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

- Internal	Heveride Service			
Subm	nission Identification Number (SID)			
Taxpay	er's name	Social securit	y number	
СНА	NAKYA BANALA	873-77-	-0891	
Spouse	s's name	Spouse's soc	ial security numb	er
Dow	Toy Detrive Information Toy Very Ending December 21 0000 (Fr	100000000000000000000000000000000000000	ro outhorizin	~ \
Par	, , ,	nter year you a	re authorizin	9.)
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1 7	4,693.
2	Total tax			9,197.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3,011.
4	Amount you want refunded to you			3,814.
5	Amount you owe		5	J, 014.
Part		d keep a cop	y of your ret	urn)
my kn return to sen- for any Agent payme author payme busine taxes persor	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trard my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation has a classification to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) below is my signature for the income tax return (original or amended) applied in the payment (PIN) applied in the payment (P	above are the amount of the tree U.S. Treasury are indicated in the tatution to debit the authorizate must be the processing of the payment. I furt	ounts from the incomment of the control of the cont	income tax nator (ERO) the reason d Financial oftware for count. This c (cancel) a atter than 2 payment of ge that the
	ayer's PIN: check one box only			٦
		to my DIN 7	0 8 9 1	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but n't enter all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Your	signature ▶ Date ▶	·		
Spou	se's PIN: check one box only			
Spou		ata mu DIN]
L	I authorize to enter or genera		er five digits, but	」 as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Spous	se's signature ▶ Date ▶	•		
	Practitioner PIN Method Returns Only—continue bel	ow		
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.		6 6 1 9 er all zeros	8 9
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual incom- ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am superments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in accordance	
ERO's	s signature ▶ Date ▶	•		
	ERO Must Retain This Form — See Instructions			
	Don't Submit This Form to the IRS Unless Requested T			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the na	_	ed filing separately (M	,	Head of	,		, _	spou	ifying sur ise (QSS)	J	lifvina
OHE DOX.	-	on is a child but not your dependent	-	our spouse. It you cr	ICCN		QOO DOX,	CITLE	i tiic	Ciliu 3	name ii t	ne quai	iiiyiiig
Your first name	and mi	ddle initial	Last nar	me					,	our so	cial securi	ty numl	ber
CHANAKYA	4		BANA	T.A							77-089	-	
		s first name and middle initial	Last nar						_		s social se		umber
Homo addross	(numbo	er and street). If you have a P.O. box, see	inetructio	one			Apt. no		٠.		atal Flacti	0	
		· •	IIIStructic	лъ.			'	<i>)</i> .	- 1		ntial Electi ere if you		
		SPRINGS VIEW ce. If you have a foreign address, also co	mnlete er	naces helow	Stat	.0	ZIP code		− 9	spouse	if filing joir	ntly, wai	nt \$3
COLORADO			mpiete st	Jaces below.	CO		80921				this fund.		
Foreign country		KINGS	TE	Foreign province/state/o			Foreign pos	al co			ow will not or refund	-	е
r oreign country	riairie		'	oreign province/state/c	Journe	у	i oreigii pos	iai oc	ide ,	oui tun	You	_	pouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward. award. or	oavm	nent for prope	rtv or servi	ces)	or (k	o) sell.			
Assets		ange, gift, or otherwise dispose of a	`		,		•	,	,	,	☐ Yes	X N	lo
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Ja	ınua	ry 2,	1958	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	ck th	e box	if qualif	ies for (see	instruc	tions):
If more		rst name Last name		number		to you	Ch	ild ta	ax cre	dit	Credit for o	ther depe	endents
than four													
dependents, see instruction:	s ——												
and check													
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a		84,6	59.
	b	Household employee wages not re	•	` '						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not rep		` '	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instructi	ons) .							1h	-		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i							
	Z	Add lines 1a through 1h		· · · · · · · · ·						1z		84,6	59.
Attach Sch. B	2a	'	2a			axable interest				2b			
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds			3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a		5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun	t			6b			
Married filing separately,	C	If you elect to use the lump-sum e		,		,			. 님				
\$12,950	7	Capital gain or (loss). Attach Scheo							. Ш	7			
Married filing jointly or	8	Other income from Schedule 1, lin								8		-9,9	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•						9		74,69	93.
\$25,900	10	Adjustments to income from Sche								10			
Head of household,	11	Subtract line 10 from line 9. This is								11		74,69	
\$19,400	12	Standard deduction or itemized								12		12,9	50.
If you checked any box under	13	Qualified business income deducti								13		100	F.0
Standard Deduction,	14	Add lines 12 and 13								14		12 , 9	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our t a	axable incom	ie			15		61 , 7	43.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	9,197.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	9,197.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,197.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	9,197.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 13	3,011.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,011.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,011.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	3,814.
nerana	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	3,814.
Direct deposit?	b	Routing number 1 0 2			c Type:	Checking	Savings		
See instructions.	d	Account number 3 2 9	9 5 8 0	2 6					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•				omplete k	pelow.	⊠ No
		signee's		Phone			onal identi	fication	
	nar			no.			iber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
11010	Yo	ur signature		Date					nt you an Identity IN, enter it here
Joint return?					SOFTWARE		(see		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	tion		tity Prote	nt your spouse an ection PIN, enter it here	
	———Ph	one no. (636) 208-634	Δ	Email address	CH D N D K V D D (004@GMAIL.C	JM	-	
		eparer's name	Preparer's signat		CHANAINTAD	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAT.T.AN		P02082	2703	Self-employed
Preparer		m's name GLOBAL TA		IVIII DUQUI	OULTA TABLIAN	1 02/10/2023			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			's EIN	84-3171965
Go to wave ire or		11040 for instructions and the late		110111011 111		DEV 00/40/00 DEC	1 1 11111	O LIIN	Form 1040 (2022)
GO TO WWW.IIS.GO	78/1 OIII	more for monucions and the late	or information.		BAA	REV 02/10/23 PRO			1 01111 1 0 TO (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

