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

IIILEIIIAII	levelide Service								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social seci	ırity num	ber					
PRI	YANSHSINH VAGHELA	398-55-6889							
Spouse'		Spouse's social security number							
Part	, , ,	r year you	are au	thoriz	ing.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1	ı		070			
1 2	Adjusted gross income		2			$\frac{970.}{0.}$			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					<u> </u>			
4	Amount you want refunded to you		4						
5	Amount you owe		F-			0.			
Part				vour r	eturr	<u> </u>			
Under pmy knoreturn (sto send for any Agent t paymer authoriz paymer busines taxes to persona Electron Taxpa	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transport of the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.) I am now a ve are the a litter, or election of the .S. Treasury icated in the on to debit the the author uests must processing payment. I film now author in the processing payment is a mow author in the processing payment. I film now author in the processing payment is a processing payment. I film now author in the processing payment is a processing payment.	uthorizir mounts tronic restransmin and its a tax presence of the eurther according a	ng, and from the turn or ssion, designation to this To revolved no lectron cknowlend, if a digits, er all ze	to the ne inco iginato (b) the ated Fin softwaccoul bke (cabo later ic payredge the polical but to be the barros but the but the but the book is but the but t	best of ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the ble, my as my			
0	ata DIN, abanda ana bananda								
Spous	e's PIN: check one box only	my DIN							
	I authorize to enter or generate to enter or generate		 Enter five	dinite		as my			
	signature on the income tax return (original or amended) I am now authorizing.		don't ente						
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.		_			-			
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below	1							
Part	Certification and Authentication — Practitioner PIN Method Only								
FR∩'e	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	2 7	1			
LNO 3	ET IN/FIN. Litter your six-digit of inviolitimed by your live-digit self-selected inv.		nter all z		. 1 ' 1				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the text to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	ax return (or nitting this re	iginal or	amenc accord	anće v				
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To I	Do So							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		nartment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	5-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this space.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20		See se	oarate i	nstructions.
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	urity number
PRIYANS	HSIN	Н	VAGH	ELA							398	55	6889
		s first name and middle initial	Last na										security number
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaigr
	,	ERS POND PL							31	- 1			ou, or your
		rice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	ite	ZIP c			•	٠,	jointly, want \$3
BOISE						II		837	06	- 1	•		nd. Checking a not change
Foreign countr	y name		F	oreign pr	rovince/state/	count	ty		n postal c	- 1		or refu	nd.
	-	A										∐ Yo	ou Spouse
Filing Status	S	☑ Single					☐ Head of h	ouseh	old (HOF	1)			
Check only	L		ne had i	ncome)			П с			, ,			
one box.		☐ Married filing separately (MFS)			16		☐ Qualifying		0 1	,	,		
		you checked the MFS box, enter the ualifying person is a child but not you										ld's nar	ne if the
<u></u>													
Digital Assets		ny time during 2023, did you: (a) rec hange, or otherwise dispose of a dig										☐ Ye	es 🛛 No
Standard		neone can claim: X You as a de					a dependent	, ,					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	<u> </u>						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp e	ouse	: Was bo	rn befo	ore Janua	ary 2,	1959	☐ Is	s blind
Dependent	s (see	instructions):		(2) 5	Social security	/	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (s	see instructions):
If more		(1) First name Last name			number		to you	Child tax			dit	Credit for	r other dependents
than four									[
dependents,									[
see instruction and check	s								[
here									[
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		970.
Attach Form(s)	b	Household employee wages not re	•		` '						1b		
W-2 here. Also	С	Tip income not reported on line 1a			•						10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ıctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8	839, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>l</u> i						
	Z	Add lines 1a through 1h			· · ·						1z		970.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes				2b		
if required.	3a	· ·	3a				ordinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	-	5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	С	If you elect to use the lump-sum e		-		•	•						
\$13,850 Married filing	7	Capital gain or (loss). Attach Schei								. L	7		
jointly or Qualifying	8	Additional income from Schedule									8		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		970.
\$27,700 • Head of	10	Adjustments to income from Sche	from Schedule 1, line 26					10					
household,	11	Subtract line 10 from line 9. This is	•	-	_						11		970.
\$20,800 If you checked	12	Standard deduction or itemized		•		-					12		1,370.
any box under Standard	13	Qualified business income deduct	ion from	Form 8	995 or Form	1 899	5-A				13		
Deduction, see instructions.	14										14		1,370.
COO II IOU UOUUI IO.	15	Subtract line 1/1 from line 11 If zer	ra ar lace	e antar.	11 Thic ic v	1011r 4	ravabla incom	•			15	1	Λ

