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
RAKESH VAIDYA	295-87-2824
Spouse's name	Spouse's social security number
ANITHA SHRAVANI BEHARA	988-90-9387
Part I Tax Return Information — Tax Year Ending December 3	1, 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	
2 Total tax	-
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be so Under penalties of perjury, I declare that I have examined a copy of the income tax return	
my knowledge and belief, it is true, correct, and complete. I further declare that the a return (original or amended) I am now authorizing. I consent to allow my intermediate se to send my return to the IRS and to receive from the IRS (a) an acknowledgement of refor any delay in processing the return or refund, and (c) the date of any refund. If applicance Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial in payment of my federal taxes owed on this return and/or a payment of estimated tax, and authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paymousiness days prior to the payment (settlement) date. I also authorize the financial instit taxes to receive confidential information necessary to answer inquiries and resolve is personal identification number (PIN) below is my signature for the income tax return (or Electronic Funds Withdrawal Consent.	ervice provider, transmitter, or electronic return originator (ERO) ceipt or reason for rejection of the transmission, (b) the reason able, I authorize the U.S. Treasury and its designated Financial institution account indicated in the tax preparation software for d the financial institution to debit the entry to this account. This cial Agent to terminate the authorization. To revoke (cancel) a ment cancellation requests must be received no later than 2 tutions involved in the processing of the electronic payment of ssues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
• •	o enter or generate my PIN 7 2 8 2 4 as my
ERO firm name	don't enter all zeros
signature on the income tax return (original or amended) I am now aut	
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the Pr below.	
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
	o enter or generate my PIN 0 9 3 8 7 as my
ERO firm name signature on the income tax return (original or amended) I am now aut	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original	_
if you are entering your own PIN and your return is filed using the Pr below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns Only	—continue below
Part III Certification and Authentication — Practitioner PIN Met	hod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selection	cted 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 authorized to file for tax year indicated above for the taxpayer(s) indicated above. I correquirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IF	onfirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — Se	

Don't Submit This Form to the IRS Unless Requested To Do So

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

		<u> </u>		·		OND 140: 10 10	0071 000 0	111, 50 1101	· mite or otapie iii	uno opaco.
For the year Jar	n. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See s	separate instru	uctions.
Your first name	and mi	iddle initial	Last name You						social security	number
RAKESH			VAIDYA 2						5 87 28	24
If joint return, s	pouse's	s first name and middle initial	Last na	ıme				Spous	se's social secu	ırity numbe
ANITHA S	SHRAV	VANI	BEHA	ARA				988	3 90 93	87
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	Presid	dential Election	ո Campaigr
5046 GR	EENHO	OUSE TER							k here if you, o	•
City, town, or p	oost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	е	ZIP code		se if filing jointly to this fund. C	•
CENTREV	ILLE				VA		20120	box b	elow will not c	•
Foreign countr	y name			Foreign province/state/	county	/	Foreign postal coo	de your t	tax or refund.	
		1							You	Spouse
Filing Status		Single			ı		ousehold (HOH)			
Check only	<u>X</u>	Married filing jointly (even if only or	ne had i	income)		П о		(000)		
one box.	L_	Married filing separately (MFS)			. '		surviving spous			
	•	ou checked the MFS box, enter the alifying person is a child but not you			u che	cked the HOF	or QSS box, er	nter the c	hild's name if	the
	- qu	allying person is a crillo but not you	ii depei							
Digital		ny time during 2023, did you: (a) rece	•	•			•	` ,		- A
Assets	exch	ange, or otherwise dispose of a digi					t)? (See instruct	ions.)	Yes	⊠ No
Standard	_	eone can claim:		•		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 Spo	ouse:	☐ Was bor	n before Januar	y 2, 1959	B Is blin	nd
Dependent	s (see	instructions):		(2) Social security	v	(3) Relationsh	ip (4) Check the	box if qu	alifies for (see ir	nstructions):
If more	(1) F	irst name Last name		number		to you	Child tax	credit	Credit for othe	r dependents
than four]]
dependents, see instruction	e ——]]
and check]]
here]	<u> </u>]
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .				. 1	1a 143	3,054.
Attach Form(s)	b	Household employee wages not re	•	* *				. 1	1b	
W-2 here. Also	С	Tip income not reported on line 1a	•	•				_	1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep		. ,	instru	ctions)			1d	
1099-R if tax	е	Taxable dependent care benefits f		·				_	1e	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29				<u> </u>	1f	
If you did not get a Form	g	Wages from Form 8919, line 6 .							1g	
W-2, see	h	Other earned income (see instructi	,				· · · · ·		1h	0.
instructions.	<u> </u>	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>			1/1	3,054.
AII	Z	Add lines 1a through 1h Tax-exempt interest	2a		 h Ta	 axable interest			1z ⊥4. 2b	3,034.
Attach Sch. B if required.	2a 3a	· -	3a	214.		rdinary divide		_	3b	233.
	4a		4a			axable amoun		_	4b	
Standard	5a		5a			axable amoun		_	5b	
Deduction for— Single or	6a		6a			axable amoun			6b	
Married filing	c	,	_	method, check here				i L	,	
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)							7	
Married filing jointly or	8	Additional income from Schedule								3,859.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						_		9,428.
surviving spouse, \$27,700	10	Adjustments to income from Sche						_	10	
Head of household,	11	Subtract line 10 from line 9. This is						_		9,428.
\$20,800	12	Standard deduction or itemized	-	-				_		7,700.
If you checked any box under	13	Qualified business income deducti				5-A		_	13	1.
Standard Deduction,	14							. 1	14 2	7,701.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t a	axable incom	ie	1		1,727.

