

**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.

**2022**

Submission Identification Number (SID) ➔

Taxpayer's name	Social security number
<b>ARUN AGRAWAL</b>	<b>270-13-2247</b>
Spouse's name	Spouse's social security number
<b>ROOPALI MITTAL</b>	<b>895-37-3114</b>

**Part I Tax Return Information - Tax Year Ending December 31, 2022** (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	486,096
2 Total tax .....	2	111,801
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 .....	3	124,716
4 Amount you want refunded to you .....	4	22,258
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**

Refund will be deposited to: RTN=044000037 Acct=700426802

- I authorize SNP Tax & Financials to enter or generate my PIN 58540 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) 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 SNP Tax & Financials to enter or generate my PIN 35536 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) 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.946525-12345

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 ➔

Nov-16-2023 09:23:38 PM

Date ➔

11-16-2023

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Account Transaction Summary****2022**

Name(s) as shown on return

ARUN AGRAWAL &amp; ROOPALI MITTAL

Your ID Number

XXX-XX-2247

Account #1

<b>Financial Institution</b>	CHASE BANK
<b>Routing Transit Number</b>	044000037
<b>Account Number</b>	700426802
<b>Account Type</b>	checking

Federal Main Form	
Federal Deposit	22,258

State Main Form(s)

PA Deposit	122
MO Deposit	589

<b>Net Deposit</b>	<b>22,969</b>
--------------------	---------------

## PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

**This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.**

I have reviewed the above information and certify that this information is correct and authorize SNP Tax & Financials to use this account.

  
Nov-16-2023 09:23:38 PM

Your Signature

Date



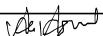
Nov-16-2023 09:23:38 PM

Spouse's Signature (If Married Filing Jointly)

Date

- Amount Due**
53. If Line 36 is larger than Line 44 or Line 47, enter the difference.  
Amount of UNDERPAYMENT . . . . . 53  00
54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . . . 54  00
- Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
55. **AMOUNT DUE** - Add Lines 53 and 54.  
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 55  00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

<b>Signature</b>	Date (MM/DD/YY)
 Nov-16-2023 09:23:38 PM	<span style="float: right;">11 <input type="text"/> 08 <input type="text"/> 23</span>
<b>Spouse's Signature (If filing combined, BOTH must sign)</b>	Date (MM/DD/YY)
 Nov-16-2023 09:23:38 PM	<span style="float: right;">11 <input type="text"/> 08 <input type="text"/> 23</span>
<b>E-mail Address</b>	Daytime Telephone
ARUNAGRAWALPCM@GMAIL.COM	<span style="float: right;">269-767-8567</span>
<b>Preparer's Signature</b>	Date (MM/DD/YY)
P02138167	<span style="float: right;">11 <input type="text"/> 16 <input type="text"/> 23</span>
<b>Preparer's FEIN, SSN, or PTIN</b>	Preparer's Telephone
2238 DUVALL CT	<span style="float: right;">925-800-3561</span>
<b>Preparer's Address</b>	State ZIP Code
SANTA CLARA	<span style="float: right;">CA <input type="text"/> 95054</span>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above . . .  Yes  No



22322051024

**Department Use Only**

A     FA     E10     DE     F   

Form MO-1040 (Revised 12-2022)

**Mail To: Balance Due:**

Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**

Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222  
**Phone:** (573) 751-3505

**Fax:** (573) 522-1762

**E-mail:** [incometaxprocessing@dor.mo.gov](mailto:incometaxprocessing@dor.mo.gov)

**Submission of Individual Income Tax Returns**

**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)

**Inquiry and correspondence**

**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

Visit [dor.mo.gov/taxation/individual/tax-types/income/](http://dor.mo.gov/taxation/individual/tax-types/income/) for additional information.



# Oklahoma Individual Income Tax Declaration for Electronic Filing

**NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.**

**See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.**

**2022**

**Form 511-EF**

Your first name and middle initial	Last name
ARUN AGRAWAL	
If a joint return, spouse's first name and middle initial	Last name
ROOPALI MITTAL	
Mailing address (number and street, including apartment number, rural route or PO Box)	
471 LOVELL CT	
City, State, ZIP	
HUMMELSTOWN, PA 17036	

Your social security number:

2 7 0 1 3 2 2 4 7

Spouse's social security number:

8 9 5 3 7 3 1 1 4

Filing status:  2

Total number of exemptions:  0 4

## PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8) . . . . .	486 , 096 00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24) . . . . .	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33) . . . . .	00
4	Refund (511, Line 37 or 511-NR, Line 38) . . . . .	00
5	Balance Due (511, Line 42 or 511-NR, Line 43) . . . . .	00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

## PART TWO - DECLARATION OF TAXPAYER

6a  I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Oklahoma income tax return.  
If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b  I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2022 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

**Sign Here:** \_\_\_\_\_ Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature (If joint return, both must sign) \_\_\_\_\_ Date \_\_\_\_\_

## PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO Use Only** \_\_\_\_\_ Date 11-16-2023 PTIN P02138167  
ERO or Paid Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only** \_\_\_\_\_ Date 11-16-2023 PTIN P02138167  
Paid Preparer Signature \_\_\_\_\_ Date \_\_\_\_\_

Firm name (or yours if self-employed): SNP Tax & Financials

Address and ZIP: 2238 Duvall Ct

Santa Clara, CA 95054

Phone number: 925-800-3561

**PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION**

**PA-8879** (EX) 11-22

**2022**

Declaration Control Number/Submission ID

Primary Taxpayer's Name <b>ARUN AGRAWAL</b>	Social Security Number <b>270-13-2247</b>
Secondary Taxpayer's Name <b>ROOPALI MITTAL</b>	Social Security Number <b>895-37-3114</b>

<b>SECTION I</b>	<b>TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2022</b>	<b>(whole dollars only)</b>
1. Adjusted PA taxable income (Form PA-40, Line 11)	1.	
2. PA tax liability (Form PA-40, Line 12)	2.	
3. Total PA tax withheld (Form PA-40, Line 13)	3.	
4. Amount to be refunded (Form PA-40, Line 30)	4.	122
5. Total payment (tax due) (Form PA-40, Line 28)	5.	

<b>SECTION II</b>	<b>DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER</b>
-------------------	--

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2022 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN)** Check one box only.

- I authorize SNP TAX & FINANCIALS to enter my PIN 58540 as my signature on my tax year 2022 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature 	Date
---	------

Nov-16-2023 09:23:38 PM

**SECONDARY TAXPAYER'S PIN** Check one box only.

- I authorize SNP TAX & FINANCIALS to enter my PIN 35536 as my signature on my tax year 2022 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature 	Date
---	------

Nov-16-2023 09:23:38 PM

<b>SECTION III</b>	<b>CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY</b>
--------------------	--

**ERO'S EFIN/PIN** Enter your six-digit EFIN followed by your five-digit self-selected PIN 946525 /12345

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature	Date <u>11-16-2023</u>
-----------------	---------------------------

The ERO must retain this form and supporting documents for three years.  
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.