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

	5.000.000									
Submi	ssion Identification Number (SID)									
Taxpaye	r's name	Social securi	Social security number							
HARS	SHITHA BEHATA	785-61-7660								
Spouse's	s name	Spouse's soc	pouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_ er year you a	re au	thorizina	.)					
	whole dollars only on lines 1 through 5.	y c c y c c. c.	0 0.0.		·/					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income		1	82	,325.					
2	Total tax		2	10	,372.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	,866.					
4	Amount you want refunded to you		4	2	,494.					
5	Amount you owe		5							
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)					
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording a mended) 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 redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the locinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the financial 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 terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I is a fundable withdray of Canapate.	nitter, or electro- jection of the transport of transport of the transport of	onic refansmis and its cax prepare entry ation. The receiff the elaboration at the receiff the acceiments.	turn origina ssion, (b) the designated caration so to this according for revoke (ved no late ectronic pasknowledge	tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the					
	nic Funds Withdrawal Consent. yer's PIN: check one box only									
X		my PIN	7 6	6 6 0	as my					
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		digits, but er all zeros	asiny					
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.									
Your s	ignature ▶ Date ▶									
Spous	e's PIN: check one box only									
	I authorize to enter or generate	my PIN			as my					
	ERO firm name	_	ter five	digits, but	ao my					
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros						
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.									
Spous	e's signature ▶ Date ▶									
	Practitioner PIN Method Returns Only—continue belov	v								
Part I	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 Don't ent	6 6 er all ze	1 9 8	9					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed 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 <i>e-file</i> Providers of	tax return (origi mitting this retu	nal or urn in a	amended) accordance						
ERO's	signature ▶ Date ▶									
	ERO Must Retain This Form — See Instructions									
	Don't Submit This Form to the IRS Unless Requested To	Do So								

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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate	instructions.	
Your first name	and m	iddle initial	Last na	 st name							Your social security number			
HARSHITE	AF		BEHA	TA							785	61	7660	
		s first name and middle initial	Last na										security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Presidential Election Campa			
		HOLLOW DR				10.			922				ou, or your jointly, want \$3	
	ost offi	ice. If you have a foreign address, also co	mplete s	paces bel	OW.	Sta		ZIP c				_	nd. Checking a	
AUSTIN			1.		var din a a /atata /	TX		787					not change	
Foreign country	y name			-oreign pr	ovince/state/	count	y	Foreig	ın postal c	ode	your tax	or reit		
Filing Status	<u> </u>	Single					Head of h	Louseh	old (HOH	 -)				
-	, <u> </u>	Married filing jointly (even if only o	ne had i	ncome)						-,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (0	QSS)			
0110 00%	lf v	you checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ıalifying person is a child but not you	ır depen	ident:										
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavn	nent for prope	rtv or	services'): or (b) sell.			
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🛛 No	
Standard	Som	neone can claim:	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	ind Sp o	ouse	: Was bor	rn befo	ore Janua	arv 2.	. 1959		s blind	
Dependent				Ī	Social security		(3) Relationsh	14					(see instructions	
If more		(1) First name Last name			number to you			"P	Child t		1		or other dependen	
than four														
dependents,									[
see instruction	s —													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		95,235.	
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .					ι.			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i							
	Z	Add lines 1a through 1h	. , .								1z		95,235.	
Attach Sch. B	2 a	Tax-exempt interest	2a				axable interes				2b			
if required.	<u>3a</u>	Qualified dividends	3a			b 0	rdinary divide	nds .			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,	C	If you elect to use the lump-sum election method, check here (see instructions)]					
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		10 011		
jointly or Qualifying	8	Additional income from Schedule	•								8		-12,910.	
surviving spouse,	9		d lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		82,325.		
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26									10	_	00 005	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		82,325.	
If you checked	12	Standard deduction or itemized				-					12		13,850.	
any box under Standard	13	Qualified business income deduct									13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	10,372.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	10,372.
	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	. If zero or less,	enter -0				22	10,372.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax		<u></u>			24	10,372.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 12	2,866		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	12,866.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
attacii Scii. Lio.	28	Additional child tax credit from	m 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, lir							
	32	Add lines 27, 28, 29, and 31	•	-	-			32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,866.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,494.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	2,494.
Direct deposit? See instructions.	b	Routing number 1 1 1			c Type: 🔀	Checking	Savings		
See instructions.	d	Account number 2 7 6	6 2 0 0	6 1 8					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See			_
Designee	ins	structions	below.	⋉ No					
		signee's me		Phone no.		onal iden ber (PIN)	identification PINI)		
Ciana		ider penalties of perjury, I declare t	hat I have examined		accompanying sched		, ,	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation	lf th	ne IRS se	nt you an Identity	
						Pro	tection F	PIN, enter it here	
Joint return?				SOFTWARE D	(se	e inst.)			
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation		RS sent your spouse an / Protection PIN, enter it here st.)		
	——Ph	one no. (361)228-602	MC						
		eparer's name	Preparer's signat	Email address ure	BEHATA.HARSH	Date	PTIN		Check if:
Paid	VENI	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P0247	70833	Self-employed
Preparer		m's name GLOBAL TA			(678)965-9522				
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's EIN 88-2145487		
	- "		= = ====	- ::			1		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

