## **IRS e-file Signature Authorization**

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

Internal Revenue Service

Taxpayer's name	Social security number
APOORVA KADAPA	703-84-8819
Spouse's name	Spouse's social security number
SRINATH REDDY CHITUKULA	APPLIED FOR
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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.	
<b>1</b> Adjusted gross income	<b>1</b> 164,149.
<b>2</b> Total tax	<b>2</b> 21,649.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 25,085.
4 Amount you want refunded to you	<b>4</b> 3,436.
<b>5</b> Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy of your return)

Under penalties of periury. 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

4	8	8	1	9	
Ent don	er fiv i't er	/e di iter a	gits, all ze	but ros	as

Enter five digits, but don't enter all zeros

my

as mv

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

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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 I					 		
Practitioner PIN Method Returns Only—contir	ue be	low						
Part III Certification and Authentication – Practitioner PIN Method Onl	/							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 6 all ze	 9	89	)

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 🕨	
	Must Retain This Form — See Instruct This Form to the IRS Unless Reques		
For Demonstral, Deduction Act Nation and second	DE)	1 00/10/00 PPO	Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

Filing Status       Single       Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Cauditying surviving protocols and protocols and protocols and protocols and protocols and protocols and the qualifying surviving protocols and indice initial         Your first name and middle initial       Last name       Your social security number         APOORVA       KADAPA       703-84-8819         Thom address quantity appareds first name and middle initial       Last name       Robust Pool         SRINATH       REDDY       CHITURULA       Apt. nn.         Nome address quantity appareds first name and middle initial       Last name       Apt. nn.         SRINATH       REDDY       CHITURULA       Apt. nn.         Nome address quantity appareds first name and middle initial       Last name       Zitu Pool         132200       NOEL       ROAD       Concernsore       Apt. nn.       Presidential Election Camping         Origital       At any time during 2022, did your (a) receive (as a reverd, award, or payment for property or services); or (a) and arguing approximations)       Image: Signal Signa	<b>1040</b>		artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Ta</b>		urn	202	2	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or staple	in this space.
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IT joint return, spouse's first name and middle initial       Last name       Sepose's social security number         SR INATH       REDDY       CHITUKUIA       Apt. no.         Home address (number and stree). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         City, town, rop out office. If you have a foreign address, also complete spaces below.       State       ZP code         Typic       Typic out office. If you have a foreign address, also complete spaces below.       State       Typic out on the presidential Election Campaign         Check hear if you, or your       Foreign country name       Foreign province/state/country       Foreign province/state/stastate/state/state/stastastate/state/state/state/state/state/state/	Your first name	and mi	iddle initial	Last na	ame						,	Your so	cial securi	ty number
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13290 NOEL ROAD       Check new if you ave a foreign address, also complete spaces below.       State       ZIP code       Check new if you ave a foreign address, also complete spaces below.       State       ZIP code       TS 2 40       Shows if fling objects with fling objects if the going obsets if fling objects in the fund. Checking a post below will not show get in the fund. Checking a post below will not show get in the fund. Checking a post below will not show get in the fund. Checking a post below will not show get in the fund.       You       Spouse         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Cise instructions.       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Yes       No         Dependents       (see instructions):       (P) Exist name       Last name       Immoder       Check the box if qualifies for fees instructions);         frome       (D) First name       Last name       (P) Social security       (P) Retainstructions;       (P) Check the box if qualifies for fees instructions);       Ia       167, 149,         htere instructions       (D) Exist name       Last name       Immoder       Immoder       Immoder       Immoder       Immoder       Immoder       Immoder       Immoder       Immoder       Immoder <t< td=""><td></td><td></td><td></td><td>1</td><td></td><td>-</td><td></td><td></td><td>A</td><td>Apt. no.</td><td></td><td></td><td>-</td><td></td></t<>				1		-			A	Apt. no.			-	
City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZP code TX       75 240       spouse if filling jointly, want S3 tog to this fund. Checking a box below will not change your tax or reland.         Foreign country name       Foreign province/state/country       Foreign p														
DALLAS       TX       75240       to go to this fund. Checking a box below with not change your law or refund.         Digital Asset ocumty name       Foreign province/state/county       Foreign postal code       you is some one concluster.       Yee is not concluster.       Yee i				mplete	spaces be	low.	Sta	ate	ZIP c	ode		•		
Foreign country name       Foreign province/statis/county       Foreign postal code       your tax or refund.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Image: Control of the control o			,,,									0		0
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Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions). Uves X No         Standard Deduction       Someone can claim: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       (a) Relationship       (d) Check the box if qualifies for (see instructions):         Income and check       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       167, 149.         Hwe? alter Also       Medicaid waiver payments not reported on Form(s) W-2.       1b       1c         Very a were Alde       1a       167, 149.       1g         Hwe withheld       9       4dd lines 1a through 1h       1a       167, 149.         Hwe asset for form 8919, line 6       1g       1g       1g       1g         W-2. asee       in Nontaxable combat pay election (see instructions)       1a	i oroigir oodiniy	name			r er eigir p	o 11100, 01010, 1		- )		, poora o			_	_
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here       Image: standard Deduction form         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       167,149.         Attach Form(s)       Household employee wages not reported on Form(s) W-2.       1b       1b         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c         W263 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       g       Wages from Form 8919, line 6       1e         109-R if tax       g       Wages from Form 8919, line 6       1f         11       Nontaxable combat pay election (see instructions)       1ii       1z         11       0.       Attach Sch. B       a       Add lines 1a through 1h       2a         14       IA distributions       1a       D axable interest       2b       2b         11       Standard Deduction for-       6a       a       b Taxable amount       4b       5b         12       Capital gain or (loss). Attach Schedule D if required. Check here       7       -3,000.       8         13       Other income from Schedule 1, line 10       5b		s ——								]	7			
Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s) W-2 here. Also dependent care benefits from Form(s) W-2 (see instructions)       1c         W-26 and 1009-Ri ftax       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1f         If you did not get a form       Wages from Form 8919, line 6       1g         get a Form       M Other earned income (see instructions)       1h       0.         W-2. see       in Nontaxable combat pay election (see instructions)       1i       1         get a form       M Other earned income (see instructions)       1i       1       1         W-2. see       in Nontaxable combat pay election (see instructions)       1i       1       1       1         Attach Sch. B       2a       Lad lines 1a through 1h       1z       167, 149.       1       167, 149.         Attach Sch. B       2a       Lad lines 1a through 1h       1z       167, 149.       1       1       167, 149.         Attach Sch. B       2a       Lad lines 1a through 1h       Lad lines 1a through 1h       1z       167, 149.         Attach Sch. B       2a       Raw exertitions       b       1a       1       167, 149.         Bendard Deduction for       Sa										[	=			
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Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also dtach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Mages from Form 8919, line 6       1g       1g         W-2, see instructions.       1i       1g       1g         V-2, see instructions.       Add lines 1a through 1h       1z       167, 149.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         Attach Sch. B       2a       Ualified dividends       3a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard fling esparately, Standard       6a       b       Taxable amount       6b       5b         Married fling esparately, Standard       6a       b       Taxable amount       6b       6b         Married fling esparately, Standard       6a       b       Taxable amount	income					,								
