### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social secur	rity num	per	
SAI KRISHNA REDDY VARALA 882-83-7022					
Spouse	's name	Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	vear vou	are au	thorizina	.)
	whole dollars only on lines 1 through 5.	<i>y</i> = 0 <i>y</i> = 0	0 0.0.		-,
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	87	,849.
2	Total tax		2	12	384.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	,214.
4	Amount you want refunded to you		4		388.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	oy of y	our retu	ırn)
to send for any Agent payme authori payme busine taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the palal identification number (PIN) below is my signature for the income tax return (original or amended) I are the Mithelayural Connect.	ction of the S. Treasury cated in the n to debit the the authorizests must be processing cayment. I fu	transminand its cand	ssion, (b) the designated paration so to this according revoke (ved no late ectronic packnowledge	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	onic Funds Withdrawal Consent.				
	ayer's PIN: check one box only	3	3 7 1	0 2 2	
×	I authorize GLOBAL TAXES LLC to enter or generate r	Ě		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Yours	signature ▶ Date ▶				
Spous	se's PIN: check one box only	_			
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name		nter five	digits, but	,
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't er	8 6	1 9 8 eros	9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this re	turn in a	accordance	
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

### **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly [ ou checked the MFS box, enter the loon is a child but not your depender	name of y									
Your first name	our first name and middle initial Last name							١	Your social security number			
SAI KRI	SHNA	REDDY	VARA	ALA					;	882-83-7022		
If joint return, s	pouse's	s first name and middle initial	Last na	me					5	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.	F	Preside	ntial Electi	ion Campaign
3250 RI	DGEF	AIR DRIVE, CUMMING									nere if you,	, or your ntly, want \$3
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code		•	0,	Checking a
CUMMING					GZ	A	30	0040			ow will not	•
Foreign country	y name		F	Foreign province/state	coun <sup>°</sup>	ty	For	eign postal c	ode \	our tax	or refund	. Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	any	financial inte	erest ir	n any virtua	al curr	ency?	Yes	⊠ No
Standard Deduction		eone can claim:	•				nt					
Age/Blindness	s You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was I	orn b	efore Janu	ary 2,	1956	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	V	(3) Relation	nship	(4)	if qua	lifies for	r (see instru	uctions):
If more	•	irst name Last name		number	to you			Child tax cre		- 1		ther dependents
than four												
dependents, see instruction												
and check	5 —											
here ▶ □												
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1		95,699.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est			2b		
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> C	ordinary divi	dends			3b		
	4a	IRA distributions	4a		<b>b</b> T	axable amo	unt .			4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amo	unt .			5b		
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amo	unt .			6b		
• Single or	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not req	uired	, check here			<b>▶</b> □	7		
Married filing	8	Other income from Schedule 1, lin	ne 9							8		-7,850.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inc</b>	ome				. ▶	9		87,849.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	ndard deduction. See	e inst	ructions	10b					
Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	tal adjustments to	incoı	me			. ▶	100	;	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inc	ome				. ▶	11		87,849.
If you checked	12	Standard deduction or itemized	deducti	ions (from Schedule	e A)					12		12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or Fo	orm 8	995-A .				13	$\perp$	
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	ente	r-0				15	1 '	75,449.

