

DO NOT FILE

FORM NOT FINAL

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2021**

**2021 Form 1040-ES Payment Voucher 1**

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	1,667.
--	--------

REV 01/25/21 PRO 1555

826-67-5269 839-53-4927  
REMYA SOMASUNDARAN NAIR  
M P DIPIN NAIR  
1000 SPEER BLVD APT 703  
DENVER CO 80204

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

826675269 0C NAIR 30 0 202112 430

DO NOT FILE

FORM NOT FINAL

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2021**

**2021 Form 1040-ES Payment Voucher 2**

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	1,667.
--	--------

REV 01/25/21 PRO 1555

826-67-5269 839-53-4927  
REMYA SOMASUNDARAN NAIR  
M P DIPIN NAIR  
1000 SPEER BLVD APT 703  
DENVER CO 80204

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

826675269 0C NAIR 30 0 202112 430

DO NOT FILE

FORM NOT FINAL

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2021**

**2021 Form 1040-ES Payment Voucher 3**

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	1,667.
--	--------

REV 01/25/21 PRO 1555

826-67-5269 839-53-4927  
REMYA SOMASUNDARAN NAIR  
M P DIPIN NAIR  
1000 SPEER BLVD APT 703  
DENVER CO 80204

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

826675269 0C NAIR 30 0 202112 430

DO NOT FILE

FORM NOT FINAL

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/18/2022**

**2021 Form 1040-ES Payment Voucher 4**

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	1,667.
--	--------

REV 01/25/21 PRO 1555

826-67-5269 839-53-4927  
REMYA SOMASUNDARAN NAIR  
M P DIPIN NAIR  
1000 SPEER BLVD APT 703  
DENVER CO 80204

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

826675269 0C NAIR 30 0 202112 430

# 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.

Submission Identification Number (SID) ▶

Taxpayer's name REMYA SOMASUNDARAN NAIR	Social security number 826-67-5269
Spouse's name M P DIPIN NAIR	Spouse's social security number 839-53-4927

## Part I Tax Return Information – Tax Year Ending December 31, (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	234,104.
2 Total tax . . . . .	2	38,462.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	35,642.
4 Amount you want refunded to you . . . . .	4	
5 Amount you owe . . . . .	5	2,820.

## 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	5	2	6	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- 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 GLOBAL TAXES LLC to enter or generate my PIN 

3	4	9	2	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- 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. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

NOT MAILED

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service (99)

**2020**

# Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	<b>2,820.</b>
--	---------------

REV 01/25/21 PRO 1555

REMYA SOMASUNDARAN NAIR  
M P DIPIN NAIR  
1000 SPEER BLVD 703  
DENVER CO 80204

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

826675269 0C NAIR 30 0 202012 610

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>REMYA SOMASUNDARAN</b>	Last name <b>NAIR</b>	<b>Your social security number</b> 826-67-5269
If joint return, spouse's first name and middle initial <b>M P DIPIN</b>	Last name <b>NAIR</b>	<b>Spouse's social security number</b> 839-53-4927
Home address (number and street). If you have a P.O. box, see instructions. <b>1000 SPEER BLVD</b>		Apt. no. <b>703</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>DENVER</b>		State <b>CO</b>
		ZIP code <b>80204</b>
Foreign country name	Foreign province/state/county	Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	247,802.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b> Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-13,450.
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	234,384.
<b>10</b> Adjustments to income:		
<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	
<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	280.
<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	280.
<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	234,104.
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	24,800.
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	24,800.
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	209,304.

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





**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
REMYA SOMASUNDARAN & M P DIPIN NAIR

Your social security number  
826-67-5269

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-13,450.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-13,450.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
REMYA SOMASUNDARAN & M P DIPIN NAIR

Your social security number  
826-67-5269

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	70.
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	70.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 01/25/21 PRO

Schedule 2 (Form 1040) 2020

DONOR

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

REMYA SOMASUNDARAN & M P DIPIN NAIR

826-67-5269

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	3 ROAD JUNCTION HYDERABAD IN				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

- Type of Property:**
- 1 Single Family Residence
  - 2 Multi-Family Residence
  - 3 Vacation/Short-Term Rental
  - 4 Commercial
  - 5 Land
  - 6 Royalties
  - 7 Self-Rental
  - 8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		650.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				

Expenses:		A	B	C
<b>5</b>	Advertising . . . . .	<b>5</b>		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>	150.	
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	350.	
<b>8</b>	Commissions. . . . .	<b>8</b>		
<b>9</b>	Insurance . . . . .	<b>9</b>		
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b>	Management fees . . . . .	<b>11</b>	650.	
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b>	Other interest. . . . .	<b>13</b>	8,500.	
<b>14</b>	Repairs. . . . .	<b>14</b>	1,250.	
<b>15</b>	Supplies . . . . .	<b>15</b>	1,600.	
<b>16</b>	Taxes . . . . .	<b>16</b>		
<b>17</b>	Utilities. . . . .	<b>17</b>	1,600.	
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>		
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	14,100.	

