

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

(0013)

2022 Colorado Individual Income Tax Return

x Full-Year Part-Yea	ar or Nonresident (or resident cor resident combination) *M	ident, par	t-year,	01040			ark if Abro e instructi	ad on due da	ate –	
Your Last Name		PERMIT NO.	First Na	the second s		30			Middle	Initial
KRISHNAPPAN	a la	ALA	GU NZ	ARAYAI	NAN		a do entro tenando en a	an a		muai
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Dece	ased							
07/25/1988	671-62-3034			If th	cheo e DF	cked and d R 0102 an	daiming a d death c	refund, you ertificate with	must ind your re	clude turn.
Enter the following information from your current			of Issue	1.1	1		f ID number	Date of Issuar	nce	
driver license or state identification card.				4	693			02/14/22	2	
If Joint, Spouse's Last Name		Spous	e's First	Name			tala and and	m Press as an altra ha	Middle	Initial
MUTHU		SHA	NMUGA	PRIYA	4					
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Decea	sed					 Sector Sector Sector Table 		
11/28/1989	885-84-8557		L	If a the	chec e DR	ked and c 0102 and	laiming a death ce	refund, you refund, you refund, you	nust inc your ref	lude turn.
Enter the following information from your spouse's current driver license or state identification card.			of Issue					Date of Issuan		62.22.5
							1			
Mailing Address	and the second	a district of	Second Second	Shirtheast and	Marianti	N.A. Salara	2000.007	NOTION OF COMPANY	REASE FROM THE TRUT	
					The sector		Pho	ne Number		
16115 SAVORY CIR							(7)	04)699-33	00	
City			State	ZIP Co	de		Foreign (Country (if appli	cable)	1-1-1-1-1
PARKER		10. m 1	со	8013	-					
To see if you or members	of your household qua	alify for t	free or	reduce	ed-c	ost health	coverage	e. check this	box if	
You are a Colorado res AND	ident and at least one	e person	in you	r hous	ehol	d does no	ot have he	ealth coverag	je	
 You give permission for the for Health Colorado (the Colorado) 	ne Colorado Departmen Colorado Health Benefit	t of Reve Exchange	enue to ge) and	share t the De	the in epart	nformation ment of He	on Form [alth Care	DR 0104EE w Policy & Fina	ith Conr ncina.	nect
and the second				V III				ound To The No		ollar
 Enter Federal Taxable Incom 1040, 1040 SR, or 1040 SP I 	e from your federal in line 15.	icome ta	ax form	r:		• 1		1	70359	00
nclude W-2s and 1099s with CO		14. N		Y			1			00
	Additions to	Federa	I Taxa	ble ind	com	e				
2. State Addback, enter the stat	te income tax deduction	on from	your fe	ederal	form	1040,			24	
1040 SR, or 1040 SP schedu	ile A, line 5a (see inst	ructions)			• 2	2 S. S.			00
3. Qualified Business Income D	eduction Addback (se	e instru	ctions)			• 3			1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	00



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Name			
ALAGU NARAYANAN KRISHNAPPAN & SHANMUGAPRIYA MUTHU		671-62-3034	
4. Itemized Deduction addback (see instructions)	• 4		
5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program			7
Contribution (see instructions)	• 5		-
6. Other Additions, explain (see instructions)	• 6		
Explain:			
7. Subtotal, sum of lines 1 through 6	7	170359	
Colorado Subtractions	•		-
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the			Τ
DR 0104AD schedule with your return.	• 8		
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	170359	
Tax, Prepayments and Credits: see 104 Book for full-year tax table an	d part-year D	R 0104PN Schedule	
 Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. 	• 10	7496	
1. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the			1
DR 0104AMT with your return.	• 11		
2. Recapture of prior year credits	• 12		
3. Subtotal, sum of lines 10 through 12	13	7496	
4. 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		
5. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the			1
DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you			
submit the DR 1366 with your return. 3. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 ca	• 15		
exceed line 13, you must submit the DR 1330 with your return.	ennot ● 16		
	• 10		-
. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	7496	
B. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18		
Net Colomdo Tax, our of lines 47 and 40		7496	
 Net Colorado Tax, sum of lines 17 and 18 CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s at 1099s, you must submit the W-2s at 1099s. 	19	,490	
1099s claiming Colorado withholding with your return.	nd/or ● 20	8327	
. Prior-year Estimated Tax Carryforward	• 21		
2. Estimated Tax Payments, enter the sum of the quarterly payments remitted f this tax year	or • 22		
Extension Payment remitted with the DR 0158-I			f