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	12,384.
	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	12,384.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lir	ne 7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	12,384.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23	0.
	24	Add lines 22 and 23. This is			•				▶ 24	12,384.
	25	Federal income tax withheld	-							
	а	Form(s) W-2				25a	12	,21	4.	
	b	Form(s) 1099				25b		•		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						. 25d	12,214.
	26	2020 estimated tax paymen								
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		•		
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		55	8	
000 1110111101101101101	31	Amount from Schedule 3. lir				31			-	
	32	Add lines 27 through 31. The					edite		▶ 32	558.
	33	Add lines 25d, 26, and 32. T	•						·	12,772.
-	34								. 34	388.
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here								388.
Direct deposit?	⊳ b	Routing number 1 0 1 1 0 0 0 4 5   C Type: X Checking Savings								300.
See instructions.	►d	Account number 5 1 8				JOHECE	uig 🗀	Javiii	gs	
	36	Amount of line 34 you want				36				
Amount	37					_			▶ 37	
You Owe	•	Subtract line 33 from line 24. This is the <b>amount you owe now</b>								
For details on		<b>Note:</b> 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.								
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38				
Third Party	Do	you want to allow another				See				
Designee		structions	•				🗌 Yes. C	omple	ete below.	<b>X</b> No
		signee's		Phone					entification	
		ne 🕨		no. 🕨				ber (Pl		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		•	ipiete. Deciaration			ased on	ali lilloittiati			,
	, 10	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE 1	DEVEI	OPER		see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion		ı	f the IRS se	nt your spouse an
Keep a copy for your records.	,									ection PIN, enter it here
your records.								(	see inst.)	
		one no.	l	Email address		T		D.T.1*	1	0 1 1
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	04/0	7/2021		082703	Self-employed
Use Only		m's name ► GLOBAL TA							Phone no.	(678)965-9522
	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			I	Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	03/25/21 PR	)		Form <b>1040</b> (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

SAI KRISHNA REDDY VARALA

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

882-83-7022

Part I **Additional Income** 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -7,850. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -7,850. Adjustments to Income Part II 10 Educator expenses . . . . . . . . 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . . 13 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . . . . 20 20 21 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 . . . . . . . . . . . .

#### **SCHEDULE E**

(Form 1040)

**Supplemental Income and Loss** 

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

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

Attachment Sequence No. **13** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

SAI	KRISHNA REDDY V	/ARALA					882	8-83-7	022	:	
Part	Income or Loss	s From Rental Real Estate and Ro	yalties	Note: If yo	ou are in t	he business o	of renting	persona	al pro	perty,	use
	Schedule C. See	instructions. If you are an individual, rep	ort farn	n rental incom	ne or loss	from Form 48	<b>335</b> on p	age 2, lir	ne 40		
A Dic	d you make any payme	ents in 2020 that would require you to	file Fo	orm(s) 1099?	See ins	tructions .		[	Υ	es 🗵	No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?						[	] Y	es 🗌	No
1a		each property (street, city, state, ZIF									
Α	GANDHI NAGAR T	TELANGANA IN 500072									
В											
С											
1b	Type of Property	2 For each rental real estate prop	perty li	sted	Fai	r Rental	Perso	Personal Use			JV
	(from list below)	(from list bolow) above report the number of fair rental and Days						Days			<b></b>
Α	3	personal use days. Check the	o file as	s a A		365		0			
В		qualified joint venture. See inst	truction	ns. B							
С				С							
Туре	of Property:			'	_						
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd	7 Self	-Rental					
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties	8 Oth	er (describe	)				
Incom	ie:	Properties:		Α		E				С	
3	Rents received		3		500.						
4			4								
Expen											
5	Advertising		5		100.						
6		nstructions)	6		350.						
7	Cleaning and mainter	nance	7		150.						
8	Commissions		8								
9			9								
10		essional fees	10								
11	Management fees .		11								
12	Mortgage interest pai	id to banks, etc. (see instructions)	12								
13	Other interest		13	-	7,500.						
14			14		250.						
15			15								
16			16								
17			17								
18		e or depletion	18								
19	Other (list) ▶		19								
20	Total expenses. Add	lines 5 through 19	20	3	3,350.						
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file <b>Form 6198</b>		21	-7	7,850.						
22	Deductible rental rea	I estate loss after limitation, if any,									
	on Form 8582 (see in	nstructions)	22	( -7	,850.	)(		)(			)
23a	Total of all amounts re	eported on line 3 for all rental prope	rties		<b>23</b> a		500	0.			
b	Total of all amounts r	eported on line 4 for all royalty prop	erties		23b	1					
С		eported on line 12 for all properties			230						
d	Total of all amounts re	eported on line 18 for all properties			230						
е	Total of all amounts re	eported on line 20 for all properties			<b>23</b> e		8,350	).			
24	Income. Add positiv	e amounts shown on line 21. <b>Do no</b>	<b>t</b> inclu	de any losse	es		. 2	24			
25	Losses. Add royalty lo	esses from line 21 and rental real estate	losses	s from line 22	. Enter to	tal losses her	e. 2	25 (		7,8	50.)
26	Total rental real est	ate and royalty income or (loss).	Combi	ne lines 24	and 25.	Enter the re	sult				
		V, and line 40 on page 2 do not									
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	mount	in the total of	on line 4	1 on page 2	.   2	26		-7,	850.



