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State of Colorado Income Tax Declaration
for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 12/31/22 or Fiscal Year beginning (MM/DD/YY)

Tax Type: Individual Income (DR 0104)
Taxpayer Last Name or Business Name: KRISHNAPPAN
First Name or Business DBA if different from Business Name: ALAGU NARAYANAN
Spouse's Last Name (if applicable): MUTHU
First Name: SHANMUGAPRIYA
Taxpayer SSN or ITIN: 671-62-3034
Spouse SSN or ITIN (if applicable): 885-84-8557
Taxpayer or Business Address: 16115 SAVORY CIR
City: PARKER
State: CO
ZIP: 80134

Part I - Tax Return Information

Table with 4 rows: 1. Total Income from your federal return (see instructions for more information) 1 \$ 196259; 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 170359; 3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$ 7496; 4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 8327

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief.

Signature and Date fields for Taxpayer and Spouse's Signature (If Joint Return, Both Must Sign)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here []

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 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.

ERO's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Preparer Identification Number, Your SSN, or ITIN: P02082703

Check if also Preparer [X]

Date (MM/DD/YY) 02/28/23



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DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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2022 Colorado Individual Income Tax Return

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

Your Last Name		Your First Name		Middle Initial
KRISHNAPPAN		ALAGU NARAYANAN		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
07/25/1988	671-62-3034	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	4693	02/14/22
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
MUTHU		SHANMUGAPRIYA		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>		
11/28/1989	885-84-8557	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
16115 SAVORY CIR			(704) 699-3300	
City	State	ZIP Code	Foreign Country (if applicable)	
PARKER	CO	80134		
<input type="checkbox"/> To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> You are a Colorado resident and at least one person in your household does not have health coverage AND <ul style="list-style-type: none"> You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. 				
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	170359 00
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



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Name	SSN or ITIN
ALAGU NARAYANAN KRISHNAPPAN & SHANMUGAPRIYA MUTHU	671-62-3034
4. Itemized Deduction addback (see instructions) ● 4	00
5. ColleeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions) ● 5	00
6. Other Additions, explain (see instructions) ● 6	00
Explain:	
7. Subtotal, sum of lines 1 through 6 7	170359 00
Colorado Subtractions	
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return. ● 8	00
9. Colorado Taxable Income, subtract line 8 from line 7 ● 9	170359 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. ● 10	7496 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. ● 11	00
12. Recapture of prior year credits ● 12	00
13. Subtotal, sum of lines 10 through 12 13	7496 00
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return. ● 14	00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return. ● 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return. ● 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13. 17	7496 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. ● 18	00
19. Net Colorado Tax, sum of lines 17 and 18 19	7496 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 20	8327 00
21. Prior-year Estimated Tax Carryforward ● 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year ● 22	00
23. Extension Payment remitted with the DR 0158-I ● 23	00



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Name: ALAGU NARAYANAN KRISHNAPPAN & SHANMUGAPRIYA MUTHU
SSN or ITIN: 671-62-3034

Table with 3 columns: Description, Amount, and Taxable Amount. Rows 24-28 include Other Prepayments, Gross Conservation Easement Credit, Innovative Motor Vehicle and Innovative Truck Credit, Refundable Credits, and Subtotal.

Modified AGI for TABOR

Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

Table with 3 columns: Description, Amount, and Taxable Amount. Rows 29-32 include Federal Adjusted Gross Income, Nontaxable Social Security Income, Nontaxable interest income, and Modified AGI for TABOR.

Modified AGI Tiers for State Sales Tax Refund

Table with 7 columns: If line 32 is, \$48,000 or less, \$48,001 - \$95,000, \$95,001 - \$151,000, \$151,001 - \$209,000, \$209,001 - \$268,000, \$268,001 - or more. Rows include Single Filers Enter and Joint Filers Enter.

Table with 3 columns: Description, Amount, and Taxable Amount. Rows 33-36 include State Sales Tax Refund, Sum of lines 28 and 33, Overpayment, and Estimated Tax Credit Carryforward.

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.

Table with 3 columns: Description, Amount, and Taxable Amount. Row 37: Refund, subtract line 36 from line 35 (see instructions).

Direct Deposit section with Routing Number (053000196), Type (X) Checking, and Account Number (002375265905).

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



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Name: ALAGU NARAYANAN KRISHNAPPAN & SHANMUGAPRIYA MUTHU
SSN or ITIN: 671-62-3034

Table with 3 columns: Description, Amount, and Balance. Rows include Net Tax Due, Delinquent Payment Penalty, Delinquent Payment Interest, Estimated Tax Penalty, and Amount You Owe.

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State.

Third Party Designee

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.

Designee's Name, Phone Number

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature, Date, Spouse's Signature, Date

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

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

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