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In yours har Image a Form   W-2, see   instructions.   Z   Add lines 1a through 1h						,					• •			
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       167,149.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       b       Dordinary dividends       3b         attach Sch. B       3a       b       Ordinary dividends       3b         attach Sch. B       3a       b       Ordinary dividends       3b         attach Sch. B       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       5c         single or       c       If you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.       8         Vietrarian filling separately, site system       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       9       164,149.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10			•								• •			0
Instructions.       z       Add lines 1a through 1h       1z       167,149.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       3b         5a       Pensions and annuities       5a       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       5b         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7, 000.       8         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       164, 149.       11       164, 149.       12       25, 900.         11       164, 149.       11       164, 149.       12       25, 900.         11       164, 149.       12       25, 900.       11       164, 149.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       164, 149.         12       25, 900.       12	-	;		,				1	· ·		• •			
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.         8       Other income from Schedule 1, line 10       10       8       9       164,149.         Valifying surviving spouse, \$25,900       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       164,149.         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         14       Add lines 12 and 13       13       14       25,900.       14       25,900.	instructions.											17	1,	67 149
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6b       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       164, 149.         9       164, 149.       10       11       164, 149.         10       Adjustments to income from Schedule 1, line 26       10       11       164, 149.         11       164, 149.       12       25, 900.       12       11       164, 149.         14       Add lines 12 and 13       12       25, 900.	Attach Soh P		-	1		1		avahle interes	· ·	• •	• •			· · · · · · · · · · ·
data       calculation for the first of the			'										-	
Standard Deduction for-       5a       Pensions and annuities								3						
Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       164,149.         10       •       •       •       10       .       .       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       .       .       11       164,149.         12       25,900.       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       13         • If you checked any box under Standard       14       25,900.       13       14       25,900.         • If you checked any box under Standard       14       14       25,900.       13       13       24.9	Chandend													
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li></ul>														
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         Married filing jointly or Qualifying       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       9         Married filing jointly or Qualifying       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       164,149.         Married filing jointly or Qualifying       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       164,149.         Married filing jointly or Qualifying       10       10       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       164,149.         12       25,900.       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         14       25,900.       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       138       249			, _		mothod					• •	· .			
8       0       8       0       0       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       164, 149.         9       164, 149.       9       164, 149.         9       164, 149.       10         9       164, 149.       10         9       164, 149.       10         9       164, 149.       10         9       164, 149.       10         9       164, 149.       10         9       164, 149.       10         9       164, 149.       10         10       11       164, 149.         10       12       25,900.       11       164, 149.         10       12       25,900.       12       25,900.         11       164, 149.       12       25,900.       12       25,900.         13       Qualified business income deduction from Form 8995 or Form 8995 A       13       14       25,900.         14       25,900.       14       25,900.       14       25,900.         14       25,900.       13       14       25,900.       13       14       25,900.       15       138,249       14									• •	• •	· _	7		2 000
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9164, 149.10Adjustments to income from Schedule 1, line 2610Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11164, 149.12Standard deduction or itemized deductions (from Schedule A)1225, 900.If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A131425, 900.1425, 900.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15					•				• •	• •	• ∟		· ·	-3,000.
auriving spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       164,149.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • Head of household, \$19,400       12       25,900.       13       14       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         • Head of household, \$14       Subtract line 14 from line 11.       If zero or less enter -0       14       25,900.       15       138       24.9	jointly or		,							• •	• •		1.	CA 140
\$25,900       10       Adjustments to income from otherate in income from otherate in income from otherate income									• •	• •	• •		+ 10	<u>34,⊥49.</u>
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       25,900.       14       25,900.         15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       138       249	\$25,900								• •	• •	• •			CA 140
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • Deduction, Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       138				-	•	•			• •	• •	• •			
any box under Standard       14       Add lines 12 and 13       14       25,900         Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       138,249	\$19,400 r								• •	• •	• •			<u>45,900.</u>
Standard         14         Add lines 12 and 13         14         25,900.           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         138,249							896	ю-А.Л.	• •		• •			0 - 0 0 0
	Standard										• •			
		15	Subtract line 14 from line 11. If zei	o or les	s, enter	-u I mis is y	our	laxable incom	ie .		• •	15	<u> </u>	38,249.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		. 16	21,649.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	21,649.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				. 22	21,649.
	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 <b>total tax</b>					. 24	21,649.
Payments	25	Federal income tax withheld							
2	а	Form(s) W-2				25a	25,08	35.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. <b>25</b> d	25,085.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro	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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credi	ts.	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	25,085.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpa</b>	id.	. 34	3,436.
	35a	Amount of line 34 you want			is attached, cheo	ck here		35a	3,436.
Direct deposit?	b	Routing number 0 7 4			c Type: 🛛 🗙	Checking	Savir	ngs	
See instructions.	d	Account number 7 9 2	2 5 9 2	3 1					
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	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	-			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu		See	Compl	ete below.	X No
Designee		signee's		Phone			•	dentification	
	nai			no.			umber (P		
Sign		der penalties of perjury, I declare ief, they are true, correct, and com			1 7 0		,		, 0
Here	Yo	ur signature		Date	Your occupation		1	If the IRS se	nt you an Identity
								Protection F	IN, enter it here
Joint return?					SOFTWARE B			(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEF	2		(see inst.)	
	Ph	one no. (219)241-812	0	Email address	APOORVAK22		COM		
Dela		eparer's name	Preparer's signat			Date	PTI	N	Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/21/202	23 022	2082703	Self-employed
Preparer		m's name GLOBAL TA							(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www.im.a	ov/Eor	a 1040 for instructions and the late							Earm 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

**BAA** REV 02/10/23 PRO

Form **1040** (2022)

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12** 

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

APOORVA KADAPA & SRINATH REDDY CHITUKULA

Your social security number 703-84-8819

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	2,451.	3,361.			-910.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		-	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-910.