208453 11555

COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov

Page 1 of 1 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 882-83-7022 Taxpayer Last Name Taxpayer First Name Middle Initial VARALA SAI KRISHNA REDDY Spouse Last Name (If Joint Return) Spouse First Name (If Joint Return) Street Address Phone Number 3250 RIDGEFAIR DRIVE, CUMMING City State Zip CHMMING GA 30040 Part I — Tax Return Information 87849 1. Total Income, line 9 from your federal Form 1040 1 \$ 75449 2 2. Taxable Income, line 15 on federal Form 1040 \$ 382 3. Colorado Tax, line 19 on Colorado Form 104 3 ۱\$ 130 4. Colorado Tax Withheld, line 20 on Colorado Form 104 \$ 4 5 Refund, line 32 Colorado Form 104 \$ 252 **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) 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 You	ır SSN
SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703	
	<u></u>	Date (MM/DD/YY)	
	Check if also Preparer X	04/07/21	

DR 0900 (08/17/20)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0008
Tax. Colorado. gov
Page 1 of 1

(0011)

## 2020 Individual Income Tax Payment Form (Calendar year—Due April 15, 2021)

#### Caution!

This form **MUST** accompany your payment if you filed electronically and wish to pay by check. If you paid electronically or do not owe a payment do not file this form.

The Department strongly recommends that you file using Revenue Online (*Colorado.gov/RevenueOnline*) or another electronic filing method and remit your payment electronically or by EFT. Information on EFT can be found at *Colorado.gov/Revenue/EFT* 

To pay by mail, make the check or money order payable to the "Colorado Department of Revenue." Be sure to round your payment to the nearest dollar. Clearly write your Social Security number or ITIN and "2020 DR 0104" on the memo line. Be sure to keep a copy of the money order or note the check number with your tax records.

Complete the form below. The amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account. DO NOT submit the DR 0104 if you have already filed electronically.

#### DO NOT CUT - Return Full Page

DR 0900 (08/17/20)					
Return the DR 0900 with check or money order payable to the "Color Department of Revenue, Denver, Colorado 80261-0008. These address of Revenue, so a street address is not required. Write your Social Section money order. Do not send cash. Enclose, but do not staple or attach, you	ses and zip codes are exclusive to urity number or ITIN and "2020 I	o the Co	olorado	Department	
SSN or ITIN					
882-83-7022					
Your Last Name	First Name			Middle Initial	
VARALA	SAI KRISHNA REDDY				
Spouse's SSN or ITIN					
Spouse's Last Name (if joint)	Spouse's First Name			Middle Initial	
Address					
3250 RIDGEFAIR DRIVE, CUMMING					
City		State	ZIP		
CUMMING		GA	300	40	
		Amou	int of Pa	ayment	
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.					

DO NOT CUT – Return Full Page
IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM





