

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 SUJITH BORGAMKAR	Social security number 358-89-2512
Spouse's name	Spouse's social security number

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	103,804.
2 Total tax	2	15,855.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,648.
4 Amount you want refunded to you	4	2,793.
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

9	2	5	1	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 _____ 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.
ERO firm name
Enter five digits, but don't enter all zeros
- 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
---	---	---	---	---	---	---	---	---	---	---

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 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 ▶ **PRAPOORNA ALLAM**

Your first name and middle initial SUJITH	Last name BORGAMKAR	Your social security number 358-89-2512
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 504-95-7992
Home address (number and street). If you have a P.O. box, see instructions. 9841 JEFFERSON PARKWAY		Apt. no. A2
City, town, or post office. If you have a foreign address, also complete spaces below. ENGLEWOOD		State CO
Foreign country name		ZIP code 80112
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 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 Are blind **Spouse:** Was born before January 2, 1957 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, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	112,904.	
	2a	Tax-exempt interest	2a	2b		
	3a	Qualified dividends	3a	b Taxable interest	2b	
	4a	IRA distributions	4a	b Ordinary dividends	3b	
	5a	Pensions and annuities	5a	b Taxable amount	4b	
	6a	Social security benefits	6a	b Taxable amount	5b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		b Taxable amount	6b	
	8	Other income from Schedule 1, line 10			7	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			8	-9,100.
	10	Adjustments to income from Schedule 1, line 26			9	103,804.
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			10	
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.	11	103,804.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.		
	c	Add lines 12a and 12b			12c	12,850.
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12c and 13			14	12,850.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	90,954.	

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	15,855.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,855.
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	15,855.
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	15,855.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	18,648.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	18,648.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	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"/>		
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	
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	
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	18,648.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,793.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>	35a	2,793.
b	Routing number 0 1 1 9 0 0 2 5 4 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 8 5 0 2 0 4 9 8 4 0 1 ▶		
36	Amount of line 34 you want applied to your 2022 estimated tax . . ▶	36	
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.

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

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. (203) 482-8524 Email address SUJITHBORGMAKR@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/03/2022	P02082703	
Firm's name ▶	Firm's address ▶			Phone no. (678) 965-9522
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			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

2021

Attachment
Sequence No. **01**

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

Your social security number
358-89-2512

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	-9,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-9,100.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

SUJITH BORGAMKAR

Your social security number

358-89-2512

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 2021 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 KANTESHWARA TOWERS , APT#2 GUPANPALLI MANDAL NIZAMABAD , TELANGANA IN 503003
B
C

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	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.	A 360	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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	780.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	80.		
6 Auto and travel (see instructions)	6	120.		
7 Cleaning and maintenance	7	680.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	900.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	3,800.		
15 Supplies	15	2,800.		
16 Taxes	16			
17 Utilities	17	1,500.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	9,880.		
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	-9,100.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,100.)		
23a Total of all amounts reported on line 3 for all rental properties	23a		780.	
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		9,880.	
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	(9,100.)		
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			-9,100.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021



218453 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.

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 2 columns: Description and Amount. Rows include Total Income, Taxable Income, Colorado Tax, Colorado Tax Withheld, Refund, and 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...

Form with fields for Signature, Date, Spouse's Signature, and 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 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...

Form with fields for ERO's Signature and Preparer Identification Number or Your SSN.

Check if also Preparer [X]

Form with fields for Date (MM/DD/YY) and value 03/03/22.



210104 11555



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
BORGAMKAR		SUJITH		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
02/21/1987	358-89-2512	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	9166	09/24/21
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	
9841 JEFFERSON PARKWAY APT A2			(203) 482-8524	
City	State	ZIP Code	Foreign Country (if applicable)	
ENGLEWOOD	CO	80112		
<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	90954 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



210104 21555



Name	SSN or ITIN		
SUJITH BORGAMKAR	358-89-2512		
4. Other Additions, explain (see instructions)	• 4		00
Explain:			
5. Subtotal, sum of lines 1 through 4	5	90954	00
Colorado Subtractions			
6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 6		00
7. Colorado Taxable Income, subtract line 6 from line 5	• 7	90954	00
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	4093	00
9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 9		00
10. Recapture of prior year credits	• 10		00
11. Subtotal, sum of lines 8 through 10	11	4093	00
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		00
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		00
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		00
15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11.	15	4093	00
16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 16		00
17. Net Colorado Tax, sum of lines 15 and 16	17	4093	00
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	4929	00
19. Prior-year Estimated Tax Carryforward	• 19		00
20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 20		00
21. Extension Payment remitted with the DR 0158-I	• 21		00
22. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 22			00
23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 23		00
24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 24	0	00



210104 31555

Name: SUJITH BORGAMKAR
SSN or ITIN: 358-89-2512

Table with 3 columns: Description, Amount, and Balance. Line 25: Refundable Credits from the DR 0104CR line 9... 25 00. Line 26: Subtotal, sum of lines 18 through 25 26 4929 00

Modified AGI for TABO
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, Amount, and Balance. Line 27: Federal Adjusted Gross Income... 27 103804 00. Line 28: Nontaxable Social Security Income 28 00. Line 29: Nontaxable Lump-sum Distribution... 29 00. Line 30: Nontaxable interest income... 30 00. Line 31: Sum of lines 27 through 30... 31 103804 00

Modified AGI Tiers for State Sales Tax Refund
Table with 7 columns: If line 31 is: \$44,000 or less, \$44,001 - \$88,000, \$88,001 - \$139,000, \$139,001 - \$193,000, \$193,001 - \$246,000, \$246,001 - or more. Rows for Single Filers Enter and Joint Filers Enter.

Table with 3 columns: Description, Amount, and Balance. Line 32: State Sales Tax Refund... 32 56 00. Line 33: Sum of lines 26 and 32 33 4985 00. Line 34: Overpayment, if line 33 is greater than line 17... 34 892 00. Line 35: Estimated Tax Credit Carryforward... 35 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, Amount, and Balance. Line 36: Refund, subtract line 35 from line 34 (see instructions) 36 892 00

Direct Deposit
Routing Number: 011900254
Type: [X] Checking [] Savings [] CollegeInvest 529
Account Number: 385020498401
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



210104 41555

Name: SUJITH BORGAMKAR
SSN or ITIN: 358-89-2512

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, Address, City, State, ZIP Code, Paid Preparer's Phone

File and pay at: Colorado.gov/RevenueOnline

Instructions for filing with or without a check or payment, including mailing addresses for the Colorado Department of Revenue.