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	1,272.	5,850.			-4,578.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
13	Capital gain distributions. See the instructions	13				
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	-4,578.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -5,488.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	<b>21</b> ( 3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 02/10/23 PRO

Schedule D (Form 1040) 2022

Form	8949	

Department of the Treasury

Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Sequence No. 12A

Attachment

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return	Social security number or taxpayer identification number
APOORVA KADAPA & SRINATH REDDY CHITUKULA	703-84-8819

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/22	2,088.	2,922.			-834.	
Robinhood Crypto LLC	01/01/22	12/31/22	363.	439.			-76.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	2,451.	3,361.			-910.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form 8949 (2022)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

APOORVA KADAPA & SRINATH REDDY CHITUKULA

Social security number or taxpayer identification number 703-84-8819

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(e) ost or other basis the the <b>Note</b> below If you enter an amount in column (g), enter a code in column (f). See the separate instructions. fr			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment				
Robinhood Securities LLC	01/01/21	12/31/22	800.	2,201.			-1,401.			
Robinhood Crypto LLC	01/01/21	12/31/22	472.	3,649.			-3,177.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), <b>lir</b>	lude on your 1e 9 (if Box E	1,272.	5,850.			-4,578.			

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

## Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Servic	e		arate instruc	tions.	- 		ente	<b>.</b>			
Before you begir				-	-	-		🗙 Ap	ply fo	pe (check one box) or a new ITIN	:
	his form if you have, or are elig					· ·				an existing ITIN	
must file a U.S. f	ubmitting Form W-7. Read th federal tax return with Form V t alien required to get an ITIN to cl	W-7 unless you	meet one							<b>c, d, e, f,</b> or <b>g, y</b>	DU
	t alien filing a U.S. federal tax retu		5111								
	nt alien (based on days present i		s) filing a U.	S. federa	al tax retur	n					
d 🗌 Dependent	of U.S. citizen/resident alien	f <b>d,</b> enter relationsh	ip to U.S. cit	tizen/res	ident alier	(see ins	stru	ctions) 🕨			
e 🔀 Spouse of l		f <b>d</b> or <b>e,</b> enter name APOORVA KAD			S. citizen/					ions)► 03-84-8819	
f 🗌 Nonresiden	t alien student, professor, or resea	archer filing a U.S. f	federal tax re	turn or c	laiming a	n except	ion				
h 🗌 Other (see i											
	on for <b>a</b> and <b>f</b> : Enter treaty country			and	d treaty ar						
Name	<b>1a</b> First name SRINATH REDDY	IVIIdo	dle name			Last		ne UKULA			
(see instructions) Name at birth if	1b First name	Mido	dle name			Last					
different 🕨	<b>2</b> 21 - 21 - 21 - 21 - 21 - 21 - 21 - 21										
Applicant's Mailing	2 Street address, apartment no 13290 NOEL ROAD			-		-		-	nstruc	cuons.	
Address	City or town, state or province DALLAS	ce, and country. Ind	CIUDE ZIP CO	ae or po	stal code TX	wnere ap US2	•	opriate.	7	5240	
	3 Street address, apartment n	umber, or rural rout	te number. D	on't use					,	5210	
Foreign (non- U.S.) Address											
(see instructions)	City or town, state or province	ce, and country. Inc	clude postal	code wh	ere appro	priate.					
Birth	4 Date of birth (month / day / year	) Country of birth		City an	d state or	province	e (o	ptional)	5 ১	Male	
Information	05/22/1994	INDIA								Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	D. number (il	fany)	<b>6c</b> Type	of U.S. v	/isa	(if any), n	umbei	r, and expiration date	;
	6d Identification document(s) su	ubmitted (see instru	uctions) 🛛 🕨	Passp	ort	Driver	's li	cense/St	ate I.I	).	
	USCIS documentation	Other					C	ate of en	ntry int	0	
								ne United			_
		No.: W7050810			10/24/		(	MM/DD/Y	(YYY)		
	6e Have you previously received No/Don't know. Skip li		rnal Revenue	e Service	e Number	(IRSN)?					
	Yes. Complete line 6f.		st on a sheet	and atta	ach to this	form (se	ee i	nstructior	ns).		
	6f Enter ITIN and/or IRSN ►					ISN				a	nd
	name under which it was iss	sued ►									
		Firs	t name		Middle r	ame			L	ast name	
	6g Name of college/university of	r company (see ins	structions) 🕨								
	City and state ►				Length of	f stay ▶					
Sign Here	Under penalties of perjury, I (appl documentation and statements, and information with my acceptance age	d to the best of my	knowledge a	nd belief	, it is true,	correct,	and	l complete	e. I au	thorize the IRS to sh	
Keep a copy for your records.	Signature of applicant (if de	elegate, see instruc	tions)	Date (m	onth / day	/ year)	PI 	none num	nber		
,	Name of delegate, if application	able (type or print)		Delegat to appli	e's relatior cant	iship		Parent Power of		ourt-appointed guard	ian
A	Signature			Date (m	onth / day	/ year)	PI	none			
Acceptance							Fa				_
Agent's Use ONLY	Name and title (type or prin	t)	Name of co	ompany		EIN			F	PTIN	
COV VIIII	🗸				Office	coc	le				

