

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 CHANDU		Last name KATTULA		Your social security number 717-06-4876	
If joint return, spouse's first name and middle initial ALEKHYA		Last name KONDAPATURI		Spouse's social security number APPLIED FOR	
Home address (number and street). If you have a P.O. box, see instructions. 8589 GOLDPEAK DR				Apt. no. F	
City, town, or post office. If you have a foreign address, also complete spaces below. LITTLETON			State CO	ZIP code 80130	
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): 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"/>	<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	80,101.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	64.
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	80,165.
	10	Adjustments to income:				
		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	80,165.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	55,365.	

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	6,250.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,250.
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	6,250.
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	6,250.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,684.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,684.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600.
33	Add lines 25d, 26, and 32. These are your total payments	33	11,284.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,034.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,034.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 7 0 3 8 4 5 8 5		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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 SOFTWARE ENGINEER	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 HOME MAKER	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/08/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.
 ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Before you begin:

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ► _____
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►
 CHANDU KATTULA 717-06-4876
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ► _____

Additional information for **a** and **f**: Enter treaty country ► _____ and treaty article number ► _____

Name (see instructions) Name at birth if different ►	1a First name ALEKHYA	Middle name	Last name KONDAPATURI
	1b First name	Middle name	Last name

Applicant's Mailing Address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 8589 GOLDPEAK DR Apt F
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. LITTLETON CO USA 80130

Foreign (non-U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.
	City or town, state or province, and country. Include postal code where appropriate.

Birth Information	4 Date of birth (month / day / year) 06/18/1993	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date	
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____			Date of entry into the United States (MM/DD/YYYY): _____
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter ITIN and/or IRSN ► ITIN _____ IRSN _____ and name under which it was issued ► First name Middle name Last name			
6g Name of college/university or company (see instructions) ► _____ City and state ► _____ Length of stay ► _____				

Sign Here
 Keep a copy for your records.
 Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney
Signature of acceptance agent	Signature	Date (month / day / year)	Phone Fax
	Name and title	Name of company	EIN Office code
			PTIN



200104 11555

DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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(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	
KATTULA		CHANDU			
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>			
06/26/1993	717-06-4876	<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 current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance	
		CO	2149	10/11/18	
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial	
KONDAPATURI		ALEKHYA			
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>			
06/18/1993	APPLIED FOR	<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		
8589 GOLDPEAK DR APT F			(628) 224-0878		
City	State	Zip Code	Foreign Country (if applicable)		
LITTLETON	CO	80130			
Round To The Nearest Dollar					
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15				55365	00
● 1					
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)					00
● 2					
3. Business Interest Expense Deduction Addback (see instructions)					00
● 3					



200104 21555

Name		SSN or ITIN
CHANDU KATTULA & ALEKHYA KONDAPATURI		717-06-4876
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	55365 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	55365 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	2519 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	2519 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	2519 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	2519 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	3533 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

Table with 2 columns: Name (CHANDU KATTULA & ALEKHYA KONDAPATURI) and SSN or ITIN (717-06-4876)

Table with 3 columns: Description, Amount, and Balance. Rows 25-31 include items like Gross Conservation Easement Credit, Innovative Motor Vehicle Credit, Refundable Credits, Subtotal, Federal Adjusted Gross Income, Overpayment, and Estimated Tax Credit Carryforward.

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.

Table with 3 columns: Description, Amount, and Balance. Row 32: Refund, subtract line 31 from line 30 (see instructions) 32 1014 00

Direct Deposit

Routing Number: 111000025 Type: [X] Checking [] Savings [] CollegenInvest 529
Account Number: 488070384585

For questions regarding CollegenInvest direct deposit or to open an account, visit CollegenInvest.org or call 800-448-2424.

Table with 3 columns: Description, Amount, and Balance. Rows 33-37 include Net Tax Due, Delinquent Payment Penalty, Delinquent Payment Interest, Estimated Tax Penalty, and Amount You Owe.

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	
CHANDU KATTULA & ALEKHYA KONDAPATURI		717-06-4876	
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>	