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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)

or Fiscal Year beginning (MM/DD/YY)

Тах Туре	na an a			1999-1999-1999-1999-1999-1999-1999-199	and a second and a second and	and an an an and	
Individual IncomeCorporate IncomePartnership/S-Corp IncomeFiduciar(DR 0104)(DR 0112)(DR 0106)(DR 0106)							
Taxpayer Last Name or Business Name	First Name or Busine	ess DBA if different from	m Business N	lame	Mida	lle Initial	
KRISHNAPPAN	ALAGU NARAYA	NAN		-			
Spouse's Last Name (if applicable)	First Name				Mida	lle Initial	
MUTHU	SHANMUGAPRIY	A					
Taxpayer SSN or ITIN	Spouse SSN or ITIN (if applicable)		FEIN	N. STATIST		
671-62-3034	885-84-8557						
Taxpayer or Business Address	And the second	City	verales and second as	State	ZIP	Sites and	
16115 SAVORY CIR		PARKER		со	80134		
Part	I — Tax Return In	formation					
1. Total Income from your federal return (see ins			1 \$		19	6259	
 Taxable Income (or allowable deduction) from for more information) 	your federal return	n (see instructions	2 \$		17	0359	
3. Colorado Tax from your Colorado return (see i	nstructions for mo	re information)	3 \$			7496	
 Colorado Tax Withheld or Payments, from you or more information) 	r Colorado return	see instructions	4 \$			8327	
Part I	- Declaration o	f Tax Payer					
Under penalties of perjury, I declare that the information I have provi Federal/Colorado income tax returns, and that said tax returns, statem I understand that I (or my Electronic Return Originator (ERO) if applie schedules, and attachments upon request by the Colorado Department	ents, schedules and attack cable) may be required to	ments are true, correct, a provide paper copies of the co	nd complete to his declaration,	the best of my my returns, w	knowledge a ithholding sta	nd belief.	
Signature			Date (NIM/DDA	COLOR DOUGLOSSING		NUS-	
KAhn		5	03	107/20	23		
Spouse's Signature (If Joint Return, Both Must Sign)	Spinisher of the Maria (star)	and a stand and the stand and a stand a	Date (MM/DD/	m	and a case of a	AND NO	
M. Channes & play				107/2	023		
Part III — Deci	aration of ERO/P	reparer/Transmitt	ter				
If the transmitter did not prepare the tax re	turn, check here [
If I am not the preparer, I declare only that the amounts shown in Part the preparer, under penalties of perjury I declare that I have reviewed to taxpayer and the amounts shown in Part I above agree with the amount correct, and complete to the best of my knowledge and belief. As prey have provided the taxpayer with copies of all forms and information fill of limitations, and to provide paper copies of this declaration, said retu Revenue at any time during this period.	he above taxpayer's Fede ts shown on said tax return varer, I further declare that ed. I also agree to mainta	al/Colorado income tax re us, and that said tax return I have obtained the taxpa in this signed Form (DR 8	eturns and that t is, statements, s ayer's signature 454) for the per	he information chedules, and on this form a iod covered b	provided to r l attachments it the time of y the Colorac	me by the are true, filing and to statute	
ERO's Signature		Preparer Identifi	ication Numbe	er, Your SSN	, or ITIN	A. C.	
SYAM PRIYA RAM SAGAR GUPTA TALLAM		P02082703			1		
		Date (MMOD/YY)	And a start of				
Check if also Preparer X		02/28/23					