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	0.	
Credits	17	Amount from Schedule 2, lir	•				- 	17		
	18	Add lines 16 and 17						18	0.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18						22	0.	
	23	Other taxes, including self-e						23	0.	
	24	Add lines 22 and 23. This is						24	0.	
Payments	25	Federal income tax withheld								
. ayınıcınto	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	C	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•					25d		
	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 fro				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		*		30		-		
	31					31				
		Amount from Schedule 3, lir						20		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T						33		
Refund	34	If line 33 is more than line 24	-				_	34		
Di	35a	Amount of line 34 you want								
Direct deposit? See instructions.	b	Routing number X X X			c Type:		Savings	3		
	d	Account number X X X				 				
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	_	-		1 1		37	0.	
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•		rn with the IRS?		Samplate	halaw	₩ Na	
Designee		structions					Complete		⊠ No	
	nar	signee's ne		Phone no.			sonal ider nber (PIN)			
Sign	Un	der penalties of perjury, I declare t	hat I have examine	d this return and	accompanying sche	dules and statemer	nts, and to	the best	of my knowledge and	
-	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all informat	ion of wh	ch prepar	er has any knowledge.	
Here	Your signature			Date Your occupation If			If t	he IRS se	nt you an Identity	
									PIN, enter it here	
Joint return?					STUDENT		`	e inst.)	<u> </u>	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here	
your records.								e inst.)	ection in in, enter it here	
	———Ph	one no. (208)863-902	3	Email address	GVAGHELA2!	S@CMATI. CO	M			
		eparer's name	Preparer's signat	1	OVACIIEEAZ.	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	'		מווסדים דיםו.ו.מא	03/10/2024		82703	Self-employed	
Preparer	Firm's name CIODAI TAVEC IIC								(678)965-9522	
Use Only								m's EIN	· · · · · · · · · · · · · · · · · · ·	
	1 1/1	m 3 dduless Z T J KOONE		VIAD MATCE IN	00010		1.11	III 3 LIIV	84-3171965	

Don't Staple

Amended Return? Check the box.	• []	State Use Only
See page 7 of the instructions for the reasons to amend, and enter the number that applies.	•	VAGH



Amended Return? Check the box.	■ State Use Only			KZ III				
See page 7 of the instructions for the reasons to amend, and enter the number that applies.		HIII KACANO CARANANA NECANANANA NAKANIN METAN	MANDALA MARANTANI MENDERAKAN M	MANTEN				
For calendar year 2023 or fiscal year begin	nina , endina							
	Your last name	Your Social Security number (S	SN) Dece	eased				
PRIYANSHSINH	398-55-6889 Lin 2							
PRIYANSHSINH Spouse's first name and initial Current mailing address	Spouse's last name	Spouse's Social Security number	er (SSN) Dece	eased 023				
Current mailing address	l	Forms and instructions available at						
1686 S.LOGGERS POND PL	APT 31	tax.idah	no.gov					
1686 S.LOGGERS POND PL City BOISE	State ZIP Code	Foreign country (if not U.S.)						
T BOIDE	ID 83706							
•	married filing jointly or separately, ente	=		ove.				
1. X Single 2. Married fi	ling 3. Married filing 4. separately	Head of 5. Qualify with qualify	ving surviving spouse ualifying dependents					
Household. See instructions, page 7. If	someone can claim you as a dependent, leav	e line 6a blank. Enter "1" on lines	6a and 6b, if they apply	y.				
6a. Yourself0 6b. Spor	use 6c. Dependents	6d. Total household0	<u> </u>					
List your dependents below. If you have	ve more than four dependents, continue o	on Form 30R Enter total numb	er on line 6c					
List your dependents below. If you have	re more than rour dependents, continue c	on one out. Enter total numb	Dependent's birthdat	te				
Dependent's first name	Dependent's last name	Dependent's SSN	(mm/dd/yyyy)					
Income Control Control			1	屵				
Income. See instructions, page 7.	income from federal Form 1040 or 1040-	SP line 11						
	ederal return		7 970	00				
	line 7. Include Form 39R	⊢	8	00				
	ille 7. Illidide i dilli 331.	į į		00				
	B, line 24. Include Form 39R	F	10	00				
	line 10 from line 9			00				
Tax Computation. See instructions			111 570	1 00				
	s, page o.							
Standard a. If age	e 65 or older • Y	ourself • Spouse						
for Most	<u> </u>	<u> </u>						
		ourself Spouse						
Married Filing dena	Ir parent or someone else can claim you ndent, check here and enter zero on line							
Separately:	ndent, check here and enter zero on line	43 • <u>\</u>						
13. Itemized deductions	13. Itemized deductions. Include federal Schedule A. Federal limits apply							
Head of Household: 14. State and local inco	me or general sales taxes included on fed	deral Schedule A	14	00				
\$20,800 15. Subtract line 14 from	n line 13. If you don't use federal Schedu	le A, enter zero	15	00				
Married Filing - 16. Standard deduction.	See instructions, page 8, to determine a	mount if not standard	16 1370	00				
Jointly or Qualifying 17. Subtract the larger (of line 15 or 16 from line 11. If less than z		17 0	1				
Surviving	ncome deduction. If less than zero, enter	· •	18	00				
Opouso.	e. Subtract line 18 from line 17		19 0	00				
	See instructions, page 9	<u> </u>		00				
	ontinue to page 2.		<u> </u>					
NE V 02/20/24 1 NO	te Tax Commission, PO Box 83784, Boise, I	D 83707-3784						