REV 02/10/23 PRO



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

Do not mail this form to the IRS or the Colorado		ado	For Tax Yea	Ir (MM/D	D/YY)	-	or Fiscal Year beginning (MM/DD/YY)					
Depar	tment of Revenue. R	etain with your re	ecords.	12/31/	22							
Тах Ту	ре											
	Individual Income (DR 0104)	Corporate In (DR 0112)	ncome		nershi 0106)		p Income	e [	Fiduc (DR 0		ncom	е
Тахрау	ver Last Name or Business N	lame	First Na	me or Busine	ess DB	A if differe	nt from Bus	siness Na	ame		Middle	e Initial
KADA	APA		APOOR	RVA								
Spous	e's Last Name (if applicable	)	First Na	ime							Middl	e Initial
CHIJ	TUKULA		SRINA	ATH REDD	Y							
Тахрау	er SSN or ITIN		Spouse	SSN or ITIN	(if appli	cable)			FEIN			
703-	-84-8819		APPLI	IED FOR								
Тахра	yer or Business Address				City				State	ZIP		
1329	0 NOEL ROAD				DAL	LAS			TX	752	240	
Part I — Tax Return Information												
<b>1</b> . Tot	al Income from your fe	deral return (see ins	struction	s for more	inforn	nation)	1	\$			164	1149
<b>2</b> . Tax	<ol> <li>Taxable Income (or allowable deduction) from your federal return (see instructions for more information)</li> </ol>						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			3249		
3. Col	<b>3.</b> Colorado Tax from your Colorado return (see instructions for more information) <b>3</b> \$											
4. Co	orado Tax Withheld or nore information)							<b>4</b> \$ 2948				
				claration o								
Federal/	enalties of perjury, I declare that Colorado income tax returns, and tand that I (or my Electronic Ret es, and attachments upon reques	d that said tax returns, stater turn Originator (ERO) if appl	ments, sche licable) may	dules and attac	hments	are true, cor e paper copi	rrect, and co es of this de	mplete to t claration,	he best of my my returns, v	/ knowle vithhold	edge an ling stat	nd belief.
Signat					aanng			e (MM/DD/Y				
Spous	e's Signature (If Joint Return	, Both Must Sign)					Date	e (MM/DD/Y	Y)			
		Part III — Dec	laration	n of ERO/F	repa	rer/Trans	smitter					
	If the transmitter did n	lot prepare the tax r	eturn, cł	neck 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 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 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 8454) 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 I	dentificatio	n Numbe	er, Your SSI	N, or IT	IN	
SYAN	1 PRIYA RAM SAGAR	GUPTA TALLAM				P02082	2703					
	Check if also Prep	parer X				Date (MM/D	DD/YY)					
						02/21/	/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 Nonresident (or reside dent combination) *Mus			4PN		if Abroa	ad on due dat ons	.e —
Your Last Name	,	Your First Na						Middle Initial
KADAPA		APOORVA	A					
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased						
03/14/1994	703-84-8819			the DR 0	102 and o	death ce	refund, you m ertificate with y	our return.
Enter the following information	State of Issu	ue	Last 4 cha	racters of ID	) number	Date of Issuance	e	
driver license or state identific	CO		9206			02/12/21		
If Joint, Spouse's Last Name	Spouse's Fir	rst Nam	e				Middle Initial	
CHITUKULA	SRINATH	H RED	DY					
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased						
05/22/1994	APPLIED FOR						refund, you m ertificate with y	
Enter the following information	n from vour spouse's	State of Issu	ue	Last 4 cha	racters of ID	) number	Date of Issuance	e
Enter the following information current driver license or state								
Mailing Address						Pho	ne Number	
13290 NOEL ROAD						( 23	19)241-812	0
City		Stat	ite ZII	<sup>D</sup> Code		Foreign (	Country (if applic	able)
DALLAS		TX	ς 7	5240				
To see if you or members	s of your household qua	lify for free	or rec	luced-cos	t health c	coverage	e, check this	oox if:
You are a Colorado re     AND	esident and at least one	person in y	our h	ousehold	does not	have he	ealth coverag	е
	the Colorado Department e Colorado Health Benefit							
						Re	ound To The Ne	arest Dollar
1. Enter Federal Taxable Inco 1040, 1040 SR, or 1040 SI		come tax fo	orm:		• 1		1	38249 00
Include W-2s and 1099s with	CO withholding.							
	Additions to							
2. State Addback, enter the s			ur fede	eral form				
1040 SR, or 1040 SP sche	ructions)			• 2			0 0	
3. Qualified Business Income	Deduction Addback (se	e instructio	ons)		• 3			0 0



DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 4

220104 2	L555	Page 2 01 4			
Name				SSN or ITIN	
	SRINATH REDDY CHIT	ידועדוד א		703-84-8819	
APOURVA KADAPA &	SKINAIH REDDI CHII	OKOLA		703-84-8819	
	addback (see instruction		• 4		0
5	•	alifying Tuition Program			
Contribution (see in	structions)		• 5		C
6. Other Additions, ex	plain (see instructions)		• 6		C
Explain:					
				100040	
7. Subtotal, sum of line	es 1 through 6		7	138249	C
		Colorado Subtractions	•		
8. Subtractions from the second s	ne DR 0104AD Schedule	, line 22, you must submit the			
DR 0104AD schedu	Ile with your return.		• 8		(
				138249	
	ncome, subtract line 8 fro		• 9		(
		Book for full-year tax table and pa	art-year DF	R 0104PN Schedule	
		PN line 36, you must submit the		2500	
	ur return if applicable.		• 10		(
		MT line 8, you must submit the			
DR 0104AMT with	our return.		• 11		0
Decenture of priors	voor orodito		. 10		
2. Recapture of prior y			• 12		
<b>3.</b> Subtotal, sum of line	es 10 through 12		13	2500	c
		line 48, the sum of lines 14, 15, and			
			• 14		C
		used – as calculated, or from the	• 14		
		d 16 cannot exceed line 13, you mus	t		
submit the DR 1366		-	• 15		0
		he sum of lines 14, 15, and 16 canno	ot		
<b>e</b> .	must submit the DR 133		• 16		0
				2500	
7. Net Income Tax, su	m of lines 14, 15, and 16	Subtract that sum from line 13.	17	2500	(
8. Use Tax reported o	n the DR 0104US schedu	Ile line 7, you must submit the			
DR 0104US with yo	ur return.		• 18		(
				2500	
9. Net Colorado Tax, s			19	2500	0
		99s, you must submit the W-2s and/		2948	
1099s claiming Col	orado withholding with yo	our return.	• 20		(
	IT 0 1 1				
1. Prior-year Estimate			• 21		(
	nents, enter the sum of th	ne quarterly payments remitted for			
this tax year			• 22		(
A Extension Payment	remitted with the DR 01	DQ-I	• 23		0