<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>	-13,450.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -13,450. )	( )	( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	650.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	14,100.		

<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 13,450. )		

<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-13,450.		
-----------	---	-----------	----------	--	--

For Paperwork Reduction Act Notice, see the separate instructions. NPA -13,450. Schedule E (Form 1040) 2020

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**M P DIPIN NAIR**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **839-53-4927**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . .	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>		0.
<b>3</b>	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>		7,100.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>		0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>		7,100.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . . .	<b>6</b>		7,100.
<b>7</b>	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .	<b>7</b>		
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>		7,100.
<b>9</b>	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>		2,042.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		2,042.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		5,058.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>		0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>		
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>		
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>		
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>		
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>16</b>		
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>			
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>		

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>		
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>		
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>		
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>		

**Additional Medicare Tax**

▶ If any line does not apply to you, leave it blank. See separate instructions.  
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 ▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

Your social security number

REMYA SOMASUNDARAN & M P DIPIN NAIR

826-67-5269

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	257,786.	
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>		
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>		
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	257,786.	
<b>5</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>5</b>	250,000.	
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0-	<b>6</b>		7,786.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>		70.

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b>	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .	<b>8</b>		
<b>9</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>9</b>		
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>		
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0-	<b>11</b>		
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0-	<b>12</b>		
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>		
<b>15</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>15</b>		
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0-	<b>16</b>		
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>		

**Part IV Total Additional Medicare Tax**

<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>		70.
-----------	--	-----------	--	-----

**Part V Withholding Reconciliation**

<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	3,738.	
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	257,786.	
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	3,738.	
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>		0.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>		
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	<b>24</b>		0.



208453 11555

State of Colorado Individual Income Tax Declaration for Electronic Filing
Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Table with fields: Taxpayer SSN or ITIN, Spouse SSN or ITIN (If Joint Return), Submission ID, Taxpayer Last Name, Taxpayer First Name, Middle Initial, Spouse Last Name (If Joint Return), Spouse First Name (If Joint Return), Street Address, Phone Number, City, State, Zip.

Part I - Tax Return Information

Table with 6 rows of tax return information including Total Income, Taxable Income, Colorado Tax, Colorado Tax Withheld, Refund, and Amount You Owe.

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns...

Signature and Date fields for Taxpayer and Spouse's Signature (If Joint Return, Both Must Sign).

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here [ ]

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/Colorado income tax returns...

ERO's Signature and Preparer Identification Number or Your SSN fields.

Check if also Preparer [X]

Date (MM/DD/YY) field with value 02/01/21.



201778 11555

# E-File Attachment Form

For Tax Year (MM/DD/YY)	or fiscal year beginning (MM/DD/YY)	
01/01/20		
Tax Type		
<input checked="" type="checkbox"/> Individual Income	<input type="checkbox"/> C Corporation Income	<input type="checkbox"/> Partnership Income
<input type="checkbox"/> LP Income	<input type="checkbox"/> LLP Income	<input type="checkbox"/> LLLP Income
<input type="checkbox"/> S Corporation Income	<input type="checkbox"/> Association Income	<input type="checkbox"/> Non-Profit Income
<input type="checkbox"/> LLC Income		

**Please print or type**

Taxpayer Last Name	First Name	Middle Initial
NAIR	REMYA SOMASUNDARAN	
Spouse's Last Name (if applicable)	First Name	Middle Initial
NAIR	M P DIPIN	
Taxpayer SSN or ITIN	Spouse SSN or ITIN (if applicable)	FEIN
826-67-5269	839-53-4927	
Taxpayer Address		
1000 SPEER BLVD APT 703		
City	State	Zip
DENVER	CO	80204

**Mark the box for the documents submitted.** See the Colorado Department of Revenue, Taxation Division website at [Tax.Colorado.gov](http://Tax.Colorado.gov) for more information about these credits.

