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

Submissi	on Identification Number (SID)		-		
Taxpayer's r	name	Social securit	ty numb	er	
RAKESI	H VAIDYA	295-87	-2824	4	
Spouse's na	me	Spouse's soc	ial secu	rity number	
ANITH	A SHRAVANI BEHARA	988-90	-938'	7	
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re aut	horizing.)	
Enter who	ole dollars only on lines 1 through 5.				
Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Ac	ljusted gross income		1	129,	,428.
	tal tax		2	12,	,980.
	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3	21,	,608.
4 An	nount you want refunded to you		4	8,	,628.
	nount you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and I alties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
to send my for any del Agent to in payment or authorization payment, I business daxes to repersonal ic	inal 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 rejudy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U itiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind from the financial institution account indigence in the financial institution in the financial information in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requals prior to the payment (settlement) date. I also authorize the financial institutions involved in the deceive confidential information necessary to answer inquiries and resolve issues related to the plantification number (PIN) below is my signature for the income tax return (original or amended) I and the first of the financial cancellation amended or amended) I and the financial cancellation amended or amended o	ection of the tr .S. Treasury a icated in the ta on to debit the e the authoriza- uests must be processing of payment. I furt	ansmised and its of ax preparently the entry the receivant the electrical and the receivant the electrical and the electrical a	esion, (b) the designated For this account to this account for revoke (coved no later ectronic payers).	e reason inancial ware for unt. This cancel) a r than 2 yment of that the
	Funds Withdrawal Consent.				
	"s PIN: check one box only authorize GLOBAL TAXES LLC to enter or generate	7 DINI 7	2 8	3 2 4	00 1001
× I	authorize GLOBAL TAXES LLC to enter or generate ERO firm name	En		digits, but	as my
5	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
L i	will enter my PIN as my signature on the income tax return (original or amended) I am not you are entering your own PIN and your return is filed using the Practitioner PIN methodow.				
Your sign	ature ► RAKESH VAIDYA Date ► 0	4/05/2024			
Snouse's	PIN: check one box only				
	authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing. will enter my PIN as my signature on the income tax return (original or amended) I am now f you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.	Eni doi ow authorizi	n't ente ng. Ch	digits, but or all zeros	
Spouse's	<u> </u>	4/05/2024			
Doort III	Practitioner PIN Method Returns Only—continue below				
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's EF	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 0 er all ze	8 2 7 eros	1
authorized	at the above numeric entry is my PIN, which is my signature for the electronic individual income to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retu	ırn in a	accordance	
FRO's sig	nature ▶ Date ▶				

ERO Must Retain This Form — See Instructions
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 na	ıme				Your	Your social security number		
RAKESH			VAII	DYA	295	295 87 2824					
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	If you elect to use the lump-sum e	_	method, check here				i L	,		
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							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	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	12,980.	
Credits	17	Amount from Schedule 2, lir	ne 3				- .	. 17		
	18	Add lines 16 and 17						. 18	12,980.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lir	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. 22	12,980.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0.	
	24	Add lines 22 and 23. This is	your total tax					. 24	12,980.	
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 2	1,60	8.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 25d	21,608.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			. 26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	· .	. 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	21,608.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpai o	١.	. 34	8,628.	
	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	3 is attached, che	ck here		☐ 35a	8,628.	
Direct deposit?	b	Routing number 0 5 1	0 0 0 0	1 7	c Type:	Checking [Savir	ngs		
See instructions.	d	Account number 4 3 5	0 3 4 4	2 7 3 7	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	ount you owe.	•					
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions .			. 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?					
Designee	instructions						⋉ No			
	Designee's Phone name no.					rsonal id mber (P	dentification			
Sign		der penalties of perjury, I declare t	hat I have examined		accompanying sche				of my knowledge and	
Sign		lief, they are true, correct, and com							, ,	
Here	Yo	ur signature		Date Your occupation				If the IRS se	nt you an Identity	
		- Carr Cignoral C		· ·				Protection PIN, enter it here		
Joint return?		RAKESH VAIDYA		04/05/2024 SOFTWARE ENGINEER				(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date Spouse's occupation					nt your spouse an ection PIN, enter it here	
your records.	ANI	THA SHRAVANI BEHARA	04/05/2024	HOME MAKE	?		(see inst.)	ection File, enter it here		
	Phone no. (703)470-8765			Email address VAIDYARAKESH50@GMAIL.COM						
		eparer's name	Preparer's signat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	PTII	N	Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/03/2024	PO2	2082703	Self-employed	
Preparer		m's name GLOBAL TA	1			1			(678)965-9522	
Use Only				NSWICK N	J 08816			Firm's EIN		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816									

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 an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								s 🛛 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α	IN								
В									
С									
1b		For each rental real estate property listed above, report the number of fair rental and					Person Da	QΊΛ	
Α	personal use days. Check the Q	JV bo	x only	Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ictions	S.	С					
Гуре	of Property:					•			
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	k	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		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 -					
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, ۶	⊥ ⊅ •				
17	Utilities	17		2,6	49				
18	Depreciation expense or depletion	18		4,3					
19		19		1,3	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				-				
	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.)	()	(,
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		621.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			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	4 ,	,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 not	t inclu	de any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate	e loss	es from lin	ne 22. Er	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								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	t in the to	tal on li	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.	