the IRS sent you an Identity				
	10	Your signature		Date	Your occupation				Protection PIN, enter it here		
Joint return?				SERVICE HOLI		OLDEF	1 /		ee inst.)		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	e Spouse's occupation			If the IRS sent your spouse an			
Keep a copy for your records.					_				lentity Protection PIN, enter it here see inst.)		
your rooordo.				310DEN1					e irist.)		
		one no. (317) 515-494		Email address SHAHELAAFROZ.IBA@GMAIL.COM						l a	
Paid		eparer's name	Preparer's signat					PTIN		Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		YA RAM SAGAR GUPTA 03/26/2024 P0					82703	Self-employed	
Use Only							one no.	(678) 965-9522			
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							m's EIN			
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03	/07/24 PRO			Form 1040 (2023)	

403011555

Utah State Tax Commission

Utah Individual Income Tax Return

All state income tax dollars support education, children and individuals with disabilities.

dren and individuals with disabilities.

TC-40

2023

· Amended Return - enter code: (see instructions) Full-yr Resident? Your Social Security No. Your first name Your last name Y/N AFROZ 654251638 SHAHELA Υ Spouse's Soc. Sec. No. Spouse's first name Spouse's last name 178814055 **MAHBUB** MAYAN Υ Address Telephone number 1343 UNIVERSITY VILLAGE 317-515-4944 If deceased, complete ZIP+4 Foreign country (if not U.S.) City State page 3, Part 1 SALT LAKE CITY UT 84108 Filing Status - enter code **Qualifying Dependents** • 2 3 Election Campaign Fund 1 = Single а Dependents age 16 and under Does not increase your tax or reduce your refund. 2 = Married filing jointly b Other dependents Enter the code for the Yourself Spouse party of your choice. 3 = Married filing separately Dependents born in 2023 С 4 = Head of household Total (add lines a, b and c) See instructions for 5 = Qualifying surviving spouse code letters or go to incometax.utah.gov/elect. If using code 2 or 3, enter spouse's name and SSN above See instructions. If no contribution, enter N Federal adjusted gross income from federal return • 4 27502 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1) Total income - add line 4 and line 5 6 27502 6 State tax refund included on federal form 1040, Schedule 1, line 1 (if any) Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1) Utah taxable income/loss - subtract the sum of lines 7 and 8 from line 6 27502 10 Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero) • 10 1279 11 Utah personal exemption (multiply line 2d by \$1,941) • 11 0 **Electronic filing** 12 Federal standard or itemized deductions • 12 27700 is quick, easy and free, and will 13 Add line 11 and line 12 13 27700 speed up your refund. 14 State income tax included in federal itemized deductions • 14 To learn more, go to 15 Subtract line 14 from line 13 27700 15 tap.utah.gov 16 Initial credit before phase-out - multiply line 15 by 6% (.06) 16 1662 17 Enter: \$16,742 (single or married filing separately); \$25,114 (head of • 17 33484 household); or \$33,484 (married filing jointly or qualifying surviving spouse) 18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero) 18 0 19 Phase-out amount - multiply line 18 by 1.3% (.013) • 19 0 • 20 20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero) 1662

• 21

Χ

• 22

0

21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)

22 Utah income tax - subtract line 20 from line 10 (not less than zero)

40302	Utah Individual Income Tax ssn 654251638	Return (continued) Last name AFROZ	INTUIT	TC-40 2023	Pg. 2
23 Enter	tax from TC-40, page 1, line 22			23	0
24 Appor	tionable nonrefundable credits from TC-40	A, Part 3 (attach TC-40A, pag	e 1)	• 24	
•	ear resident, subtract line 24 from line 23 (i r Part-year resident, complete and enter th	,	ne 41	• 25	0
26 Nonap	portionable nonrefundable credits from TC	C-40A, Part 4 (attach TC-40A,	page 1)	• 26	
27 Subtra	ct line 26 from line 25 (not less than zero)			27	0
28 Volunt	ary contributions from TC-40, page 3, Part	4 (attach TC-40, page 3)		• 28	
29 AMEN	DED RETURN ONLY - previous refund			• 29	
30 Recap	ture of low-income housing credit			• 30	
31 Utah ι	ise tax			• 31	
32 Total	ax, use tax and additions to tax (add lin	es 27 through 31)		32	0
	vithholding - If you have mineral production	• •	entity withholding,	• 33	1271
	ete page 3, Part 5. If not, enter on line 33 t for Utah income taxes prepaid from TC-54		2023	• 34	
35 AMEN	DED RETURN ONLY - previous payments	3		• 35	
36 Nonap	portionable refundable credits from TC-40	A, Part 5 (attach TC-40A, pag	ue 2)	• 36	
37 Appor	tionable refundable credits from TC-40A, F	Part 6, line c (attach TC-40A, բ	page 2)	• 37	
38 Total v	vithholding and refundable credits - add lin	es 33 through 37		38	1271
39 TAX D	UE - subtract line 38 from line 32 (not less	s than zero)		• 39	
40 Penalt	y and interest (see instructions)			40	
	L DUE - PAY THIS AMOUNT - add line 39	and line 40		• 41	
	ND - subtract line 32 from line 38 (not less			• 42	1271
	ary subtractions from refund (not greater t	,		• 43	12/1
Enter	the total from page 3, Part 6	,			
	INING REFUND DIRECT DEPOSIT - you ting number 07400010 • A	ccount number 861887		•	vings foreign •
Under penal SIGN Your HERE	ies of perjury, I declare to the best of my knowle signature		companying schedules are true, correctise's signature (if filing jointly)	et and complete.	Date
Third Party	Name of designee (if any) you authorize to dis	cuss this return	Designee's telephone number	Designee PIN	
Designee Paid	Preparer's signature SYAM PRIYA RAM SAGA	Date R G 03/26/24	Preparer's telephone number 6789659522	Preparer's PTIN	202082703
Preparer's	Firm's name GLOBAL TAX		, 0.000000	Preparer's EIN	32002700
Section	and address 245 ROONEY			L ·	
	E BRUNSWIC	K	NJ 08816		

Pg. 1

40309

Line Explanations

SSN 654-25-1638

Last name AFROZ

IMPORTANT

1 Employer/payer ID number from W-2 box "b" or 1099 Do not send your W-2s or 1099s with your return. Instead enter Utah withholding ID number from W-2 box "15" or 1099 W-2 or 1099 information below, but only if there is Utah withholding (14 characters, ending in WTH, no hyphens) on the form. Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Use additional forms TC-40W if you have more than four W-2s and/or 5 Employee's Social Security number from W-2 box "a" or 1099 1099s with Utah withholding tax. Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W. First W-2 or 1099 Second W-2 or 1099 1 472584404 2 (14 characters, no hyphens) (14 characters, no hyphens) 14011470003WTH 3 PERELSON TEMPORARY STAFFING 2180 SOUTH 1300 EAST 350 SALT LAKE CITY UT84106 4 4 5 654251638 6 27502 7 7 1271 Third W-2 or 1099 Fourth W-2 or 1099 1 1 2 (14 characters, no hyphens) 2 (14 characters, no hyphens) 3 3 4 4 5 5 6 6 7 7

Total Utah withholding tax from all lines 7:

If you have nothing to enter on TC-40W, page 2, enter this total on TC-40, page 2, line 33. If you have entries on TC-40W, page 2, enter this total on TC-40, page 3, Part 5, line 1.

1271