CHANAKYA BANALA

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

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 soci	ial security number
873_77	_0891

6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8a () b Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Income from Form 8853 8e	
Alimony received	
b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C	
Business income or (loss). Attach Schedule C	
Other gains or (losses). Attach Form 4797	
6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8a () b Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Income from Form 8853 8e	
7 8 Other income: a Net operating loss	,966.
8 Other income: a Net operating loss	
a Net operating loss 8a () b Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Income from Form 8853 8e	
b Gambling 8b c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d () e Income from Form 8853 8e	
c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d 8d e Income from Form 8853 8e 8e	
d Foreign earned income exclusion from Form 2555	
e Income from Form 8853	
f Income from Form 8889	
g Alaska Permanent Fund dividends	
h Jury duty pay	
i Prizes and awards	
j Activity not engaged in for profit income 8j	
k Stock options	
I 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 8I	
m Olympic and Paralympic medals and USOC prize money (see	
instructions)	
n Section 951(a) inclusion (see instructions) 8n	
o Section 951A(a) inclusion (see instructions)	
p Section 461(I) excess business loss adjustment 8p	
q Taxable distributions from an ABLE account (see instructions) 8q	
r Scholarship and fellowship grants not reported on Form W-2 8r	
s Nontaxable amount of Medicaid waiver payments included on Form	
1040, line 1a or 1d	
t Pension or annuity from a nonqualifed deferred compensation plan or	
a nongovernmental section 457 plan	
u Wages earned while incarcerated	
z Other income. List type and amount:	
8z	
9 Total other income. Add lines 8a through 8z	

Schedule 1 (Form 1040) 2022 Page **2**

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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			
С	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:			
а	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Your social security number