<input checked="" type="checkbox"/> Other state(s) income tax return(s)	<input type="checkbox"/> Colorado Source Capital Gain Subtraction: DR 1316
<input type="checkbox"/> Enterprise Zone Credit: DR 1366 and any applicable certification forms from the Zone Administrator	<input type="checkbox"/> Job Growth Incentive Tax Credit: Certification letter from the Colorado Economic Development Commission
<input type="checkbox"/> Gross Conservation Easement: DR 1305, DR 1305G, and supplemental documentation	<input type="checkbox"/> Affordable Housing Credit: CHFA certification letter
<input type="checkbox"/> Aircraft Manufacturer New Employee Credit: DR 0085 and/or DR 0086	<input type="checkbox"/> Nonresident Partner, Shareholder or Members Agreement: DR 0107
<input type="checkbox"/> Innovative Motor Vehicle Credit: Vehicle registration and the purchase invoice.	<input type="checkbox"/> Plastic Recycling Credit: Required documentation to substantiate credit (receipts, bills, etc)
<input type="checkbox"/> Child Care Contribution Credit: DR 1317	<input type="checkbox"/> School-to-Career Investment Credit: Certification letter.
<input type="checkbox"/> Claim for refund on behalf of deceased taxpayer: DR 0102, death certificate, and, if applicable, court documents	<input type="checkbox"/> Other documentation for credits/subtractions claimed (mark the Other box below and enter details)
<input type="checkbox"/> Other	Explain

Signature of Taxpayer or Preparer	Date (MM/DD/YY)
SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/01/21



200104 11555



DR 0104 (10/19/20)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)

## 2020 Colorado Individual Income Tax Return

Full-Year     Part-Year or Nonresident (or resident, part-year, non-resident combination)     Mark if Abroad on due date – see instructions  
\*Must include DR 0104PN

Your Last Name		Your First Name		Middle Initial
NAIR		REMYA SOMASUNDARAN		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
05/28/1989	826-67-5269			
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
NAIR		M P DIPIN		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
08/25/1987	839-53-4927			
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
1000 SPEER BLVD APT 703			(214) 334-6360	
City	State	Zip Code	Foreign Country (if applicable)	
DENVER	CO	80204		
<b>Round To The Nearest Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15			• 1	209304 00
Include W-2s and 1099s with CO withholding.				
<b>Additions to Federal Taxable Income</b>				
2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions)			• 2	00
3. Business Interest Expense Deduction Addback (see instructions)			• 3	00





200104 21555

Name		SSN or ITIN
REMYA SOMASUNDARAN & M P DIPIN NAIR		826-67-5269
4. Excess Business Loss Addback (see instructions)	• 4	00
5. Net Operating Loss Addback (see instructions)	• 5	00
6. Other Additions, explain (see instructions)	• 6	00
Explain:		
7. Subtotal, sum of lines 1 through 6	7	209304 00
<b>Colorado Subtractions</b>		
8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 8	00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	209304 00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>		
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	9523 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11	00
12. Recapture of prior year credits	• 12	00
13. Subtotal, sum of lines 10 through 12	13	9523 00
14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14	6957 00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	2566 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18	00
19. Net Colorado Tax, sum of lines 17 and 18	19	2566 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20	4763 00
21. Prior-year Estimated Tax Carryforward	• 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22	00
23. Extension Payment remitted with the DR 0158-I	• 23	00
24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24		00



200104 31555

Name	REMYA SOMASUNDARAN & M P DIPIN NAIR	SSN or ITIN	826-67-5269
------	-------------------------------------	-------------	-------------

25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 25		00
26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 26	0	00
27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.	• 27		00
28. Subtotal, sum of lines 20 through 27	28	4763	00
29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11	• 29	234104	00
30. Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28	30	2197	00
31. Estimated Tax Credit Carryforward to 2021 first quarter, if any.	• 31		00

If you have an overpayment on line 32 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

32. Refund, subtract line 31 from line 30 (see instructions)	• 32	2197	00
--	------	------	----

**Direct Deposit**

Routing Number  Type:  Checking  Savings  CollegeInvest 529

Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit [CollegeInvest.org](http://CollegeInvest.org) or call 800-448-2424.

33. Net Tax Due, subtract line 28 from line 19	33		00
34. Delinquent Payment Penalty (see instructions)	• 34		00
35. Delinquent Payment Interest (see instructions)	• 35		00
36. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 36		00
37. Amount You Owe, sum of lines 33 through 36	• 37		

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.



200104 41555

Name		SSN or ITIN	
REMYA SOMASUNDARAN & M P DIPIN NAIR		826-67-5269	
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
• <input checked="" type="checkbox"/> No		• <input type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
•		•	
<b>Sign Below</b> Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
GLOBAL TAXES LLC		(678) 965-9522	
Paid Preparer's Address		City	State   Zip
2530 PEBBLE CREEK LN		CUMMING	GA   30041

File and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/RevenueOnline)

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	

DO NOT MAIL



200104CR11555



DR 0104CR (12/03/20)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4

# Form 104CR

## Individual Credit Schedule 2020

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN
NAIR	REMYA SOMASUNDARAN		826-67-5269

Use this schedule to calculate your income tax credits. For best results, visit [Tax.Colorado.gov](http://Tax.Colorado.gov) to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, attach all required documents to your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, attach to your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

### Part I — Refundable Credits

1. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return.	• 1	00
---	-----	----

**SSN Filers Only** - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and FYI Income 27 for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2020 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

2. Enter the amount of Earned Income calculated for your federal return.	• 2	00
--	-----	----

3. The federal EITC you claimed.	• 3	00
----------------------------------	-----	----

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	• SSN	Deceased*
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>

\*Check only if child was deceased before SSN was assigned in 2020, see instructions.



