

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name ARUN KUMAR GAJJELA	Social security number 655-04-5095
Spouse's name UMA DEVI MANTHAPURAM	Spouse's social security number APPLIED FOR

Part I Tax Return Information – Tax Year Ending December 31, 2021 (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	117,257.
2 Total tax	2	11,776.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	20,855.
4 Amount you want refunded to you	4	10,479.
5 Amount you owe	5	

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

4	5	0	9	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

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

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 as my signature on the income tax return (original or amended) I am now authorizing.

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
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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

Filing Status [] Single [X] 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

Form fields for personal information: Your first name and middle initial (ARUN KUMAR), Last name (GAJJELA), Your social security number (655-04-5095), Spouse's social security number (APPLIED FOR), Home address (6006 BLUE RIDGE DR), City (LITTLETON), State (CO), ZIP code (80130)

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents

Main tax calculation table with rows 1-15 and sub-rows (2a, 3a, 4a, 5a, 6a, 12a, 12b, 12c, 13, 14, 15) showing income, deductions, and taxable income.

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

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	11,776.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,776.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,776.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	11,776.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	20,855.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	20,855.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	22,255.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,479.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,479.
Direct deposit? See instructions.	b Routing number 1 0 1 1 0 0 0 4 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 1 8 0 0 7 9 0 7 8 4 7		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

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 DEVELOPER	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. (913) 548-8123	Email address	ARUNGAJJELA@GMAIL.COM	

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/07/2022	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):
<input checked="" type="checkbox"/> Apply for a new ITIN
<input type="checkbox"/> 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) ▶ _____
ARUN KUMAR GAJJELA 655-04-5095
- 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 UMA DEVI	Middle name	Last name MANTHAPURAM
	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. 6006 BLUE RIDGE DR Apt H
	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) 10 / 09 / 1998	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 _____			
	Issued by: INDIA No.: V3179707 Exp. date: 09 / 15 / 2031 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
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.

Sign Here Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

Acceptance Agent's Use ONLY	Signature	Date (month / day / year)	Phone	Fax
	Name and title (type or print)	Name of company	EIN	PTIN
		Office code		



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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.

Form with fields for Taxpayer SSN or ITIN, Spouse SSN or ITIN, Submission ID, Taxpayer Last Name, Taxpayer First Name, Middle Initial, Spouse Last Name, Spouse First Name, Street Address, Phone Number, City, State, ZIP.

Part I — Tax Return Information

Table with 6 rows showing tax return information: Total Income, Taxable Income, Colorado Tax, Colorado Tax Withheld, Refund, 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 2021 Federal/Colorado income tax returns...

Signature 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 2021 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2021 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 04/07/22.



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DR 0104 (12/07/21)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4
(0013)

2021 Colorado Individual Income Tax Return

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

Your Last Name		Your First Name		Middle Initial
GAJJELA		ARUN KUMAR		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
04/23/1993	655-04-5095	<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	5598	10/25/19
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
MANTHAPURAM		UMA DEVI		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>		
10/09/1998	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	
6006 BLUE RIDGE DR APT H			(913) 548-8123	
City	State	ZIP Code	Foreign Country (if applicable)	
LITTLETON	CO	80130		
<input type="checkbox"/>	To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> You are a Colorado resident and at least one person in your household does not have health coverage AND You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. 			
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	92157 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, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



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Name	SSN or ITIN
ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM	655-04-5095
4. Other Additions, explain (see instructions)	• 4
Explain:	
5. Subtotal, sum of lines 1 through 4	5 92157
Colorado Subtractions	
6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 6
7. Colorado Taxable Income, subtract line 6 from line 5	• 7 92157
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 8 4147
9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 9
10. Recapture of prior year credits	• 10
11. Subtotal, sum of lines 8 through 10	11 4147
12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return.	• 12
13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1366 with your return.	• 13
14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return.	• 14
15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11.	15 4147
16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 16
17. Net Colorado Tax, sum of lines 15 and 16	17 4147
18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 18 5164
19. Prior-year Estimated Tax Carryforward	• 19
20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 20
21. Extension Payment remitted with the DR 0158-I	• 21
22. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 22	
23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 23
24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 24 0



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Table with 2 columns: Name (ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM) and SSN or ITIN (655-04-5095)

Table with 3 columns: Description (25. Refundable Credits from the DR 0104CR line 9...), Amount (25), and Balance (00)

Modified AGI for TABOR
Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

Table with 3 columns: Description (27. Federal Adjusted Gross Income from your federal income tax form...), Amount (27), and Balance (00)

Table with 7 columns: Modified AGI Tiers for State Sales Tax Refund. Headers include income ranges from \$44,000 or less to \$246,001 or more.

Table with 3 columns: Description (32. State Sales Tax Refund: For full-year Colorado residents...), Amount (32), and Balance (00)

Table with 3 columns: Description (33. Sum of lines 26 and 32), Amount (33), and Balance (00)

If you have an overpayment on line 36 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 (36. Refund, subtract line 35 from line 34 (see instructions)), Amount (36), and Balance (00)

Direct Deposit form with fields for Routing Number (101100045), Type (X Checking), and Account Number (518007907847)

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



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Name: ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM
SSN or ITIN: 655-04-5095

Table with 3 columns: Description, Amount, and Balance. Rows 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.

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.

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, Spouse's Signature, Date

Paid Preparer's Name: GLOBAL TAXES LLC, Paid Preparer's Phone: (678) 965-9522, Paid Preparer's Address: 2530 PEBBLE CREEK LN, City: CUMMING, State: GA, ZIP Code: 30041

File and pay at: Colorado.gov/RevenueOnline

Instructions for filing and payment: 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.