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.

Submission Identification Number (SID)

T.....

HARSHITHA BEHATA 785-61-7660 Spouse's name Spouse's social security number Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. 2023 (Enter year you are authorizing.) Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 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 4.94	Тахрау	/er's name		Social sec	curity numb	per
Part I Tax Return Information – Tax Year Ending December 31, 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	HAF	RSHITHA BEHATA		785-6	51-766	0
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	Spous	e's name		Spouse's	social sec	urity number
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	Par	t Tax Return Information – Tax Year Ending December 31, 202	3 (Enter	r vear voi	u are au	thorizing.)
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 1099. 3				, ,		
2 Total tax	Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 12,866.	1	Adjusted gross income			. 1	82,325.
	2	Total tax			. 2	10,372.
4 Amount you want refunded to you 4 2 494	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. 3	12,866.
Σ_{1}	4	Amount you want refunded to you			. 4	2,494.
5 Amount you owe	5					

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	as my				
1	7	6	6	0	
	1 Ent	1 7 Enter five	Enter five di	Enter five digits,	1 7 6 6 0 Enter five digits, but don't enter all zeros

ERO firm name 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 > B.Harshitha

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 04/02/2024

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

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 >		Date 🕨	
	ust Retain This Form — Se his Form to the IRS Unless		
For Denominark Reduction Act Nation and your tax	roturn instructions	REV 02/07/24 RRO	Form 8879 (Pov. 01 2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
For the year Jan	1. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
HARSHITH	IA		BEH	ATA						785	61	7660
		s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial El	ection Campaigr
<u>11915 ST</u>	TONE	HOLLOW DR						9	22			ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			jointly, want \$3 nd. Checking a
AUSTIN						ТΣ		787	58	box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	your tax		
		a									Ye	ou Spouse
Filing Status	; 🗵			、			Head of he	buseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	i income)								
one box.	L.	Married filing separately (MFS) you checked the MFS box, enter the	namo	ofvoure	nouse If you				ring spouse		ild'e ne	mo if the
		alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rece						-		.,		
Assets	-	nange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ns.)	Y	es 🛛 No
Standard Deduction	_	neone can claim: You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate return	noryc	bu were a	dual-status	aller	I					
		: Were born before January 2, 1	959	Are b	lind Sp	ouse	: 🗌 Was bor	-	ore January			s blind
Dependents				(2) \$	Social security	/	(3) Relationsh	ip (4				(see instructions):
If more	(1) ⊦	(1) First name Last name			number		to you		Child tax c	reall	Credit id	or other dependents
than four dependents,												
see instructions	s ——											
and check here	ı —											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		95,235.
	b	Household employee wages not re			,							•
Attach Form(s) W-2 here, Also	с	Tip income not reported on line 1a (see instructions)					. 1c	:				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. 1e				
was withheld.	f		on benefits from Form 8839, line 29						. 1f			
If you did not	g	Wages from Form 8919, line 6 .	from Form 8919, line 6					. 1g				
get a Form W-2, see	h	Other earned income (see instructions)						. 1h	_	0.		
instructions.	i	Nontaxable combat pay election (see instructions)										
		Add lines 1a through 1h	· ·		· · ·	 . .	· · · · ·	• •		. 1z		95,235.
Attach Sch. B if required.	2a	'	2a				axable interest		· · ·	. 2b		
	<u>3a</u> 4a		3a 4a				Ordinary divider axable amount			. 3b . 4b		
Standard	ча 5а		ња 5а				axable amount		• • •	. 40 . 5b		
 Deduction for — Single or 	6a		6a				axable amount			. 6b		
Married filing	c	If you elect to use the lump-sum elect		method.	check here				[
separately, \$13,850	7	Capital gain or (loss). Attach Scher		-		•	,		[7	1	
 Married filing jointly or 	8	Additional income from Schedule								. 8		-12,910.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		82,325.
\$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross inco	me				. 11		82,325.
\$20,800 • If you checked	12	Standard deduction or itemized	deduo	tions (fro	m Schedule	e A)				. 12		13,850.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	n 899	95-A			. 13		
Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	е.		. 15		68,475.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	10,372.
Credits	17	Amount from Schedule 2, line 3	3				[17	
	18	Add lines 16 and 17					[18	10,372.
	19	Child tax credit or credit for oth	ner dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8	3					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-emp	ployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is yo						24	10,372.
Payments	25	Federal income tax withheld fro							· · ·
	а	Form(s) W-2				25a 12	,866.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	12,866.
	26	2023 estimated tax payments a						26	,
If you have a L qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from S			-	28			
	29	American opportunity credit fro				29			
	30	Reserved for future use		-		30			
	31	Amount from Schedule 3. line				31			
	32	Add lines 27, 28, 29, and 31. T				-		32	
	33	Add lines 27, 28, 29, and 31. T Add lines 25d, 26, and 32. The		-	-		• •	33	12,866.
Defined	34	If line 33 is more than line 24, s	-					34	2,494.
Refund	35a	Amount of line 34 you want ref				, .		35a	2,494.
Direct deposit?	55a b	Routing number 1 1 1 9			_		· Savings	55a	2,191.
See instructions.	d	Account number 2 7 6 6					Savings		
	а 36	Amount of line 34 you want ap							
A						36			
Amount You Owe	37	Subtract line 33 from line 24. T For details on how to pay, go t						07	
rou Owe	00					1 1	• •	37	
	38	Estimated tax penalty (see inst				38			
Third Party		you want to allow another p	erson to disc		n with the IRS?		omplete be		× No
Designee		signee's		· · · · · Phone			onal identifi		
	na			no.			ora (PIN)	Jalion	
Sign	Un	der penalties of perjury, I declare that	I have examined	d this return and	accompanying sche	edules and statement	ts, and to th	e best c	of my knowledge and
Here	be	ief, they are true, correct, and comple	te. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which	prepare	er has any knowledge.
пеге	Your signature		Date	Your occupation		If the	iRS ser	it you an Identity	
		-							N, enter it here
Joint return?					SOFTWARE DEVELOPER		(see ir	,	
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion			t your spouse an ection PIN, enter it here	
your records.							(see in		cuon Fin, enter it here
	 Ph	one no. (361)228-6021		Email address		HITHA@GMAIL.CO	,		
			reparer's signat		DENAIA. NAKSI		PTIN		Check if:
Paid			- j		דיזגמדמות סג			022	Self-employed
Preparer				PAVAN NUM	AR DUDIPALLI		P02470		
Use Only		m's name GLOBAL TAXE		NOWTON N	T 00016		Phone		678)965-9522
		m's address 245 ROONEY		NSWICK N			Firm's		88-2145487
GO TO WWW.Irs.go	ov/Forn	1040 for instructions and the latest i	ntormation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20

