

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 CHANAKYA | Last name BANALA | Your social security number 873-77-0891 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

| | | | |
|--|-------------------------------|---------------------|--|
| Home address (number and street). If you have a P.O. box, see instructions. 11320 YULE MARBLE HTS | | Apt. no. 206 | 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. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. COLORADO SPRINGS | State CO | ZIP code 80921 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (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"/> |

| | | | |
|--|--|-------------------|--|
| Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 84,190. |
| | 2a Tax-exempt interest | 2a | 2b |
| | 3a Qualified dividends | 3a | 3b Taxable interest |
| | 4a IRA distributions | 4a | 3b Ordinary dividends |
| | 5a Pensions and annuities | 5a | 4b Taxable amount |
| | 6a Social security benefits | 6a | 5b Taxable amount |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 6b Taxable amount |
| | 8 Other income from Schedule 1, line 9 | | 7 |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 8 -7,221. |
| | 10 Adjustments to income: | | 9 76,969. |
| | a From Schedule 1, line 22 | 10a | |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | |
| | c Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 76,969. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | 12 12,400. |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| 14 Add lines 12 and 13 | | 14 12,400. | |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 64,569. | |

| | | | |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 9,997. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 9,997. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 9,997. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 9,997. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,112. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,112. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 378. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 378. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 13,490. |

Refund

| | | | |
|-----|---|-----|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,493. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,493. |
| b | Routing number 1 0 2 0 0 1 0 1 7 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 2 9 9 5 8 0 2 6 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/16/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |

**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 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
CHANAKYA BANALA

Your social security number
873-77-0891

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -7,221. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -7,221. |

Part II Adjustments to Income

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

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 for instructions and the latest information.

Name(s) shown on return

CHANAKYA BANALA

Your social security number

873-77-0891

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

| | | | | | |
|-----------|--|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | DNO: 7-107/A, PNO: 102 NANDIGAMA, KRISHNA DIS ANDHRA PRADESH IN 521185 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | A | B | C |
|----------|------------------------------|-------------|------|---|---|
| 3 | Rents received | 3 | 540. | | |
| 4 | Royalties received | 4 | | | |

Expenses:

| | | | | | |
|-----------|--|-----------|--------|--|--|
| 5 | Advertising | 5 | 901. | | |
| 6 | Auto and travel (see instructions) | 6 | 310. | | |
| 7 | Cleaning and maintenance | 7 | 200. | | |
| 8 | Commissions. | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. | 13 | 6,200. | | |
| 14 | Repairs. | 14 | 150. | | |
| 15 | Supplies | 15 | | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities. | 17 | | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 7,761. | | |

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** **21** -7,221.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-7,221.) () ()

| | | | | | |
|------------|--|------------|--------|--|--|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 540. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | 7,761. | | |

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (7,221.)

26 **Total rental real estate and royalty income or (loss).** 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 **26** -7,221.



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.

| | | | | | |
|------------------------------------|--|--------------------------------------|-------------------------------------|---------------|----------------|
| Taxpayer SSN or ITIN | | Spouse SSN or ITIN (If Joint Return) | | Submission ID | |
| 873-77-0891 | | | | | |
| Taxpayer Last Name | | | Taxpayer First Name | | Middle Initial |
| BANALA | | | CHANAKYA | | |
| Spouse Last Name (If Joint Return) | | | Spouse First Name (If Joint Return) | | |
| | | | | | |
| Street Address | | | | Phone Number | |
| 11320 YULE MARBLE HTS APT 206 | | | | | |
| City | | | | State | Zip |
| COLORADO SPRINGS | | | | CO | 80921 |

Part I — Tax Return Information

| | | | |
|--|---|----|-------|
| 1. Total Income, line 9 from your federal Form 1040 | 1 | \$ | 76969 |
| 2. Taxable Income, line 15 on federal Form 1040 | 2 | \$ | 64569 |
| 3. Colorado Tax, line 19 on Colorado Form 104 | 3 | \$ | 2938 |
| 4. Colorado Tax Withheld, line 20 on Colorado Form 104 | 4 | \$ | 3659 |
| 5. Refund, line 32 Colorado Form 104 | 5 | \$ | 721 |
| 6. Amount You Owe, line 37 on Colorado Form 104 | 6 | \$ | |

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, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

| | | | |
|-----------|------|--|------|
| Signature | Date | Spouse's Signature (If Joint Return, Both Must Sign) | Date |
| | | | |

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 and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

| | |
|-----------------------------------|--|
| ERO's Signature | Preparer Identification Number or Your SSN |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | P02082703 |

| | |
|--|-----------------|
| Check if also Preparer <input checked="" type="checkbox"/> | Date (MM/DD/YY) |
| | 02/16/21 |



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 |
| BANALA | | CHANAKYA | | |
| Date of Birth (MM/DD/YYYY) | SSN or ITIN | Deceased <input type="checkbox"/> | | |
| 06/24/1992 | 873-77-0891 | If checked and claiming a refund, you must include the DR 0102 and death certificate with your return. | | |
| 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 |
| | | CO | 0318 | 10/08/20 |
| If Joint, Spouse's Last Name | | Spouse's First Name | | Middle Initial |
| | | | | |
| 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. | | |
| 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 | |
| 11320 YULE MARBLE HTS APT 206 | | | | |
| City | State | Zip Code | Foreign Country (if applicable) | |
| COLORADO SPRINGS | CO | 80921 | | |
| Round To The Nearest Dollar | | | | |
| 1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15 | | | • 1 | 64569 00 |
| Include W-2s and 1099s with CO withholding. | | | | |
| Additions to Federal Taxable Income | | | | |
| 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 |
|---|------|-------------|
| CHANAKYA BANALA | | 873-77-0891 |
| 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 | 64569 00 |
| Colorado Subtractions | | |
| 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 | 64569 00 |
| Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule | | |
| 10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. | • 10 | 2938 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 | 2938 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 | 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 | 2938 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 | 2938 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 | 3659 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 | SSN or ITIN |
| CHANAKYA BANALA | 873-77-0891 |

| | | | |
|--|------|-------|----|
| 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 | 3659 | 00 |
| 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11 | • 29 | 76969 | 00 |
| 30. Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28 | 30 | 721 | 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 | 721 | 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 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 | |
| CHANAKYA BANALA | | 873-77-0891 | |
| Third Party Designee | | | |
| 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="radio"/> No • <input type="radio"/> Yes. Complete the following: | |
| Designee's Name | | Phone Number | |
| • | | • | |
| Sign Below 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

| | |
|---|--|
| <p>If you are filing this return with 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 without 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