

# 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 <b>PRIYANSHSINH VAGHELA</b>	Social security number <b>398-55-6889</b>
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	970 .
<b>2</b> Total tax . . . . .	<b>2</b>	0 .
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	
<b>5</b> Amount you owe . . . . .	<b>5</b>	0 .

## 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 

5	6	8	8	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
**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.  
ERO firm name  
**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: PRIYANSHSINH Last name: VAGHELA Your social security number: 398 55 6889

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. 1686 S.LOGGERS POND PL 31 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ID ZIP code BOISE ID 83706 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 [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)

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... [ ] Yes [X] No

Standard Deduction: Someone can claim: [X] 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

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 970. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions) 1i. 1z Add lines 1a through 1h 970.

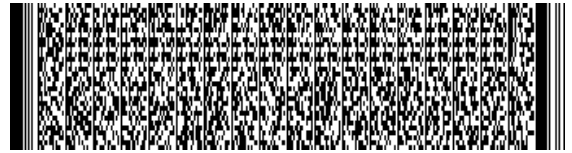
Table with 4 columns: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount

Table with 15 rows: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 970. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 970. 12 Standard deduction or itemized deductions (from Schedule A) 1,370. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 1,370. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 0.

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.





Amended Return? Check the box. State Use Only VAGH

For calendar year 2023 or fiscal year beginning , ending

Personal information section including names, SSNs, and address.

Filing Status section with checkboxes for Single, Married filing jointly, etc.

Household section for dependents with input fields for counts.

Table with 4 columns: Dependent's first name, last name, SSN, and birthdate.

Don't Staple

Income section table with 3 columns: Line number, Amount, and Total.

Tax Computation section with checkboxes for deductions and a table for tax calculations.

Return and payment - Mail to: Idaho State Tax Commission, PO Box 83784, Boise, ID 83707-3784



21. Tax amount from line 20 ..... 21 0 00

**Credits. Limits apply. See instructions, page 9.**

22. Income tax paid to other states. Include Form 39R and a copy of other states' returns .... 22 00  
 23. Total credits from Form 39R, Part D, line 4. Include Form 39R ..... 23 00  
 24. Total business income tax credits from Form 44, Part I, line 10. Include Form 44 ..... 24 00  
 25. Idaho Child Tax Credit. Computed amount from worksheet on page 10 ..... 25 0 00  
 26. **Total Credits.** Add lines 22 through 25 ..... 26 0 00  
 27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero ..... 27 0 00

**Other Taxes. See instructions, page 10.**

28. Fuels use tax due. Include Form 75 ..... 28 00  
 29. **Sales/use tax due on untaxed purchases (online, mail order, and other)** ..... 29 00  
 30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44 ..... 30 00  
 31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER ..... 31 00  
 32. Permanent building fund tax.  
 Check the box if you received Idaho public assistance payments for 2023 ..... NRF  32 --10 00  
 33. **Total Tax.** Add lines 27 through 32 ..... 33 0 00

**Donations. See instructions, page 10.** I want to donate to:

34. Idaho Nongame Wildlife Fund ..... 35. Idaho Children's Trust Fund .....  
 36. Special Olympics Idaho ..... 37. Idaho Guard & Reserve Family ....  
 38. American Red Cross of Idaho Fund ..... 39. Veterans Support Fund .....  
 40. Idaho Food Bank Fund ..... 41. Opportunity Scholarship Program .....  
 42. **Total Tax Plus Donations.** Add lines 33 through 41 ..... 42 0 00

**Payments and Other Credits.**

43. Grocery Credit. Computed amount from worksheet on page 11 .....  
**To receive your grocery credit**, enter the computed amount on line 43 ..... 43 00  
 To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43   
 44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R ... 44 00  
 45. Special fuels tax refund \_\_\_\_\_ Gasoline tax refund \_\_\_\_\_ Include Form 75 ..... 45 00  
 46. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding ..... 46 00  
 47. 2023 Form 51 estimated payments and amount applied from 2022 return ..... 47 00  
 48. Paid by entity  Withheld  ABE  See instructions ..... 48 00  
 49. Tax Reimbursement Incentive credit  Claim of Right credit  See instructions ... 49 00  
 50. **Total Payments and Other Credits.** Add lines 43 through 49 ..... 50 00

**Tax Due or Refund. See instructions, page 12.**

51. **Tax Due.** If line 42 is more than line 50, subtract line 50 from line 42 ..... 51 0 00  
 52. Penalty  Interest from the due date  Enter total ..... 52 00  
 Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal .....   
 53. Nonrefundable credit from a prior year return. See Form 44 instructions ..... 53 00  
 54. **Total Due.** Add lines 51 and 52, then subtract line 53 ..... 54 0 00  
 55. **Overpaid.** If line 42 is less than line 50, subtract lines 42 and 52 from line 50 ..... 55 00  
 56. **Refund** ..... **Apply to 2024** .....

57. **Direct Deposit. See instructions, page 13.**  **Check if final deposit destination is outside the U.S.**  
 Routing No.  Account No.  Type of  Checking Account:  Savings

**Amended Return Only. Complete this section to determine your tax due or refund. See instructions.**

58. Total due (line 54) or overpaid (line 55) on this return ..... 58 00  
 59. Refund from original return plus additional refunds ..... 59 00  
 60. Tax paid with original return plus additional tax paid ..... 60 00  
 61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60 ..... 61 00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

<b>Sign Here</b>	Your signature (required)	Spouse's signature (if a joint return, both must sign)	Date
	Paid preparer's signature 03-10-2024	Preparer's EIN, SSN, PTIN 84-3171965	Taxpayer's phone number (208) 863-9023

Preparer's address GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK	State NJ	ZIP Code 08816	Preparer's phone number (678) 965-9522
---	-------------	-------------------	---