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

### 2020 Colorado Individual Income Tax Return

non-res	ar or Nonresident (or resider ident combination) nclude DR 0104PN	nt, part- <u>y</u>	year,	Ma	rk if Abroad	l on due	date – se	e instruc	tions
Your Last Name		Your Fi	rst Nam	e				Midd	le Initial
VARALA		SAI	KRISI	INA REDI	ΣY				
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceas	sed						
00/05/1002 992 92 7022 If					ked and cla R 0102 and				
Enter the following informatio driver license or state identification		State o	f Issue	Last 4 o	characters of I	D number	Date of Issu	uance	
If Joint, Spouse's Last Name		Spouse	's First I	Name				Midd	le Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	sed		ked and cla R 0102 and				
Enter the following information from your spouse's current driver license or state identification card.			f Issue	Last 4 o	characters of I	D number	Date of Issu	uance	
Mailing Address						Pho	ne Number		
3250 RIDGEFAIR DRIVE,	CUMMING								
City			State	Zip Code		Foreign	Country (if a	oplicable)	
CUMMING			GA	30040					
<u> </u>						R	ound To The	e Nearest	Dollar
Enter Federal Taxable Incomor 1040 SR line 15	ome from your federal in	come ta	ax forn	n: 1040 lin	e 15 • <b>1</b>			7544	19 00
Include W-2s and 1099s with	CO withholding.								
	Additions to								
2. State Addback, enter the s			your f	ederal for	m • 2				0 0
3. Business Interest Expense	Peduction Addback (se	e instri	ıctions	:)	• 3				0.0



200104 21555

#### DR 0104 (10/19/20) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

Page 2 of 4

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electronically.

# DR 0104 (10/19/20) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 3 of 4

200104 31333		
Name		SSN or ITIN
SAI KRISHNA REDDY VARALA		882-83-7022
<b>25.</b> Gross Conservation Easement Credit from the DR 1305G line 33, you mu submit the DR 1305G with your return.	st • 25	0 0
<b>26.</b> Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 26	0 00
<b>27.</b> Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.	• 27	0 0
<b>28.</b> Subtotal, sum of lines 20 through 27	28	130 00
29. Federal Adjusted Gross Income from your federal income tax form: 1040 I or 1040 SR line 11	ine 11, • <b>29</b>	87849 00
<b>30.</b> Overpayment, if line 28 is greater than line 19 then subtract line 19 from line	ne 28 <b>30</b>	0 0
31. Estimated Tax Credit Carryforward to 2021 first quarter, if any.	• 31	0 0
If you have an overpayment on line 32 below and would like to donate all or a Colorado charity, include Form DR 0104CH to contribute.	a portion of yo	our overpayment to a qualified
32. Refund, subtract line 31 from line 30 (see instructions)	• 32	0 0
Direct Routing Number Type: Che	cking	Savings CollegeInvest 529
Deposit Account Number		
For questions regarding CollegeInvest direct deposit or to open an account, visi	it CollegeInves	t.org or call 800-448-2424.
33. Net Tax Due, subtract line 28 from line 19	33	<sup>252</sup> 00
34. Delinquent Payment Penalty (see instructions)	• 34	0.0
35. Delinquent Payment Interest (see instructions)	• 35	0 0
<b>36.</b> Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 36	0 0
37. Amount You Owe, sum of lines 33 through 36	• 37	252.00
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited at	s early as the same	



00104 41555

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Name			SSN or ITIN				
SAI KRISHNA REDDY VARALA			882-83-7022				
	Third Party Designee						
Do you want to allow another person to discuss this return and any related information with the Colorado  • X No  • Yes. Complete the following:  Department of Revenue? See the instructions.							
Designee's Name		Phone N	lumber				
•		•					
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 Prep	parer's Phone				
GLOBAL TAXES LLC	965-9522						
Paid Preparer's Address	City	State	Zip				
2530 PEBBLE CREEK LN	CUMMING	GA	30041				