Attachment

Internal Revenue Service						
Name(s) shown on Fo	Your soci	ial security number				
HARSHITHA BEHA	-7660					

Par	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. Atta		5	-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			
		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	Combine lines 1 through 7 and 9. This is your additional income . Enter			10 010
	1040, 1040-SR, or 1040-NR, line 8		10	-12,910.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

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

 all a successful construction of
Attachment Sequence No. 13

96

Name(s) shown on return									Your soc	our social security number						
									785-6	785-61-7660						
Part	Note: If you ar rental income	e in the busin or loss from F	ess of renting personal proper orm 4835 on page 2, line 40.	ty, use	Schedule			-								
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099?															
B																
1a	Physical address	of each pro	perty (street, city, state, ZIF	P code	e)											
Α	GOPANAPALLI	HYDERABA	D TELANGANA IN 50	0019	9											
В																
С																
1b	Type of Property (from list below)		ch rental real estate prope , report the number of fair			Fair Rental Days			Personal Use Days		QJV					
Α	3		nal use days. Check the Q			Α	365		0							
B	5	if you	meet the requirements to f	ile as	a	B		305		0	Yes 🖄 No Yes 🗌 No					
<u> </u>		qualifi	qualified joint venture. See instructions.													
	of Property:					С										
	Single Family Resid	lence 3	Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental								
	Multi-Family Reside		Commercial		6 Roya				ribe)							
							Properties:									
Incom				•		<u>A</u>	20	В			C					
3	Rents received .	3		520.												
4 5×200				4												
Exper 5				5												
5 6	-		· · · · · · · · · ·	6												
7	Auto and travel (see instructions)					1,7	20									
8	Cleaning and maintenance					±,/	20.									
о 9	Commissions			8												
9 10	Insurance															
11	Management fees					1,490.										
12	Mortgage interest	11 12		1,490.												
13	Other interest	13														
14		14		3,398.												
15		Repairs				3,542.										
16				15 16		575										
17	Utilities	17		3,280.												
18			tion	18		- 1										
19	Other (list)			19												
20	Total expenses. Add lines 5 through 19					13,4	30.									
21	Subtract line 20 fro	om line 3 (re	nts) and/or 4 (royalties). If													
			ns to find out if you must													
	file Form 6198 .			21	-	-12,9	10.									
22			ss after limitation, if any,	22	(12,91	0	(١	(
23a			on line 3 for all rental prope		1	, / 1	23a	\	520.							
b		•				•	23b		520.	-						
c	Total of all amounts reported on line 4 for all royalty properties23bTotal of all amounts reported on line 12 for all properties23c															
d			on line 18 for all properties													
e							23e	13	,430.							
24		Total of all amounts reported on line 20 for all properties 23e 13,430. Income. Add positive amounts shown on line 21. Do not include any losses														
25									12,910.							
26		•	royalty income or (loss).							N	,>±0.					
			d line 40 on page 2 do no													
			. Otherwise, include this ar						. 26		-12,910.					

-12,910.