## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of										
Your first name	rst name and middle initial Last name					Your	Your social security number						
DEBENDRA KUMAR									865	865-92-9466			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	se's socia	ıl secu	ırity number	
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1			n Campaign	
8325 S I					10		710			k here if y se if filind	,	y, want \$3	
		ce. If you have a foreign address, also o	omplete s	paces below.	Sta			code	to go	to this fu	und. C	hecking a	
							elow will		hange				
Foreign country	/ name			Foreign province/state	/coun	ty	Fore	reign postal code you		your tax or refund.		Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	e any	financial intere	st in	any virtual	currency	? <b>Y</b>	'es	X No	
Standard Deduction		eone can claim:				•							
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore January	, 2, 1956	3 🔲	ls blin	nd	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) <b>✓</b> if	qualifies	for (see ir	nstruc	tions):	
If more		irst name Last name		number		to you		Child tax cre		1			
than four													
dependents, see instruction												]	
and check	5 —												
here ▶ □													
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	1	2,564.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 4	2b			
Sch. B if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	t.		. 4	4b			
	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b			
Standard	6a	Social security benefits	6a		<b>b</b> T	axable amoun	t.		. (	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach School	edule D it	f required. If not red	quired	, check here		🕨		7			
Married filing	8	Other income from Schedule 1, li	ne 9 .						-	8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	come				<b></b>	9	1	2,564.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are	your <b>to</b> t	tal adjustments to	inco	me			<b>▶</b> 1	0с			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				<b>•</b>	11	1	2,564.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedul	e A)					12	1	2,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	8995-A				13			
Deduction, see instructions.	14	Add lines 12 and 13								14	1	2,400.	
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0			.   .	15		164.	

Form 1040 (2020	))										Page	<b>2</b>
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16		16	_
	17	Amount from Schedule 2, lir	ne 3						17			_
	18	Add lines 16 and 17							18		16	
	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	. If zero or less,	enter -0					22		16	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23		0 .	
	24	Add lines 22 and 23. This is	your total tax					. •	24		16	
	25	Federal income tax withheld										_
	а	Form(s) W-2				25a	1	,219				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	•						25d		1,219	
	26	2020 estimated tax paymen							26			_
<ul> <li>If you have a qualifying child,</li> </ul>	27	Earned income credit (EIC)				27						_
attach Sch. EIC.   If you have	28	Additional child tax credit. A				28						
nontaxable	29	American opportunity credit	from Form 8863	3. line 8		29						
combat pay, see instructions.	30	Recovery rebate credit. See		-		30						
	31	Amount from Schedule 3, lir				31						
	32	Add lines 27 through 31. The				able cred	its	. •	32			
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>								:	1,219	_
Defend	34	If line 33 is more than line 24							33		1,203	_
Refund	35a		•			,	•	▶ □	35a		1,203	
Direct deposit?	▶b										,	_
See instructions.	▶d											
	36	Amount of line 34 you want			ed tax	36						
Amount	37								37			_
You Owe	•	Subtract line 33 from line 24. This is the <b>amount you owe now</b>										
For details on		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		instructions										
•		signee's		Phone					ntification		—	_
		me ►		no.				er (PIN)				_
Sign		der penalties of perjury, I declare tief, they are true, correct, and com										
Here	You	ur signature		Date Your occupation						nt you an Io		
	<b>k</b>								otection P ee inst.) ▶	IN, enter it	here	$\neg$
Joint return? See instructions. Keep a copy for your records.	0	ouse's signature. If a joint return, I	Dete	SOFTWARE		INGINEER					_	
	Spi	buse's signature. It a joint return, i	ootn must sign.	Date	Spouse's occupat	lion				nt your spo ection PIN,		ere
									ee inst.) ►		$\Box$	П
	Pho	one no.		Email address								
	Pre	parer's name	Preparer's signat							Check if:		_
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA						82703	Self-	employed	i
Preparer		m's name ▶ GLOBAL TA							Phone no. (678)965-9522			
Use Only	0500 - 111 - 1 - 5 - 00044							m's EIN 🕨				
Go to www.irs a		11040 for instructions and the late			BAA	REV 02	21/21 PRC				1040 (20	
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DR 8453 (10/06/20) 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. Spouse SSN or ITIN (If Joint Return) Taxpayer SSN or ITIN Submission ID 865-92-9466 Taxpayer Last Name Taxpayer First Name Middle Initial DAS DEBENDRA KUMAR Spouse Last Name (If Joint Return) Spouse First Name (If Joint Return) Street Address Phone Number 8325 S BRONZE LN (855)205-5443 State Zip HIGHLANDS RANCHS CO80126 Part I — Tax Return Information 12564 1. Total Income, line 9 from your federal Form 1040 1 \$ 164 2 2. Taxable Income, line 15 on federal Form 1040 \$ 7 3. Colorado Tax, line 19 on Colorado Form 104 3 ۱\$ 433 4. Colorado Tax Withheld, line 20 on Colorado Form 104 \$ 4 426 5 Refund, line 32 Colorado Form 104 \$ **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 Your SSN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Date (MM/DD/YY) Check if also Preparer | x |