200104CR21555

Name	SSN or ITIN
REMYA SOMASUNDARAN & M P DIPIN NAIR	826-67-5269
<b>4.</b> COEITC, multiply line 3 by 10% (0.10)	4 00
<b>5.</b> <i>Part-year residents only</i> , multiply line 4 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%.)	5 00
<b>6. Business Personal Property Credit:</b> Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return.	• 6 00
<b>7.</b> Refundable Renewable Energy Tax Credit from line 88 of the DR 1366. You must submit the DR 1366 with your return.	• 7 00
<b>8.</b> <i>This line is reserved for future use.</i>	8
<b>9.</b> Total Refundable Credits, sum of lines 1, 4 (or 5), 6, 7, and 8. Enter the sum on the DR 0104 line 27.	9 00

### Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
- Part-year residents generally do not qualify for this credit.
- If you have income and/or losses from two or more states, you must separately calculate lines 11 through 17 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 10 and complete lines 11 through 17 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

<b>10.</b> Name of other state:	CA	
<b>11.</b> Total of lines 10 and 11 Form 104	• 11	9523 00
<b>12.</b> Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17.	• 12	171018 00
<b>13.</b> Total modified Colorado adjusted gross income	• 13	234104 00
<b>14.</b> Divide line 12 by line 13. Round to four significant digits, e.g. xxx.xxxx	14	073.0521 %
<b>15.</b> Multiply line 11 by the percentage on line 14	15	6957 00
<b>16. Tax liability to the other state</b>	• 16	10948 00
<b>17. Allowable credit</b> , the smaller of lines 15 or 16	• 17	6957 00



200104CR31555

Name	SSN or ITIN
REMYA SOMASUNDARAN & M P DIPIN NAIR	826-67-5269

**Part III — Other Credits**

Visit [Tax.Colorado.gov](http://Tax.Colorado.gov) for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●	Credit Used Column (B) ●
<b>18. Plastic recycling investment credit, you must submit required receipts with your return. ● 18</b>	00	00
● Plastic recycling net expenditures amount (fill below):		
<b>19. Colorado Minimum Tax Credit ● 19</b>	00	00
● 2020 Federal Minimum Tax Credit (fill below):		
<b>20. Carry forward of prior year Historic Property Preservation credit (per §39-22-514, C.R.S.) ● 20</b>	00	00
<b>21. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 21</b>	00	00
<b>22. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 22</b>	00	00
<b>23. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 23</b>	00	00
<b>24. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 24</b>	00	00
<b>25. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 25</b>	00	00
<b>26. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 26</b>	0	00
<b>27. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 27</b>	00	00
<b>28. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 28</b>	00	00
<b>29. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 29</b>	00	00
<b>30. Certified Auction Group License Fee credit, you must submit a copy of the certification with your return. ● 30</b>	00	00
<b>31. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 31</b>	00	00
<b>32. Affordable Housing credit, you must submit CHFA certification with your return. ● 32</b>	00	00



200104CR41555

Name		SSN or ITIN	
REMYA SOMASUNDARAN & M P DIPIN NAIR		826-67-5269	
		Available Credit Column (A) ●	Credit Used Column (B) ●
<b>33.</b> Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● <b>33</b>		00	00
<b>34.</b> Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year. ● <b>34</b>		00	00
<b>35.</b> Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● <b>35</b>		00	00
<b>36.</b> If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● <b>36</b>			
<b>37.</b> Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● <b>37</b>		00	00
<b>38.</b> Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● <b>38</b>		00	00
<b>39.</b> Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● <b>39</b>		00	00
● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing			
<b>40.</b> Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● <b>40</b>		00	00
<b>41.</b> Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● <b>41</b>		00	00
<b>42.</b> Total of column A lines 18 through 41 (exclude line 36 certificate number) ● <b>42</b>		0 00	
<b>43.</b> Nonrefundable Credits Used, total of column B plus any amount from line 17, exclude line 36 certificate number. Also enter this amount on the DR 0104 line 14. Credit used cannot exceed credit available. ● <b>43</b>			6957 00