DR 0104 (11/18/22)COLORADO DEPARTMENT OF REVENUE72.201.0431.5.5.5Page 3 of 4

25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.       25       00         26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return.       26       0       0         27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return.       27       00         28. Subtotal, sum of lines 20 through 27       28       2948       00         28. Subtotal, sum of lines 20 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.       0       164149       00         30. Nontaxable Social Security Income       30       00       00       00         31. Nontaxable interest income from state and local bonds       31       00       00         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         33. Nontaxable interest income from state and local bonds       31       00       00         34. Nontaxable interest income from state and local bonds       93       01       \$209,000 - \$268,	220104	31555	Page 3 c	of 4					
24. Other Prepayments:       • DR 0104BEP       • DR 0108       • DR 1079 • 24       or         25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 105G with your return.       • 25       or         26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit the DR 0104CR with your return.       • 26       or         27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return.       • 27       or         28. Subtotal, sum of lines 20 through 27       28       2948       or         29. Federal Adjused Gross Income from your federal income tax form: 1040 line 11, 164149       or       or         1040 SR lines 10 Gross Income from your federal income tax form: 1040 line 11, 164149       or       or         30. Nontaxable Social Security income       • 30       or       or         31. Nontaxable interest income from state and local bonds       • 31       or       or         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       or         1f line 32 is:       \$48,0001 - \$95,0001 - \$151,0001 \$2209,0001 - \$268,0001 - \$268,0001 - or less       \$256,000       \$209,001 - \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - or less       \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - or less       \$285,000 \$209,000 + \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001 - \$268,0001						SSN or I	TIN		
25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.       25       00         26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return.       26       0         27. Refundable Credits from the DR 104CR line 14, you must submit the DR 0104CR with your return.       27       28       2948         28. Subtotal, sum of lines 20 through 27       28       2948       0         28. Subtotal, sum of lines 20 through 27       28       2948       0         29. Federal Adjusted Gross income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11       164149       0         30. Nontaxable Social Security Income       30       00       0         31. Nontaxable interest income from state and local bonds       31       01         32. Sum of lines 29 through 31: Modified AGI for TABOR       2       164149       0         33. State Sales Tax Refund:       \$48,001 - \$95,000       \$151,000 - \$268,000       \$209,001 - \$268,000       \$268,001 - or more         Single Filers Enter       \$153       \$200       \$151,000 - \$268,000       \$268,000 - or more         33. State Sales Tax Refund: For full-yeer Colorado residents, horn before 2004, or full-yeer Colorado residents who are cloared residents to tar required to file a return. Use the amount on line 32 and reference the table above. See instruc	APOORVA KADAPA	& SRINATH REDI	Y CHITUKULA			703-8	84-8819		
the DR 1305G with your return.       • 25       01         26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return.       • 26       0         27. Refundatile Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return.       • 27       01         28. Subtotal, sum of lines 20 through 27       28       2948       01         28. Subtotal, sum of lines 20 through 27       28       2948       01         29. Federal Adjusted Gross Income from your federal income tax form. 1040 line 11, 1040 SR line 11, 01040 SR line 11, 01040 SP line 11       164149       01         30. Nontaxable Social Security Income       30       00       01         31. Nontaxable interest income from state and local bonds       31       01         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       01         33. State Sales Tax Refund:       \$48,000       \$151,000       \$209,001 - \$268,001 - \$268,001 - \$268,001 - \$151,000 + \$2209,000 - \$268,000 - \$268,000 - \$268,000 - \$268,000 - \$700 - \$268,000 - \$268,000 - \$151,000 + \$209,001 - \$268,000 - \$268,000 - \$151,000 + \$2209,000 - \$268,000 - \$268,000 - \$268,001 - \$161,001 - \$209,001 - \$268,000 - \$26	24. Other Prepayment	ts: DR 01	04BEP 🗌 •	DR 0108	• DR 1079 • 24			00	
26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return.       0         27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return.       0         28. Subtotal, sum of lines 20 through 27       28       2948         29. Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.       164149         29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11       29       164149         30. Nontaxable Social Security Income       30       0       0         31. Nontaxable interest income from state and local bonds       31       0       0         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       0         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       0         33. Nontaxable interest income from state and local bonds       31       0       0         33. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       0         348.000       \$48.001 - \$95,001 - \$151,001 - \$209,001 - \$268,001 - \$750,001 - \$151,000 - \$268,000 - \$707       \$268,000 - \$707         35.3 state Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents, born before 2004, or full-year Colorado residents, born before 2004,			lit from the DR 1	305G line 33, yo				0.0	
27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return.       0.0         28. Subtotal, sum of lines 20 through 27       28       2948       0.0         28. Subtotal, sum of lines 20 through 27       28       2948       0.0         29. Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.       29       164149       0.0         29. Tederal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11       29       164149       0.0         30. Nontaxable Social Security Income       30       0.0       0.0       0.0       0.0         31. Nontaxable interest income from state and local bonds       31       0.0       0.0       0.0       0.0         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       0.0       0.0         33. State Sales Tax Refund       Y48,001 - \$95,001 - \$151,001 - \$209,000       \$268,000 - or more       Single Filers Enter       \$153       \$208       \$234       \$285       \$300       \$4866         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$972         33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents, born before 2004, or full-year Colorado residents, born before 20	26. Innovative Motor		0						
28. Subtotal, sum of lines 20 through 27         28         2948         0 (filed AGI for TABOR           Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.         164149         0 (filed AGI for TABOR           29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11         164149         0 (filed AGI for TABOR           30. Nontaxable Social Security Income         30         0 (filed AGI for TABOR         31           32. Sum of lines 29 through 31: Modified AGI for TABOR         32         164149         0 (filed AGI for TABOR           32. Sum of lines 29 through 31: Modified AGI for TABOR         32         164149         0 (filed AGI for TABOR           33. State Sales Tax Refund         Modified AGI Tiers for State Sales Tax Refund         5209,001 - \$268,000         \$268,000 - or more           Single Filers Enter         \$153         \$208         \$234         \$285         \$300         \$486           Joint Filers Enter         \$306         \$416         \$468         \$570         \$600         \$972           33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year color	27. Refundable Credit	e DR 0104CR							
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, 1040 SR line 11, or 1040 SP line 11       • 29       164149       00         30. Nontaxable Social Security Income       • 30       00       01         31. Nontaxable interest income from state and local bonds       • 31       01         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         33. State Sales Tax Refund       \$48,000       \$48,001       \$95,001       \$151,000       \$209,001       \$268,000       or more         Single Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$972         33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year colorado residents, born before 2004, or full-year colorado residents, born before 2004, or full-year colorado residents and				2948					
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, 1040 SR line 11, or 1040 SP line 11				d AGI for TABO				00	
1040 SR line 11, or 1040 SP line 11       • 29       164139       00         30. Nontaxable Social Security Income       • 30       00         31. Nontaxable interest income from state and local bonds       • 31       00         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         Modified AGI for TABOR       32       164149       00         If line 32 is:       \$48,000       \$48,001 -       \$95,001 -       \$151,001 -       \$209,001 -       \$268,000 -       or more         Single Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       00         34. Sum of lines 28 and 33       34       2948       00         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       00         36. Estimated						t your Colorado	tax liability.	_	