02/27/21





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 sident combination) nclude DR 0104PN	nt, part-	year,		Ma	rk if Ab	road o	n due	date – se	e instr	uctions	
Your Last Name		Your F	rst Nam	е						Mi	ddle Initial	
DAS		DEBI	ENDRA	KU	MAR							
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Decea	sed									
05/19/1973	865-92-9466								refund, yo ertificate wi			
Enter the following information	on from your current	State o	of Issue		Last 4 o	character	s of ID r	number	Date of Issu	uance		
driver license or state identifi	•											
If Joint, Spouse's Last Name		Spouse	's First I	Nam	е					Mi	ddle Initial	
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Decea	sed						refund, yo			
Enter the following informatic current driver license or state	on from your spouse's e identification card.	State o	of Issue		Last 4 o	character	rs of ID r	number	Date of Issu	uance		
Mailing Address								Pho	ne Number			
8325 S BRONZE LN								(8)	55)205-5	5443		
City			State	Zip	Code		F	oreign	Country (if ap	oplicabl	e)	
HIGHLANDS RANCHS			CO	80	0126							
			•					R	ound To The	Neare	st Dollar	
Enter Federal Taxable Inc     or 1040 SR line 15	ome from your federal in	come t	ax forn	n: 1	040 lin		1				164 00	
Include W-2s and 1099s with	CO withholding.											
	Additions to											
2. State Addback, enter the s			your f	ede	eral for		2				0 0	
3. Business Interest Expense	·		uctions	3)			3				0.0	



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

Page 2 of 4

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

Page 3 of 4

Name	SSN or ITIN	
DEBENDRA KUMAR DAS	865-92-9466	
<ul><li>25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.</li><li>25</li></ul>		0 0
<ul><li>26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.</li><li>26</li></ul>	0	0 0
<ul><li>27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.</li><li>27</li></ul>		00
28. Subtotal, sum of lines 20 through 27 28	433	0 0
<ul><li>29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11,</li><li>or 1040 SR line 11</li><li>29</li></ul>	12564	0 0
<b>30.</b> Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28 <b>30</b>	426	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 portion of your over Colorado charity, include Form DR 0104CH to contribute.  32. Refund, subtract line 31 from line 30 (see instructions)  • 32  Direct  Routing Number 1 0 2 0 0 1 0 1 7 Type: Checking X Saving	426	0 0
Deposit       Account Number       3 9 0 6 2 3 1 1 1 1         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		0.0
34. Delinquent Payment Penalty (see instructions)   • 34		0.0
35. Delinquent Payment Interest (see instructions)  36. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)  35		00
37. Amount You Owe, sum of lines 33 through 36  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 reccheck will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment are electronically.	ceived by the State. If converted, mount directly from your bank acc	your



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

Page 4 of 4

200104 41333								
Name			SSN or ITIN					
DEBENDRA KUMAR DAS			865-92-9466					
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 02/14/21 PRO