Return only - Mail to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

Include a complete copy of your federal return.

1030 **2023** Form 40

(continued)

Credits. Limits apply. See instructions, page 9. 22	21.	Tax amount from line 20	21	0	00
23 10 10 10 10 10 10 10 1	Cred	dits. Limits apply. See instructions, page 9.			
24. Total business income tax credits from Form 44, Part I, line 10, Include Form 44.	22.	Income tax paid to other states. Include Form 39R and a copy of other states' returns • 22 0	0		
25 Gold Child Tax Credit. Computed amount from worksheet on page 10 26 0 00	23.	Total credits from Form 39R, Part D, line 4. Include Form 39R	0		
26	24.	Total business income tax credits from Form 44, Part I, line 10. Include Form 44 24 0	0		
27	25.	Idaho Child Tax Credit. Computed amount from worksheet on page 10 25 0 0	0		
Second Computed amount from worksheet on page 11 Second Se	26.	Total Credits. Add lines 22 through 25	26	0	00
28	27.	Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27	0	00
29. Sales/use tax due on untaxed purchases (online, mall order, and other)	Othe	er Taxes. See instructions, page 10.			
30. Total tax from recapture of income tax credits from Form 44, Part II, line 6, include Form 44 30 31 30 30 32 Permanent building fund tax Check the box if you received Idaho public assistance payments for 2023 NRF 32 34 00 00 33 30 00 00 33 30 30 00 00 34 Idaho Nongame Wilding Fund (ax 35 Idaho Children's Trust Fund 38 Idaho Children's Trust Fund 38 Idaho Children's Trust Fund 38 Idaho Children's Trust Fund 39 Veterans Support Fund 39 Veterans Support Fund 42 0 00 00 00 00 00 00	28.	Fuels use tax due. Include Form 75	28		00
31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	29.	Sales/use tax due on untaxed purchases (online, mail order, and other)	• 29		00
32 -40 00 00 00 00 00 00 0	30.	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	30		00
Check the box if you received Idaho public assistance payments for 2023 NRF	31.	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	• 31		00
33 0 00	32.	Permanent building fund tax.			
Donations See instructions, page 10. I want to donate to:		Check the box if you received Idaho public assistance payments for 2023	32	10-	00
34. Idaho Nongame Wildlife Fund	33.	Total Tax. Add lines 27 through 32	• 33	0	00
36. Special Olympics Idaho	Don	ations. See instructions, page 10. I want to donate to:			
36. Special Olympics Idaho	34.	Idaho Nongame Wildlife Fund ■ 35. Idaho Children's Trust Fund ■			
39. Veterans Support Fund					
A2. Total Tax Plus Donations. Add lines 33 through 41					
A2. Total Tax Plus Donations. Add lines 33 through 41	40.	Idaho Food Bank Fund 41. Opportunity Scholarship Program			
Payments and Other Credits. 43. Grocery Credit. Computed amount from worksheet on page 11			42	0	00
To receive your grocery credit, enter the computed amount on line 43					
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43 * 44	43.	Grocery Credit. Computed amount from worksheet on page 11			
44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R		To receive your grocery credit, enter the computed amount on line 43	4 3		00
45		To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43			
46 00 47. 2023 Form 51 estimated payments and amount applied from 2022 return 47 00 48. Paid by entity	44.	Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R	44		00
46 daho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding 47 47 000 48 Paid by entity Withheld ABE See instructions 48 000 49 Tax Reimbursement Incentive credit Claim of Right credit See instructions 49 000 50 Total Payments and Other Credits. Add lines 43 through 49 50 50 000 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 53 Nonrefundable credit from a prior year return. See Form 44 instructions 53 000 54 Total Due. Add lines 51 and 52, then subtract line 53 53 000 55 Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55 000 56 Refund Apply to 2024 57 501 58 000 57 Direct Deposit. See instructions, page 13. Check if final deposit destination is outside the U.S. Total Due. Indicate this section to determine your tax due or refund. See instructions. 58 000 0	45.	Special fuels tax refund Gasoline tax refund Include Form 75	45		00