31. Nontaxable interest income from state and local bonds       • 31       00         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         Modified AGI Tiers for State Sales Tax Refund         If line 32 is:       \$48,000       \$48,001 -       \$95,001 -       \$151,000 -       \$209,000 -       \$268,000 -       or nore         Single Filers Enter       \$153       \$208       \$234       \$225       \$300       \$486         Joint Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       00         34. Sum of lines 28 and 33       34       2948       00         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       00 <td colsp<="" td=""><td colspan="5"></td><td></td><td>164149</td><td>00</td></td>	<td colspan="5"></td> <td></td> <td>164149</td> <td>00</td>							164149	00
32. Sum of lines 29 through 31: Modified AGI for TABOR       32       164149       00         Modified AGI Tiers for State Sales Tax Refund         If line 32 is:       \$48,000       \$48,001 -       \$95,000       \$151,000       \$209,000       \$268,000       or more         Single Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       00         34. Sum of lines 28 and 33       34       \$2948       00         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       00         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       00         36       00         36       01         36       00         36       00         36	30. Nontaxable Social Security Income • 30							00	
32. Sum of lines 29 through 31: Modified AGI for TABOR       32       [01]         Modified AGI for TABOR       \$209,000       \$268,000       or more         Single Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       00         34       2948       00         35       448       00         35        00       00 <td colspan="6"><b>31.</b> Nontaxable interest income from state and local bonds • <b>31</b></td> <td></td> <td>0 0</td>	<b>31.</b> Nontaxable interest income from state and local bonds • <b>31</b>							0 0	
If line 32 is:       \$48,000 or less       \$48,001 - \$95,000       \$95,001 - \$151,000       \$1209,000       \$209,000       \$268,001 - \$268,000       or more         Single Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       0 (         34. Sum of lines 28 and 33       34       2948       0 (         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448         0 for 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       448       0 (         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       0 (         Direct       Routing Number       0 7 4 0 0 0 1 0       Type:       X Checking       Savings       CollegeInvest 529         Deposit       Account Number       7 9 2 2 5 9 2 3 1       1       1       1       1	<b>32.</b> Sum of lines 29 through 31: Modified AGI for TABOR <b>32</b>						164149	00	
If the 32 is:       or less       \$95,000       \$151,000       \$209,000       \$268,000       or more         Single Filers Enter       \$153       \$208       \$234       \$285       \$300       \$486         Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       00         34. Sum of lines 28 and 33       34       2948       00         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       00         36. Estimated Tax Credit Carryforward to 2023 first quarter, if any.       • 36       00       00         1f you have an overpayment on line 35 (see instructions)       • 37       448       00         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       00         Direct       Routing Number       0 7 4 0 0 0 1 0       Type:       x Checking       Savings       CollegeInvest 529         Deposit       Account Number       7 9 2 2 5 9 2 3 1       1       1       1       1 <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td>				1					
Joint Filers Enter       \$306       \$416       \$468       \$570       \$600       \$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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       0 (         34. Sum of lines 28 and 33       34       2948       0 (         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       0 (         36. Estimated Tax Credit Carryforward to 2023 first quarter, if any.       • 36       0 (         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       448       0 (         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       0 (         Direct       Routing Number       0 ( 7 4 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	If line 32 is:								
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 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       0 (         34. Sum of lines 28 and 33       • 34       2948       0 (         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       0 (         36. Estimated Tax Credit Carryforward to 2023 first quarter, if any.       • 36       0 (         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       448       0 (         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       0 (         Direct       Routing Number       0 7 4 0 0 0 0 1 0       Type:       X Checking       Savings       CollegeInvest 529         Deposit       Account Number       7 9 2 2 5 9 2 3 1       1       1       1       1	Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486		
full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension.       • 33       00         34. Sum of lines 28 and 33       34       2948       00         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       00         36. Estimated Tax Credit Carryforward to 2023 first quarter, if any.       • 36       00         1f 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       448       00         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       00         Direct       Routing Number       0 7 4 0 0 0 0 1 0       Type:       X Checking       Savings       CollegeInvest 529         Deposit       Account Number       7 9 2 2 5 9 2 3 1       1       1       1       1	Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	\$972		
34. Sum of lines 28 and 33       34       2948       0 (         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       0 (         36. Estimated Tax Credit Carryforward to 2023 first quarter, if any.       • 36       0 (         16 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       448       0 (         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       0 (         Direct       Routing Number       0 7 4 0 0 0 0 1 0       Type:       X Checking       Savings       CollegeInvest 529         Deposit       Account Number       7 9 2 2 5 9 2 3 1       1       1       1       1	full-year Colorado to file a return. Us	residents who are e the amount on li	e under the age one 32 and refere	of eighteen but a	re required ove. See				
34. Sum of lines 28 and 33       34       00         35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       448       00         36. Estimated Tax Credit Carryforward to 2023 first quarter, 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       448       00         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       00         Direct       Routing Number       0 7 4 0 0 0 0 1 0       Type:       X Checking       Savings       CollegeInvest 529         Deposit       Account Number       7 9 2 2 5 9 2 3 1       1       1       1       1	instructions if you	are filing an exten	sion.		• 33			00	
35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34       35       00         36. Estimated Tax Credit Carryforward to 2023 first quarter, 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       448       00         37. Refund, subtract line 36 from line 35 (see instructions)       • 37       448       00         Direct       Routing Number       0       7       4       0       0       1       0       Type:       X       Checking       Savings       CollegeInvest 529         Deposit       Account Number       7       9       2       5       9       2       1       1       1       1	34. Sum of lines 28 ar	nd 33			34		2948	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, subtract line 36 from line 35 (see instructions)       • 37         448       00         Direct       Routing Number       0       7       4       0       0       1       0       Type:       X       Checking       Savings       CollegeInvest 529         Deposit       Account Number       7       9       2       5       9       2       1       1       1       1	35. Overpayment, if lin	ne 34 is greater th	an line 19 then s	subtract line 19 fr	om line 34 35		448	00	
Colorado charity, include Form DR 0104CH to contribute.         37. Refund, subtract line 36 from line 35 (see instructions)         • 37         448         00         Direct       Routing Number         07       4       0         01       0       0       0       0         01       0       0       0       0       0         02       0       0       0       0       0       0         03       0       0       0       0       0       0       0         04       0       0       0       0       0       0       0       0       0         04       0	36. Estimated Tax Cre	edit Carryforward t	o 2023 first qua	rter, if any.	• 36			0 0	
37. Refund, subtract line 36 from line 35 (see instructions)       • 37       00         Direct       Routing Number       0       7       4       0       0       1       0       Type:       X       Checking       Savings       CollegeInvest 529         Deposit       Account Number       7       9       2       2       5       9       2       1		•			Il or a portion of	your overpayme	ent to a qualif	ied	
Direct         Deposit         Account Number         7         9         2         5         9         2         3         1 <td>37. Refund, subtract l</td> <td>ine 36 from line 35</td> <td>(see instruction</td> <td>is)</td> <td>• 37</td> <td></td> <td>448</td> <td>00</td>	37. Refund, subtract l	ine 36 from line 35	(see instruction	is)	• 37		448	00	
Deposit         Account Number         7         9         2         2         5         9         2         3         1         Image: Second Sec	Direct Routing N	lumber 0 7 4	0 0 0 0 1	0 Type: X	Checking	Savings	CollegeInvest 5	529	
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.		lumber 7 9 2 2	2 5 9 2 3	1					
	For questions rec	garding CollegeInves	t direct deposit or	to open an accour	nt, visit <i>CollegeInv</i> e	es <i>t.org or</i> call 800	-448-2424.		