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

CHA	NAKYA BANALA					8	73-77-0	891	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40.	nd Ro rty, use	yalties Schedule	e C. See	instru	ctions. If you are	an individua	l, repo	rt farm
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .						[Yes	□ No
1a	Physical address of each property (street, city, state, ZI	P code	e)						
A	DNO: 7-107/A, PNO: 102 NANDIGAMA, KRISI	HNA I	DIS ANI	DHRA 1	PRAD	ESH IN 521	185		
В									
С									
1b	(from list below) above, report the number of fair	rental	and		Fa	ir Rental F Days	Personal U Days	se	QJV
A	personal use days. Check the Q if you meet the requirements to			Α		365	()	
B	qualified joint venture. See instru			В				\rightarrow	
C				С					
1	of Property: Single Family Residence Multi-Family Residence 3 Vacation/Short-Term Rer 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (describe			
						Properties	:		
Inco				Α		В			С
3	Rents received			6	24.				
	Royalties received	4							
_	enses:	_							
5	Advertising								
6	Auto and travel (see instructions)			1 0	0.5				
7 8	Cleaning and maintenance	8		1,8	93.				
9		9							
10	Insurance								
11	Management fees	11		1,9	20				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,9	20.				
13	Other interest								
14	Repairs			2,7	55.				
15	Supplies	15		1,6					
16	Taxes	16							
17	Utilities	17		2,3	89.				
18	Depreciation expense or depletion	18		-					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,5	90.				
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			-9,9	66.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,96	6.)	()(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		524.		
b	, , , , , ,				23b				
С					23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е					23e	10,5	590.		
24	Income. Add positive amounts shown on line 21. Do no		•				24		
25	Losses. Add royalty losses from line 21 and rental real esta	te loss	ses from li	ne 22. E	inter to	otal losses here	25 (9,966.
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this a	apply	to you,	also er	iter th	is amount on	26		-9,966.



228454 11555

DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005

Tax.Colorado.gov
Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

	ot mail this form to the			For Tax Yea	ar (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)				
Depar	tment of Revenue. R	etain with you	ır records.	12/31/	22					
Tax Ty	ре									
Σ	Individual Income (DR 0104)	Corporat (DR 0112	te Income 2)		nership/S-Co 0106)	rp Income	• [ciary 0105)	Income)
Taxpay	er Last Name or Business N	lame	First Na	me or Busine	ess DBA if differ	ent from Bu	siness Na	me		Middle Initia
BANA	LA		CHANA	AKYA						
Spous	e's Last Name (if applicable)		First Na	me						Middle Initia
Taxpay	er SSN or ITIN		Spouse	SSN or ITIN	(if applicable)			FEIN		
873-	77-0891									
Taxpay	yer or Business Address				City			State	ZIP	
1155	BELLA SPRINGS V	IEW APT 511			COLORADO	SPRING	3	СО	80	921
		F	Part I — Tax	Return lı	nformation			 	_	
1 . Tota	al Income from your fed	deral return (see	e instructions	s for more	information)	1	\$			74693
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$										61743
3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$								2717		
	orado Tax Withheld or nore information)	Payments, from	your Colora	ado return	(see instructi	ions 4	\$			3636
01 1	nore information)	Pί	art II — Dec	laration o	of Tax Payer		Ψ			
Federal/0 I underst	enalties of perjury, I declare that Colorado income tax returns, and and that I (or my Electronic Returns, and attachments upon reques	d that said tax returns, s urn Originator (ERO) if	statements, sche applicable) may	dules and attac be required to	chments are true, co provide paper co	correct, and co	mplete to the claration, r	ne best of n ny returns,	ny know withhol	vledge and belief Iding statements
Signatu		t by the deletade Bept	aranoni or riover	ide at any time	during the period		(MM/DD/Y		iii iii ii i	
Spouse	e's Signature (If Joint Return	, Both Must Sign)				Date	(MM/DD/Y	Y)		
		Part III — I	Declaration	of ERO/F	Preparer/Trai	nsmitter				
	If the transmitter did n	ot prepare the ta	ax return, ch	neck here						
the prepa taxpayer correct, a have pro of limitati	ot the preparer, I declare only that arer, under penalties of perjury I or and the amounts shown in Part I and complete to the best of my k vided the taxpayer with copies of ions, and to provide paper copies at any time during this period.	declare that I have revie above agree with the a cnowledge and belief. A of all forms and informa	ewed the above to amounts shown of As preparer, I furto ation filed. I also a	axpayer's Fedon said tax returation the declare the agree to maint	eral/Colorado incor rns, and that said ta at I have obtained ain this signed For	me tax returns ax returns, sta the taxpayer's m (DR 8454)	and that the tements, so signature of for the perion	e information chedules, a on this form od covered	on provi and attac an at the by the	ided to me by the chments are true time of filing and Colorado statute
ERO's	Signature				Preparer	dentification	n Numbe	r, Your SS	SN, or I	TIN
SYAM	1 PRIYA RAM SAGAR	GUPTA TALLA	М		P0208	32703				
	01 1 1 1 5				Date (MN	M/DD/YY)				
	Check if also Prep	parer X			02/18	3/23				





DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 1 of 4
(0013)

2022 Colorado Individual Income Tax Return

	r or Nonreside dent combina				0104	ΙΡΝ			road ctions	on due o	date –	
Your Last Name		ĺ	Your Fi	rst Nam	е						Middl	e Initial
BANALA			CHAN	IAKYA								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	sed								
06/24/1992	873-77-08	391				the DF	cked and cla R 0102 and	death	certif	ficate wit	th your r	ıclude eturn.
Enter the following information	n from vour c	ırrent	State o	f Issue		Last 4 o	characters of I	D num	ber Da	ate of Issua	ance	
driver license or state identific	•		CO 0318					10/08/20				
If Joint, Spouse's Last Name	Spouse	's First I	Name						Middl	e Initial		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	sed							'	
						If ched the DF	cked and cla R 0102 and	aiming death	g a ref n certif	fund, you ficate wit	ı must ir th your r	ıclude eturn.
Enter the following information	n from vour si	201169,6	State o	f Issue		Last 4 o	characters of I	D num	ber Da	ate of Issua	ance	
current driver license or state	Enter the following information from your spouse's current driver license or state identification card.											
Mailing Address								F	Phone I	Number		
1155 BELLA SPRINGS VIE	W APT 511								(636)208-6	344	
City				State	ZIP	Code		Forei	gn Cou	untry (if ap	plicable)	
COLORADO SPRINGS				CO	80	921						
To see if you or members	•	•	•						•			:
You are a Colorado re AND	esident and a	t least one	person	in you	ır ho	useho	old does no	t have	e heal	Ith cover	age	
You give permission for for Health Colorado (the												nnect
									Rour	nd To The	Nearest	Dollar
1. Enter Federal Taxable Inco		r federal in	come to	ax forr	n:						6174	3
1040, 1040 SR, or 1040 SI Include W-2s and 1099s with 0		. ~					• 1					<u> </u>
Include W-2s and 1099s with t		lditions to	Fodor	al Tava	ahla	Incor	mo.					
2. State Addback, enter the s												$\overline{}$
1040 SR, or 1040 SP sche				-			• 2					0 0
		•		•								
3. Qualified Business Income	Deduction A	ddback (se	e instru	<u>uctions</u>	s)		• 3					0 0



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov

220104 Page 2 of 4 Name SSN or ITIN CHANAKYA BANALA 873-77-0891 00 4. Itemized Deduction addback (see instructions) • 4 5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions) 00 • 5 **6.** Other Additions, explain (see instructions) 00 • 6 Explain:

7. Subtotal, sum of lines 1 through 6	7 61743	0 0
Colorado Subtractions	<u>'</u>	
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the		
DR 0104AD schedule with your return.	8	0 0
9. Colorado Taxable Income, subtract line 8 from line 7	9 61743	0 0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and par	-	1
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the		$\top \Box$
DR 0104PN with your return if applicable.	10 2717	0 0
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the		
DR 0104AMT with your return.	11	0 0
12. Recapture of prior year credits	12	0 0
13. Subtotal, sum of lines 10 through 12	13	0 0
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and		
cannot exceed line 13, you must submit the DR 0104CR with your return.	14	0 0
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the		
DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must		
	15	0 0
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot	•	
exceed line 13, you must submit the DR 1330 with your return.	16	0 0
A7 Not because Tour come of lines 44, 45, and 40. Continued that come from lines 40.	2717	0 0
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.18. Use Tax reported on the DR 0104US schedule line 7, you must submit the	17	00
	18	0 0
Bit 010403 with your retaint.		
19. Net Colorado Tax, sum of lines 17 and 18	19	0 0
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or	r	
· •	20 3636	0 0
21. Prior-year Estimated Tax Carryforward •	21	0.0
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for		
, , , ,	22	0 0
23. Extension Payment remitted with the DR 0158-I	23	00



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COLORADO DEPÁRTMENT OF REVENUE 220104 Page 3 of 4 Name SSN or ITIN CHANAKYA BANALA 873-77-0891 • DR 0104BEP DR 0108 ■ DR 1079 • **24 24.** Other Prepayments: 00 25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit 00 the DR 1305G with your return. 26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must 0 submit each DR 0617 with your return. 00 27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. • 27 00 3636 00 28. Subtotal, sum of lines 20 through 27 28 Modified AGI for TABOR Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability. 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 74693 1040 SR line 11, or 1040 SP line 11 00 29 00 30. Nontaxable Social Security Income • 30 31. Nontaxable interest income from state and local bonds • 31 00 74693 32. Sum of lines 29 through 31: Modified AGI for TABOR 00 Modified AGI Tiers for State Sales Tax Refund \$48,000 \$48,001 -\$95,001 -\$151,001 -\$209,001 -\$268,001 -If line 32 is: or less \$95,000 \$151,000 \$209,000 \$268,000 or more \$234 \$300 Single Filers Enter \$153 \$208 \$285 \$486 Joint Filers Enter \$306 \$416 \$468 \$600 \$570 \$972 33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required 208 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension. 00 • 33 3844 **34.** Sum of lines 28 and 33 34 00 1127 35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 00 **36.** Estimated Tax Credit Carryforward to 2023 first guarter, if any. • 36 00 If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

37. Refund, s	subtract line 36	from line 3	5 (see instru	uctions)			• 37	11:	²⁷ 0
Direct	Routing Number	1 0 2	0 0 1 0	1 7	Туре:	X Checking	Savings	S CollegeInve	est 529
Deposit	Account Number	3 2 9	9 5 8 0	2 6					
For que	estions regarding	CollegeInve	st direct depo	osit or to c	pen an a	iccount, visit Colle	egelnvest.org o	<i>r</i> call 800-448-2424	_



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Name			SSN or ITIN							
CHANAKYA BANALA			873-77-0891							
38. Net Tax Due, subtract line 34 from line 19	38		0 0							
39. Delinquent Payment Penalty (see instructions	• 39		0 0							
40. Delinquent Payment Interest (see instructions	• 40		0 0							
41. Estimated Tax Penalty, you must submit the D	R 0204 with your return.									
(see instructions)	• 41		0 0							
42. Amount You Owe, sum of lines 38 through 41	• 42									
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.										
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.	• X No • Yes. Comple	ete the fo	ollowing:							
Designee's Name		Phone N	lumber							
		•								
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return is tr	ue, 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		(678)	965-9522							
Paid Preparer's Address	City	State	ZIP Code							
245 ROONEY CT	E BRUNSWICK	NJ	08816							

REV 02/09/23 PRO

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 80261-000**5**

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