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	з 🗌		16	12,980.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	12,980.
	19	Child tax credit or credit for other dependen	ts from Sched	ule 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	12,980.
	23	Other taxes, including self-employment tax,					23	0.
	24	Add lines 22 and 23. This is your total tax					24	12,980.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a 21	,608.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	21,608.
If you have a	26	2023 estimated tax payments and amount a	pplied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments				33	21,608.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	8,628.
	35a	Amount of line 34 you want refunded to you		3 is attached, chec	ck here		35a	8,628.
Direct deposit?	b	Routing number 0 5 1 0 0 0 0			Checking	Savings		
See instructions.	d	Account number 4 3 5 0 3 4 4	2 7 3 '	7 6				
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the amo	•					
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to disc			_			
Designee		structions				omplete l		⊠ No
		signee's me	Phone no.			onal identi ber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare that I have examine	d this return and	accompanying sche	dules and statemen	ts, and to t	he best	of my knowledge and
Here	be	lief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of which	n prepar	er has any knowledge.
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
				COEGMADE	NICTNEED		ection P inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	Date	SOFTWARE E Spouse's occupati				nt your spouse an
Keep a copy for	Sμ	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupan	OH			ection PIN, enter it here
your records.		HOME MAKER				(see	inst.)	
	Ph	one no. (703)470-8765	Email address	VAIDYARAKES	H50@GMAIL.C	MC		
Paid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	A RAM SAG	GAR GUPTA	04/03/2024	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC				Phor	ne no. (678)965-9522
————	Fir	m's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm	's EIN	
o	-	40406 1 1 11 11 11 11 6 11						- 1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial se	curity number
RAKE	SH VAIDYA & ANITHA SHRAVANI BEHARA		295-8	7-28	24
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		[2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac			5	-13,859.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation		[7	
8	Other income:				
а	Net operating loss	3a ()		
b	Gambling	3b			
С	Cancellation of debt	Зс			
d	Foreign earned income exclusion from Form 2555	3d ()		
е	Income from Form 8853	Ве			
f	Income from Form 8889	Bf .			
g	Alaska Permanent Fund dividends	3g			
h	Jury duty pay	3h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	Вј			
k	Stock options	3k			
ı	Income from the rental of personal property if you engaged in the rental				
		81			
m	Olympic and Paralympic medals and USOC prize money (see				
		m			
n	Section 951(a) inclusion (see instructions)	3n			
0	Section 951A(a) inclusion (see instructions)	30			

8p

8q

8r

8s

8t

8u

8z

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

Section 461(I) excess business loss adjustment

Taxable distributions from an ABLE account (see instructions) . . .

Scholarship and fellowship grants not reported on Form W-2 . . .

-13,859.

9

10

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889			. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13 Your social security number

RAKE	SH VAIDYA & ANITHA SHRAVANI BEHARA						295-8	7-2824	
Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rtv. use		e C . See	instru	ctions. If you a	e an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								s 🛛 No
ВІ	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZI								
Α	IN								
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair				Fa	ir Rental Days	I		
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	uction	S.	С					
Гуре	of Property:					<u>'</u>			
	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land	b	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)		
			1						
						Propertie	es:		
ncon				Α	0.1	В			С
3	Rents received	3		6	21.				
4	Royalties received	4							
Exper		١_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 -	- 4				
7	Cleaning and maintenance	7		1,5	74.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 0	4.0				
11	Management fees	11		1,2	48.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13 14	Other interest	13		2,1	2.4				
15	Repairs	15		2,1					
16	Supplies	16		۷,5	19.				
17	Utilities	17		2 6	49.				
18	Depreciation expense or depletion	18		4,3					
19		_		1,5	50.				
20	Other (list) Total expenses. Add lines 5 through 19	20		14,4	80				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	_							
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-13,8	59.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(13,85	9.)	()	(
23 a	Total of all amounts reported on line 3 for all rental proper				23a		621.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		,356.		
е	Total of all amounts reported on line 20 for all properties				23e	14	,480.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	te loss	es from lir	ne 22. Ei	nter to	tal losses here	25	(13,859.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no								12 050
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	แบบดา	ι in the to	ıaı on lı	ne 41	on page 2	26		-13,859.

Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

RAKESH VAIDYA & ANITHA SHRAVANI BEHARA

Your taxpayer identification number

295-87-2824

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2 3 4	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 3 ()			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 6.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 6.			
9	· · · · · · · · · · · · · · · · · · ·		9	1.	
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	1.	
11	Taxable income before qualified business income deduction (see instructions)	11 101,728.			
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 214.			
13	, , , , , , , , , , , , , , , , , , ,	13 101,514.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	20,303.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	1.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16	(0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 at zero, enter -0		17	(0.	