HARS	IARSHITHA BEHATA 785-6							
Par	t I Additional Income							
1	Taxable refunds, credits, or offsets of state and local income taxes		1					
2a	Alimony received			а				
b	Date of original divorce or separation agreement (see instructions):							
3	Business income or (loss). Attach Schedule C		🔼 3	3				
4	Other gains or (losses). Attach Form 4797		4	ı				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	e E	<u> </u>	-12,910.			
6	Farm income or (loss). Attach Schedule F		6	;				
7	Unemployment compensation		7	'				
8	Other income:							
а	Net operating loss	8a ()					
b	Gambling	8b						
С	Cancellation of debt	8c						
d	Foreign earned income exclusion from Form 2555	8d ()					
е	Income from Form 8853	8e						
f	Income from Form 8889	8f						
g	Alaska Permanent Fund dividends	8g						
h	Jury duty pay	8h						
i	Prizes and awards	8i						
j	Activity not engaged in for profit income	8j						
k	Stock options	8k						
I	Income from the rental of personal property if you engaged in the rental							
	for profit but were not in the business of renting such property	81						
m	Olympic and Paralympic medals and USOC prize money (see							
	instructions)	8m						
n	Section 951(a) inclusion (see instructions)	8n						
0	Section 951A(a) inclusion (see instructions)	80						
р	Section 461(I) excess business loss adjustment	8p						
q	Taxable distributions from an ABLE account (see instructions)	8q						
r	Scholarship and fellowship grants not reported on Form W-2	8r						
S	Nontaxable amount of Medicaid waiver payments included on Form							
	1040, line 1a or 1d	8s ()					
t	Pension or annuity from a nonqualifed deferred compensation plan or							
	a nongovernmental section 457 plan	8t						
u	Wages earned while incarcerated	8u						
Z	Other income. List type and amount:							
_		8z						
9	Total other income. Add lines 8a through 8z		9)				

10

-12,910.

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			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
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		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

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.

Your social security number

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

OMB No. 1545-0074

HARS	SHITHA BEHATA									785-6	1-7660)
Part				ntal Real Estate ar								
	Note: If you a rental income	re in t	the business of	f renting personal prope 4835 on page 2, line 40.	erty, use	Schedule	C . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
Α [hat would require you		Form(s) 1	0992 5	See ins	structions		□ Y6	es 🛛 No
				ed Form(s) 1099?								
1a				(street, city, state, ZI								
Α	GOPANAPALLI	НУГ	DERABAD '	TELANGANA IN 5	00019	9						
В												
С												
1b	Type of Property (from list below)	erty list		Fair Rental Days			Persor	QJV				
Α.	3	t below) above, report the number of fair rental personal use days. Check the QJV box								Da		
A B	3	-		t the requirements to		A B		365		0		
C	+	-	qualified jo	int venture. See instru	uctions	S.	С					
	of Property:						C					
	Single Family Resid	dono	2 Vaa	ation/Short-Term Rer	atol	5 Land	ı	7	Self-Rental			
	Multi-Family Resid			alion/Short-Term her nmercial	ııaı	6 Roya				ha\		
2	Mulli-Family nesid	ence	4 (011	ninerciai		о поуг	แแยร	0	Other (descri	De)		
									Propertie	es:		
ncom	ne:						Α		В			С
3					3		5	20.				
4	Royalties received	b			4							
Exper												
5	Advertising				5							
6	Auto and travel (s	ee in:	structions)		6							
7	Cleaning and main	7		1,720.								
8	Commissions .	8										
9	Insurance											
10					10							
11					11		1,4	90.				
12				c. (see instructions)	12							
13					13							
14					14		3,3					
15					15		3,5	42.				
16					16							
17					17		3,2	80.				
18		ense	or depletion		18							
19	Other (list)	-1-1-12			19		10 1	2.0				
20	•		•	h 19	20		13,4	30.				
21				and/or 4 (royalties). If								
				find out if you must	21		-12,9	1 0				
22				fter limitation, if any,	21		14,7	10.				
22					22	,	12,91	0)	(١	,	
23a	•		,	e 3 for all rental prope				23a	(520.	(
∠oa b			•	e 4 for all royalty prop				23b		J 4 U .		
C				e 12 for all properties				23c				
d			•	e 12 for all properties e 18 for all properties				23d				
e			•	e 20 for all properties				23e	1 3	,430.		
24				e 20 for all properties own on line 21. Do no				200		24		
25				21 and rental real estat		-		· · ·	tal losses here		(12,910.
26	•	-		ty income or (loss).							\	
20				e 40 on page 2 do no								
				nerwise, include this a						26		-12,910.