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Name				$\mathbf{V} = \mathbf{V} \cdot \mathbf{v} + \mathbf{v} + \mathbf{v} \cdot \mathbf{v} + $	SSN or I	TIN	
ALAGU NARAYANAN KRISHNAPPAN & SHANMUGAPRIYA MUTHU					671-6	52-3034	
24. Other Prepayments: O • DR 0104BEP O • DR 0108 • DR 1079 • 24							00
25. Gross Conservation the DR 1305G with			00				
26. Innovative Motor Ve		0	00				
submit each DR 0617 with your return. • 26 27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. • 27							00
28. Subtotal, sum of line	es 20 through 27			28		8327	00
			AGI for TABO				
Lines 30 through 3					t your Colorado	tax liability.	1. 1999
29. Federal Adjusted G 1040 SR line 11, or		n your tederal ind	come tax form: 1	1040 line 11, ● 29	2	196259	00
30. Nontaxable Social S	Security Income			• 30			00
31. Nontaxable interest	income from sta	ite and local bon	ds	• 31			00
32. Sum of lines 29 thro	ough 31: Modified	d AGI for TABOR	2	32		196259	00
	Moo	dified AGI Tiers	for State Sales	Tax Refund			
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	
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486	
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600 \$972		
33. State Sales Tax Ref full-year Colorado re to file a return. Use instructions if you an		570	00				
34. Sum of lines 28 and	34		8897	00			
35. Overpayment, if line		1401	00				
36. Estimated Tax Credi		9	00				
				• 36			
If you have an overpayr Colorado charity, includ				Il or a portion of y	your overpayme	ent to a qualif	ied
37. Refund, subtract line	e 36 from line 35	(see instructions	s)	• 37		1401	00
	nber 0 5 3 0			Checking	Savings	CollegeInvest 5	i 2 9
Deposit Account Nun	nber 0 0 2 3	7 5 2 6 5	905				
For questions regard	ding CollegeInvest	t direct deposit or t	to open an accour	nt, visit CollegeInve	est.org or call 800	448-2424.	



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Name		an santan di 1997 da bahar kana da santa di kana santa Marang da santan santan santan santan santan santan santan	• 2	SSN or ITIN	and States and
ALAGU NARAYANAN KRISHNAPPAN & SHANM	UGAPRIYA MUT	UHU		671-62-3034	
38. Net Tax Due, subtract line 34 from line 19		30	8		00
39. Delinquent Payment Penalty (see instructions	i)	• 39			00
40. Delinquent Payment Interest (see instructions		• 40			00
 Estimated Tax Penalty, you must submit the I (see instructions) 	OR 0204 with you	r return. • 41			00
42. Amount You Owe, sum of lines 38 through 41		• 42			
The State may convert your check to a one-time electronic ba by the State. If converted, your check will not be returned. If y Revenue may collect the payment amount directly from your	our check is rejected	due to insufficient or uncolle	bited as e ected fund	early as the same day n ds, the Department of	eceived
	Third Party Desi	gnee	1.1.1		
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 f	following:	8
Designee's Name	and the second state and the second state of the second second second second second second second second second	(en siener an eine bester en state en service en service en service en service en service en service en servic	Phone I	Number	
•			•		
Sign Below Under penalties of perjury, I declare that to the	best of my knowledg	e and belief, this return is tru	ie, correc	t and complete.	
Your Signature				Date (MM/DD/YY)	
					-
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)	alitettiin.
Paid Preparer's Name			Paid Prep	parer's Phone	
GLOBAL TAXES LLC			(678)	965-9522	
Paid Preparer's Address	City		State	ZIP Code	4.1.0.12
245 ROONEY CT	E BRUNSWICK		NJ	08816	

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return with a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006 If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005

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