47. 2023 Form 51 estimated payments and amount applied from 2022 return			4 6		00
48. Paid by entity		•			00
49. Tax Reimbursement Incentive credit • Claim of Right credit • See instructions					00
Total Payments and Other Credits. Add lines 43 through 49	49.		49		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. Tax Due. If line 42 is more than line 50, subtract line 50 from line 42			Γ΄ _		
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 54. Total Due. Add lines 51 and 52, then subtract line 53 50. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55. Overpaid. If line 42 is less than line 50, subtract line 60 55. Overpaid. If line 42 is less than line 50, subtract line 60 60 60 60 60 60 60 60 60 60 60 60 60				0	00
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal					00
53 00 54 Total Due. Add lines 51 and 52, then subtract line 53 55 00 55 Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50 55 00 56 Refund					
54. Total Due. Add lines 51 and 52, then subtract line 53	53.		• 53		00
55. Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 from line 50		·	-	1 0	-
Apply to 2024		·	_		-
57. Direct Deposit. See instructions, page 13.		•			1
*Routing No. Account No. Account No. Account No. 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 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. Your signature (required) Spouse's signature (if a joint return, both must sign) Date Sign Paid preparer's signature Preparer's EIN, SSN, PTIN Taxpayer's phone number (208) 863 – 9023 Preparer's address GLOBAL TAXES LLC State ZIP Code Preparer's phone number					
*Routing No. *Account No. *Accou	57.	Direct Deposit. See instructions, page 13. • Check if final deposit destination is outside the	U.S.	Type of • Chec	king
58. Total due (line 54) or overpaid (line 55) on this return	Rout	ting No.			igs
58. Total due (line 54) or overpaid (line 55) on this return	Δmc	anded Paturn Only Complete this section to determine your tax due or refund. See instructions			Т
Ferparer's address GLOBAL TAXES LLC State Sequence from original return plus additional refunds Tax paid with original return plus additional tax paid Tax paid with original return plus additional tax paid Tax paid with original return plus additional tax paid Tax paid with original return plus additional tax paid Tax paid with original return plus additional tax paid Tax paid with original return plus additional refunds Tax paid preparer identified below. Date Tax paid preparer is phone number Tax payer is phone number		· · · · · · · · · · · · · · · · · · ·	58		00
60. Tax paid with original return plus additional tax paid					+-
61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60		· · · · · · · · · · · · · · · · · · ·		 	+
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. Your signature (required) Spouse's signature (if a joint return, both must sign) Date			_	+	+-
Vour signature (required) Sign Here Paid preparer's signature O3-10-2024 Preparer's address GLOBAL TAXES LLC State Vour signature (that to the best of my knowledge and belief this return is true, correct, and complete. See instructions. Spouse's signature (if a joint return, both must sign) Preparer's EIN, SSN, PTIN Taxpayer's phone number (208)863-9023 Preparer's address GLOBAL TAXES LLC State ZIP Code Preparer's phone number	01.		1	ror identified below	1
Sign Here Paid preparer's signature Preparer's EIN, SSN, PTIN Taxpayer's phone number (208)863-9023 Preparer's address GLOBAL TAXES LLC State ZIP Code Preparer's phone number	•				
Sign Here Paid preparer's signature Preparer's EIN, SSN, PTIN Taxpayer's phone number (208)863-9023 Preparer's address GLOBAL TAXES LLC State ZIP Code Preparer's phone number			23,110		
Here Paid preparer's signature Preparer's EIN, SSN, PTIN Taxpayer's phone number * 03-10-2024 * 84-3171965 (208)863-9023 Preparer's address GLOBAL TAXES LLC State ZIP Code Preparer's phone number	0!	-			
• 03-10-2024 • 84-3171965 (208)863-9023 Preparer's address GLOBAL TAXES LLC State ZIP Code Preparer's phone number			ayer's	hone number	
Preparer's address GLOBAL TAXES LLC State ZIP Code Preparer's phone number					
	Pren	1 2 2 2 2 2 2 3 7 7 7	- , 3		