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

Name			SSN or ITIN							
APOORVA KADAPA & SRINATH REDDY CHITU	KULA		703-84-8819							
<b>38.</b> Net Tax Due, subtract line 34 from line 19	38			0 0						
<b>39.</b> Delinquent Payment Penalty (see instructions)	) • 39			0 0						
<b>40.</b> Delinquent Payment Interest (see instructions)			0 0							
<ol> <li>Estimated Tax Penalty, you must submit the D (see instructions)</li> </ol>	PR 0204 with your return. • 41			0 0						
<b>42.</b> 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	bllowing:							
Designee's Name		Phone N	lumber							
		•								
Sign Below Under penalties of perjury, I declare that to the Your Signature	best of my knowledge and belief, this return is tr	ue, correct	and complete.							
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)							
Paid Preparer's Name		Paid Prep	barer'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<br/>payment, please mail the return to:If you are filing this return without a check or<br/>payment, please mail the return to:COLORADO DEPARTMENT OF REVENUE<br/>Denver, CO 80261-0006COLORADO DEPARTMENT OF REVENUE<br/>Denver, CO 80261-0005These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 1 of 3

Form 104PN

## Part-Year Resident/Nonresident Tax Calculation Schedule 2022

Taxpayer's Name					SSN or I	TIN				
APOORVA KAD	APA & SRINATH	REDDY CHITUKULA			703-8	84-8819				
Use this form if you and/or your spouse were a resident of another state for all or part of 2022. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.										
				Beginning (	MM/YY)	Ending (MM/YY)				
1. • Taxpayer is	s (mark one):	Full-Year Nonresident	x Part-Year Resident from	01/2	22	07/22				
		Full-Year Resident	Nonresident 305-day ru	le Military	,					
				Beginning (	MM/YY)	Ending (MM/YY)				
2. ● Spouse is	(mark one):	Full-Year Nonresident	X Part-Year Resident from	01/2	22	06/22				
Full-Year Resident Nonresident 305-day rule Military										
3. ● Mark the federal form you filed: X 1040 1040 NR 1040 SR Other										
	,									
	-		Federal Information			Information				
4. Enter all inc 1040 SP lin	come from form 10		Federal Information			Information				
1040 SP lin 5. Enter incom while you we	come from form 10 e 1. e from line 4 that w ere a Colorado resi	40, 1040 SR, or • 4	Federal Information 167149 g in Colorado and/or earned s should include moving	Cc		Information           67463         00				
1040 SP lin 5. Enter incom while you we expense rein 6. Enter the su	come from form 10 e 1. e from line 4 that w ere a Colorado resi	40, 1040 SR, or • 4 as earned while working dent. Part-year residents f paid for moving into Co lividend income	Federal Information 167149 g in Colorado and/or earned s should include moving plorado.	00		67463				
<ul> <li>1040 SP lin</li> <li>5. Enter incom while you we expense rein</li> <li>6. Enter the su from form 1 and 3b.</li> <li>7. Enter income</li> </ul>	come from form 10 e 1. e from line 4 that w ere a Colorado resi mbursements only i um of all interest/d 040, 1040 SR or 7 e from line 6 that wa	40, 1040 SR, or • 4 as earned while working dent. Part-year residents f paid for moving into Co lividend income 1040 SP lines 2b • 6 s earned while you were	Federal Information 167149 g in Colorado and/or earned s should include moving blorado.	5 00		67463				
<ol> <li>1040 SP lin</li> <li>Enter incom while you we expense rein</li> <li>Enter the su from form 1 and 3b.</li> <li>Enter income derived from</li> <li>Enter all income</li> </ol>	come from form 10 e 1. e from line 4 that w ere a Colorado resi mbursements only i um of all interest/d 040, 1040 SR or e from line 6 that wa the ownership of re ome from form 104	40, 1040 SR, or • 4 as earned while working dent. Part-year residents f paid for moving into Co lividend income 1040 SP lines 2b • 6 s earned while you were a al or tangible personal pro 0, 1040 SR or 1040 SP,	Federal Information 167149 g in Colorado and/or earned s should include moving plorado. a resident of Colorado or operty located in Colorado.	<b>C</b> c 00 <b>5</b> 00 <b>7</b>		67463				
<ol> <li>1040 SP lin</li> <li>Enter incom while you we expense rein</li> <li>Enter the su from form 1 and 3b.</li> <li>Enter income derived from</li> <li>Enter all inco Schedule 1,</li> </ol>	come from form 10 e 1. e from line 4 that w ere a Colorado resi mbursements only i um of all interest/d 040, 1040 SR or 7 e from line 6 that wa the ownership of re ome from form 104 line 7.	40, 1040 SR, or • 4 as earned while working dent. Part-year residents f paid for moving into Co lividend income 1040 SP lines 2b • 6 s earned while you were a al or tangible personal pro 0, 1040 SR or 1040 SP, • 8	Federal Information 167149 g in Colorado and/or earned s should include moving plorado. a resident of Colorado or operty located in Colorado.	<b>5</b> 000 <b>7</b> 000		67463				
<ol> <li>1040 SP lin</li> <li>Enter incom while you we expense rein</li> <li>Enter the su from form 1 and 3b.</li> <li>Enter income derived from</li> <li>Enter all inco Schedule 1,</li> <li>Enter income</li> </ol>	come from form 10 e 1. e from line 4 that w ere a Colorado resim mbursements only i um of all interest/d 040, 1040 SR or 7 e from line 6 that wa the ownership of re ome from form 104 line 7. e from line 8 that is f	40, 1040 SR, or • 4 as earned while working dent. Part-year residents f paid for moving into Co lividend income 1040 SP lines 2b • 6 s earned while you were al or tangible personal pr 0, 1040 SR or 1040 SP, • 8 rom State of Colorado un	Federal Information 167149 g in Colorado and/or earned s should include moving plorado. a resident of Colorado or operty located in Colorado.	C c 0 0 5 0 0 7 0 0 is		67463				
<ol> <li>1040 SP lin</li> <li>Enter incom while you we expense rein</li> <li>Enter the su from form 1 and 3b.</li> <li>Enter income derived from</li> <li>Enter all income from another</li> <li>Enter all income</li> </ol>	come from form 10 e 1. e from line 4 that we ere a Colorado resimbursements only i um of all interest/d 040, 1040 SR or e from line 6 that was the ownership of re ome from form 104 line 7. e from line 8 that is for state's benefits that he from line 7 of form 10	40, 1040 SR, or • 4 as earned while working dent. Part-year residents f paid for moving into Co lividend income 1040 SP lines 2b • 6 s earned while you were al or tangible personal pr 0, 1040 SR or 1040 SP, • 8 rom State of Colorado un	Federal Information 167149 in Colorado and/or earned s should include moving olorado.  a resident of Colorado or operty located in Colorado.  employment benefits; and/or were a Colorado resident.  -3000	C c 0 0 5 0 0 7 0 0 is		67463 00 00				



DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 3

Name			SSN or ITIN
APOORVA KADAPA & SRINATH REDDY CHITUKULA			703-84-8819
	Federal Information	Co	olorado Information
<b>12.</b> Enter the sum of all income from form 1040, 1040 SR,			
or 1040 SP lines 4b, 5b and 6b. • 12	00		
<b>13.</b> Enter income from line 12 that was received during that	part of the year you were a		
Colorado resident.	• 13		00
14. Enter the sum of all business and farm income from			
form 1040, 1040 SR, or 1040 SP, Schedule 1, lines 3			
and 6. • 14	00		
<b>15.</b> Enter income from line 14 that was earned during that p	, ,		
Colorado resident and/or was earned from Colorado sou	urces. • 15		00
<b>16.</b> Enter all Schedule E income from form 1040, 1040 SR,			
or 1040 SP, Schedule 1, line 5. • 16	00		
<b>17.</b> Enter income from line 16 that was earned from Colorad			
royalty income received or credited to your account duri			
were a Colorado resident; and/or partnership/S corporation			00
taxable to Colorado during the tax year. <b>18.</b> Enter the sum of all other income from form 1040,	• 17		00
1040 SR, or 1040 SP, Schedule 1, lines 1, 2a			
and 9. • 18	00		
List Type			
<b>19.</b> Enter income from line 18 that was earned during that p	art of the year you were a		
Colorado resident and/or was derived from Colorado so	urces. • 19		00
List Type			
<b>20.</b> Total Income. Enter amount from form 1040, 1040 SR,	164149		
or 1040 SP, line 9. 20			
<b>21.</b> Total Colorado Income. Enter the total from the Colorad			67463
13, 15, 17 and 19.	21		00
<b>22.</b> Enter all federal adjustments from form 1040, 1040 SR,	0.0		
or 1040 SP, line 10. • 22	00		
<b>23.</b> Enter adjustments from line 22 as follows	• 23		00
List Type			
Educator expenses, IRA deduction, business expenses			
government officials, health savings account deduction			
deduction, SEP and SIMPLE deductions are allowed in		nd/or s	elf-employment
income to total wages and/or self-employment income.		46 - 0	alawada ta fa dawal
<ul> <li>Student loan interest deduction, alimony, and tuition and total income ratio (line 21 (line 20))</li> </ul>	a tees deduction are allowed in	the C	olorado to federal
<ul><li>total income ratio (line 21 / line 20).</li><li>Penalty paid on early withdrawals made while a Colora</li></ul>	do resident		
<ul> <li>Penalty paid on early withdrawais made while a Colora</li> <li>Moving expenses for members of the Armed Forces.</li> </ul>			
			and the Cole is de
For treatment of other adjustments reported on federal for			
Individual Income Tax Guide and/or the Income Tax Topic	S. Fart-tear Residents & NONFE	sident	5.



DR 0104PN (11/07/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 3 of 3

Name			SSN or ITIN
APOORVA KADAPA & SRINATH REDDY CHITUKULA			703-84-8819
	Federal Information		Colorado Information
<ul> <li>24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11.</li> <li>24</li> </ul>	164149	00	
25. Colorado Adjusted Gross Income. Subtract the amount of from the amount on line 21 of Form 104PN.	on line 23 of Form 104PN	25	67463 00
<ul> <li>26. Additions to Adjusted Gross Income. Enter the sum of lines 3 through 6 of Colorado Form 104 excluding any charitable contribution adjustments.</li> </ul>		00	
27. Additions to Colorado Adjusted Gross Income. Enter a line 26 that is from non-Colorado state or local bond i a Colorado resident.*	nterest earned while	27	00
<b>28.</b> Total of lines 24 and 26 <b>28</b>	164149	00	
<b>29.</b> Total of lines 25 and 27		29	67463 00
<ul> <li>30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any gualifying charitable contributions.</li> <li>30</li> </ul>		00	
<ul><li>31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows:</li></ul>	•	31	00
<ul> <li>The state income tax refund subtraction to the extent included on line 19 above</li> <li>The federal interest subtraction to the extent included on line 7 above</li> <li>The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above</li> <li>The Colorado Agricultural capital gain subtraction to the extent included on line 20 above</li> <li>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics:</li> <li>Part-Year Residents &amp; Nonresidents.</li> </ul>			
<ul><li>32. Modified Adjusted Gross Income. Subtract line 30 from line 28.</li><li>32</li></ul>	164149	00	
33. Modified Colorado Adjusted Gross Income. Subtract line	e 31 from line 29.	33	67463 00
<ul> <li>34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx</li> <li>34</li> </ul>	41.0986	%	
35. Tax from the tax table based on income reported on the	DR 0104 line 9	35	6083 00
<ul> <li>36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10.</li> <li>36</li> </ul>	2500	00	

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

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