#### File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.

REV 03/17/21 PRO





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### Form 104PN

## Part-Year Resident/Nonresident Tax Calculation Schedule 2020

Taxpayer's Name		SSN or ITIN							
SAI KRISHN	A REDDY VARALA	882-83-7022							
Use this form if you and/or your spouse were a resident of another state for all or part of 2020. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.									
1. • Taxpayer	s (mark one): X Full-Year Nonresident Part-Year Resident from Beginning (	MM/YY) Ending (MM/YY)							
	Full-Year Resident Nonresident 305-day rule Military								
2. • Spouse is	(mark one): Full-Year Nonresident Part-Year Resident from	MM/YY) Ending (MM/YY)							
	Full-Year Resident Nonresident 305-day rule Military								
3. • Mark the t	rederal form you filed: 🗵 1040 🗌 1040 NR 📗 1040 SR 🦳 Othe	:r							
	Federal Information Co	olorado Information							
4. Enter all in line 1.	come from form 1040 line 1 or 1040 SR  • 4								
while you w	ne from line 4 that was earned while working in Colorado and/or earned ere a Colorado resident. Part-year residents should include moving imbursements only if paid for moving into Colorado.	9768							
	um of all interest/dividend income from lines 2b and 3b or form 1040 SR lines 2b								
	e from line 6 that was earned while you were a resident of Colorado or the ownership of real or tangible personal property located in Colorado. • 7	00							
8. Enter all ind 1040 SR, S	come from form 1040, Schedule 1, line 7 or chedule 1, line 7.								
from anothe	e from line 8 that is from State of Colorado unemployment benefits; and/or is or state's benefits that were received while you were a Colorado resident. • 9	0.0							
and line 4 o	ome from line 7 of form 1040 or 1040 SR f Schedule 1 of form 1040 or 1040 SR. • 10								
	ne from line 10 that was earned during that part of the year you were a esident and/or was earned on property located in Colorado. • 11	00							



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Name SSN or ITIN 882-83-7022 SAI KRISHNA REDDY VARALA **Federal Information Colorado Information** 12. Enter the sum of all income from form 1040 lines 4b. loo 5b and 6b or 1040 SR lines 4b, 5b and 6b. • 12 13. Enter income from line 12 that was received during that part of the year you were a 00 Colorado resident. 13 **14.** Enter the sum of all business and farm income from form 1040, Schedule 1, lines 3 and 6 or 1040 SR, loo Schedule 1, lines 3 and 6. • 14 15. Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources. 00 15 16. Enter all Schedule E income from form 1040. -7850Schedule 1, line 5 or 1040 SR, Schedule 1, line 5. • 16 00 17. Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you 0 were a Colorado resident: and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year. • 17 00 18. Enter the sum of all other income from form 1040. Schedule 1, lines 1, 2a and 8 or 1040 SR, Schedule 1, lines 1, 2a and 8. 00 List Type 19. Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources. 00 • 19 List Type **20.** Total Income. Enter amount from form 1040. line 9 or 87849 1040 SR, line 9. 20 00 21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 9768 21 00 13, 15, 17 and 19. 22. Enter all federal adjustments from form 1040, line 10c or 1040 SR, line 10c. 00 List Type 00 23. Enter adjustments from line 22 as follows • 23 List Type

- Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income.
- Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20).
- · Penalty paid on early withdrawals made while a Colorado resident.
- Moving expenses for members of the Armed Forces.

For treatment of other adjustments reported on federal form 1040, line 10c or 1040 SR, line 10c, see the Colorado Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.



line 34. Enter here and on DR 0104 line 10.

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Name SSN or ITIN 882-83-7022 SAI KRISHNA REDDY VARALA **Federal Information Colorado Information** 24. Adjusted Gross Income. Enter amount from form 1040 87849 00 line 11 or 1040 SR line 11. 25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN 9768 from the amount on line 21 of Form 104PN. 25 00 **26.** Additions to Adjusted Gross Income. Enter the sum of lines 3, 4, 5, and 6 of Colorado Form 104 excluding any charitable contribution adjustments. 26 00 27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.\* 00 • 27 87849 28. Total of lines 24 and 26 28 00 9768 00 **29.** Total of lines 25 and 27 29 30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. • 30 00 31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: 00 • 31 • The state income tax refund subtraction to the extent included on line 19 above • The federal interest subtraction to the extent included on line 7 above • The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above • The Colorado capital gain subtraction to the extent included on line 20 above For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax **Topics: Part-Year Residents & Nonresidents.** 32. Modified Adjusted Gross Income. Subtract line 30 87849 from line 28. 32 00 9768 00 33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33 34. Divide line 33 by line 32. Round to four significant digits, 11.1191 % e.g. xxx.xxxx 3433 35. Tax from the tax table based on income reported on the DR 0104 line 9 35 00 **36.** Apportioned tax. Multiply line 35 by the percentage on

36

382

00

<sup>\*</sup> See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.